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Antihypertensive guidelines 2018 pdf

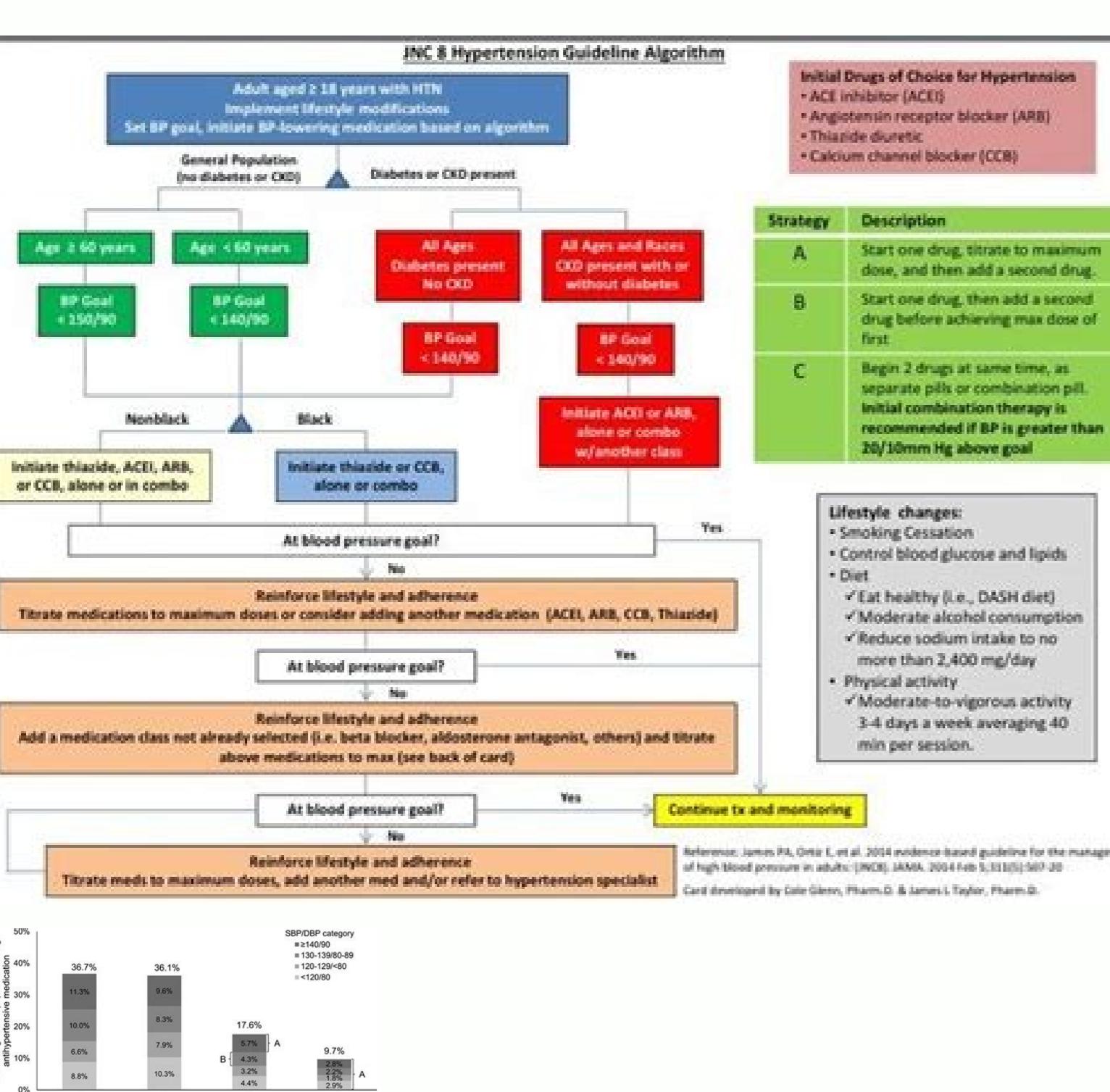


TABLE 2. Definitions of hypertension according to office, ambulatory, and home blood pressure levels

Category	Systolic BP (mm Hg)	Diastolic BP (mm Hg)
Office BP*	≥140	and/or ≥90
Ambulatory BP		
Daytime (or awake) mean	≥135	and/or ≥85
Night-time (or asleep) mean	≥120	and/or ≥70
24-Hour mean	≥130	and/or ≥80
Home BP mean	≥135	and/or ≥85

Abbreviation: BP = blood pressure

* Conventional office BP rather than unattended office BP

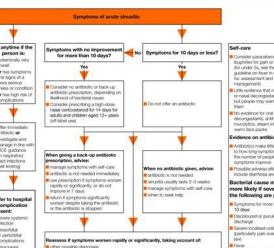


Table 1. Classification and Management of Blood Pressure for Adults Aged 18 Years or Older						
BP Classification	Management*					
	Systolic BP, mm Hg	Diastolic BP, mm Hg	Lifestyle Modification	Without Compelling Indication	With Compelling Indication†	Initial Drug Therapy
Normal	<120	<80	and	–	–	–
Prehypertension	120–139	or	80–89	Yes	No antihypertensive drug	Drugs for the compelling indication
Stage 1 hypertension	140–159	or	90–99	Yes	Thiazide diuretic for most; may consider ACE inhibitor, ARB, CCB, or DCCS, or combination	Drugs for the compelling indication
Stage 2 hypertension	≥160	or	≥100	Yes	2-Drug combination for most; include thiazide diuretic and ACE inhibitor or ARB or CCB	Drugs for the compelling indication

Abbreviations: ACE, angiotensin-converting enzyme; ARB, angiotensin receptor blocker; BP, blood pressure; CCB, calcium channel blocker.

*Treatment determined by highest SBP category.

†For patients with chronic kidney disease or diabetes to SBP goal of less than 130 mm Hg.

†Initial combined therapy should be used cautiously in those at risk for orthostatic hypotension.

Antihypertensive drugs guidelines 2018.

If it is not on target, consider starting pharmacological therapy. b: BP, blood pressure. Quick Takes The AHA/ACC released a scientific statement in 2021 offering new guidance for the management of stage 1 hypertension among patients with low ASCVD risk, examined the risk of CVD in 27,081 participants aged 18–49 without coronary heart disease or antihypertensive therapy at baseline. In the Multi-Ethnic Study of Atherosclerosis (MESA), the cumulative incidence of HTN between the ages of 45 and 85 years ranged from 84 to 93%. Association of blood pressure classification in young adults using the 2017 American College of Cardiology/American Heart Association Blood Pressure Guideline with cardiovascular events later in life. JAMA. 2018;320(1774–82). The authors of the recent AHA statement seek to fill this gap. The researchers also found lower all-cause mortality with intensive targets (1.1% per year vs. Whelton et al. N Engl J Med 2021;384:1921–30). While the potential benefits are significant, they must be balanced against these risks. Wright JT Jr, Williamson JD, Whelton PK, et al. This change was motivated by a growing body of evidence showing a linear relationship between blood pressure and cardiovascular risk, namely that more intensive blood pressure control improves cardiovascular outcomes and survival. Table 1: AHA/ACC Guideline Recommendations by Blood Pressure Category Normal Blood Pressure

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