

Hypertension Treatment Guidelines

The following are the current hypertension guidelines from key organizations as of January 1, 2018.
Click on the Organization name to access the complete guideline.

PLEASE NOTE: Guidelines and recommendations are to be used along with physician/clinician judgment and treatment based on individual patient's unique needs and circumstances.

Organization	Lifestyle Modifications	Pharmacological Interventions	Treatment Goals
American College of Cardiology (ACC) / American Heart Association (AHA) 2017	<ul style="list-style-type: none"> • Normal BP Category <ul style="list-style-type: none"> ○ < SBP 120 mm Hg AND DBP < 80 mm Hg • Elevated BP Category <ul style="list-style-type: none"> ○ SBP 120-129 mm Hg AND DBP < 80 mm Hg • Hypertension: Stage 1 Category <ul style="list-style-type: none"> ○ SBP 130 – 139 mm Hg OR DBP 80-89 mm Hg AND if 10-year risk assessment (ASCVD) is less than 10% • Hypertension: Stage 2 Category <ul style="list-style-type: none"> ○ SBP ≥ 140 mm Hg OR DBP ≥ 90mm Hg 	<ul style="list-style-type: none"> • Hypertension: Stage 1 Category <ul style="list-style-type: none"> ○ If 10-year risk assessment (ASCVD) is greater than 10% or patient has known clinical CVD, diabetes, or chronic kidney disease (CKD) <ul style="list-style-type: none"> ▪ Add one BP-lowering medication ▪ If goal is not met after 1 month, consider different medication or titration • Hypertension: Stage 2 Category <ul style="list-style-type: none"> ○ Add 2 BP –lowering medication of different classes <ul style="list-style-type: none"> ▪ If goal is not met after 1 month, consider different medications or titration 	<ul style="list-style-type: none"> • Goal is < 130/80 for all populations and specific comorbidities <ul style="list-style-type: none"> ○ Except for older person's (> 65 years of age; non-institutionalized, ambulatory, community living adults) goal is <u>only</u> SBP < 130

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American Diabetes Association (ADA) 2017	<ul style="list-style-type: none"> • >120/80 mm Hg 	<ul style="list-style-type: none"> • An angiotensin-converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) is recommended as the first line pharmacological therapy for patients with diabetes and hypertension without renal deficits (specifics within the guidelines) 	<ul style="list-style-type: none"> • Diabetic patients <ul style="list-style-type: none"> ○ SBP < 140 mm Hg ○ DBP < 90 mm Hg • Lower treatment goals such as 130/50 mm Hg may be appropriate for individuals at high risk of CVD, if achieved without undue treatment burden • Multiple drug therapy is generally required to achieve targets
Eighth Joint National Committee (JNC8) 2014	<ul style="list-style-type: none"> • Adults aged \geq 18 years with hypertension 	<ul style="list-style-type: none"> • Nonblack populations (including people with diabetes) <ul style="list-style-type: none"> ○ Thiazide-type diuretic ○ Calcium channel blocker (CCB) ○ Angiotensin-converting enzyme inhibitor (ACEI) ○ Angiotensin receptor blocker (ARB) • General black population <ul style="list-style-type: none"> ○ Thiazide-type diuretic ○ Calcium channel blocker (CCB) • Chronic kidney disease (CKD) > 18 years regardless of race or diabetes <ul style="list-style-type: none"> ○ Angiotensin-converting enzyme inhibitor (ACEI) ○ Angiotensin receptor blocker (ARB) 	<ul style="list-style-type: none"> • Ages \geq 60 years <ul style="list-style-type: none"> ○ SBP < 150 mm Hg ○ DBP < 90 mm Hg • Ages < 60 years <ul style="list-style-type: none"> ○ SBP < 140 mm Hg ○ DBP < 90 mm Hg • CKD patients \geq 18 years <ul style="list-style-type: none"> ○ BP < 140 mm Hg ○ DBP < 90 mm Hg • Diabetic patients > 18 years <ul style="list-style-type: none"> ○ SBP < 140 mm Hg ○ DBP < 90 mm Hg