Key Highlights from the Recommended Guideline

- Aim for a blood pressure < 140/90 mm Hg (< 130/80 mm Hg in patients with diabetes or renal disease)
- Prioritize control of systolic blood pressure, a much stronger cardiovascular risk factor than diastolic blood pressure

Scope: Health professionals involved in the care of adults who have or are at risk for hypertension

What are the benefits of lowering blood pressure?

- Treat hypertension in order to reduce (1) stroke by 35%–40%; (2) myocardial infarction by 20%–25%, and (3) heart failure by >50 %. [Level of Evidence: M]

What blood pressures should I aim for when treating my patients with hypertension?

- Aim for a target blood pressure < 140/90 mm Hg in most patients to decrease cardiovascular complications. [Level of Evidence: RA]
- Aim for <130/80 mm Hg in patients with diabetes or renal disease. [Level of Evidence: PR]
- Focus on systolic rather than diastolic blood pressure, because:
  - Systolic blood pressure is a stronger cardiovascular risk factor than diastolic blood pressure in patients over 50 years old. [Level of Evidence: F]
  - Poor control of systolic blood pressure is a key factor in poor overall blood pressure control. [Level of Evidence: X, F]
Should I be concerned about “pre-hypertension” (120-129/80-89 mm Hg) in patients without diabetes or renal disease?

- Be aware that patients with pre-hypertension are at high risk for developing frank hypertension. [Level of Evidence: Not stated]

- Aim to decrease the later development of hypertension. [Level of Evidence: Not stated]

- Focus on lifestyle modifications to reduce the risk of later hypertension. [Level of Evidence: Not stated]

- Do not use antihypertensive drug treatment. [Level of Evidence: Not stated]

Levels of Evidence

The levels of evidence used to grade the recommendations in this guideline are as follows:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>Meta-analysis; use of statistical methods to combine the results from clinical trials</td>
</tr>
<tr>
<td>RA</td>
<td>Randomized controlled trials; also known as experimental studies</td>
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<tr>
<td>RE</td>
<td>Retrospective analyses; also known as case-control studies</td>
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<tr>
<td>F</td>
<td>Prospective study; also known as cohort studies, including historical or prospective follow-up studies</td>
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<tr>
<td>X</td>
<td>Cross-sectional surveys; also known as prevalence studies</td>
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<tr>
<td>PR</td>
<td>Previous review or position statements</td>
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<tr>
<td>C</td>
<td>Clinical interventions (nonrandomized)</td>
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The above recommendations were derived from the following GAC endorsed guideline:


Rating (out of 4): 🍎🍎🍎🍎