

Hypertension Guideline Update: 2017 ACC/AHA

What is new in the 2017 ACC/AHA Hypertension Guideline?

The new ACC/AHA guideline published in November 2017 reflects a growing body of evidence that maintaining lower pressure is better for cardiovascular health. Key changes in the new guideline include the following:

1. A new system for blood pressure classification, including a new definition of hypertension
2. New thresholds and a risk-based approach for initiating blood pressure lowering therapy.
3. A new target for blood pressure control.

Summary of key changes

Pressure		Classification	
Systolic	Diastolic	2003 JNC7	2017 ACC/AHA
<120	AND <80	Normal BP	Normal BP
120-129	AND <80	Pre-HTN	Elevated BP
130-139	OR 80-89	Pre-HTN	HTN, Stage 1
140-159	OR 90-99	HTN, Stage 1	HTN, Stage 2
≥160	OR ≥100	HTN, Stage 2	HTN, Stage 2

Here is how the new guideline differs from the JNC 7 guideline:

1. The term pre-hypertension has been removed
2. Hypertension is now defined as blood pressure ≥130/80 mmHg (as opposed to the old definition of greater than or equal to 140/90 mmHg)
3. Thresholds for initiating blood pressure lowering therapy are as follows:
 - a. Lifestyle modification are recommended for **ALL** individuals with elevated blood pressure and hypertension
 - b. Blood pressure lowering medications are recommended for **HIGH RISK** individuals who have Stage 1 Hypertension, and **ALL** individuals with Stage 2 Hypertension

Determining Risk

1. Determine if the patient has any of the following comorbid conditions:
 - Diabetes
 - Chronic Kidney Disease
 - Heart Failure
 - Stable Ischemic Heart Disease
 - Peripheral Arterial Disease
2. Calculate atherosclerotic cardiovascular disease (ASCVD) risk using the American College of Cardiology and American Heart Association's pooled cohort equations. To access the American College of Cardiology's ASCVD risk calculator, you can click [here](#).
 - a. Patients with any of the specified comorbid conditions are considered to be at high risk regardless of their 10-yr ASCVD risk score. Furthermore, patients with a 10-year ASCVD score ≥10%, are also considered to be at high risk.

The New Target for Blood Pressure Control during Treatment of Hypertension

- The new guideline calls for a lower treatment target <130/80 mmHg for all adults. However, Special consideration is advised for ambulatory adults 65 years or older. While the new guideline encourages aggressive treatment of hypertension, it emphasizes the need for an individualized approach. This involves frequent shared decision making around patient preferences, goals and feeling, and how medication affects patients' daily activities.

Implications of these changes

- The new definition of hypertension will translate to a dramatic increase in the number of US adults with hypertension, from 1 in every 3 adults to almost 1 in every 2 adults.
- Despite the increase in the number of adults with hypertension, there will be only a small increase in the percentage of adults for whom blood pressure medication is recommended; most who are newly diagnosed will be recommended only lifestyle modifications.

RICH LIFE

- Though the new guideline defines hypertension treatment control as blood pressure less than 130/80, the RICH LIFE Project will continue to define hypertension treatment control as blood pressure less than 140/90.

For more information

- Whelton PK, Carey RM, Aronow WS, et al. 2017 ACC/AHA/AAPA/ ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: executive summary: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Hypertension. 2018;71(6):1269–1324.

Check out the training modules and other materials at www.richlifeprogram.org.