In setting a new threshold for high blood pressure (HBP), the 2017 Hypertension Clinical Practice Guideline leads to a substantial increase in the prevalence of hypertension but only a slight increase in the number of adults for whom antihypertensive medication will be recommended.

A team-based approach to care is recommended. Such an approach has been associated with lower systolic and diastolic measurements as well as an increased proportion of people with controlled BP. Teams consisting of physicians, nurses, physician assistants and pharmacists can have the greatest impact on improving the monitoring and management of blood pressure.

Guideline Highlights

Normal BP: <120/80 mm Hg
Managing elevated BP: 120-129/<80 mm Hg

Recommendations
- Use the ASCVD risk calculator to assess 10-year risk for heart disease and stroke in patients with stage 1 hypertension.
- Review standards for accurate measurement of BP, including appropriate cuff size.
- Encourage your patient to self-monitor BP.

Find more tools to help you integrate the guidelines into practice at heart.org/bptools.

REFERENCES


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**BP thresholds and recommendations for treatment and follow-up**

### Normal BP
**(BP <120/80 mm Hg)**
- **Optimal lifestyle habits**
  - Healthy diet
  - Weight loss, if needed
  - Physical activity
  - Tobacco cessation, if needed
  - Moderation of alcohol consumption
- **Reassess in 1 year (Class IIa)**
- **Nonpharmacologic therapy** *(Class I)*

### Elevated BP
**(BP 120-129/<80 mm Hg)**
- **Reassess in 3-6 mo. (Class I)**
- **Nonpharmacologic therapy** *(Class I)*

### Stage 1 Hypertension
**(BP 130-139/<80-89 mm Hg)**
- **Clinical ASCVD** or estimated 10-y CVD risk ≥10%
  - **No**
  - **Yes**
    - **Nonpharmacologic therapy** *(Class I)*

### Stage 2 Hypertension
**(BP ≥140/90 mm Hg)**
- **Nonpharmacologic therapy and BP-lowering medication** *(Class I)*
- **Reassess in 1 mo. (Class I)**
- **Reassess in 3-6 mo. (Class I)**

- **BP Goal Met**
  - **No**
  - **Yes**
    - **Assess and optimize adherence to therapy**
    - **Consider intensification of therapy**
    - **Reassess in 3-6 mo. (Class I)**

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**Nonpharmacologic therapy**
- Weight loss for patients who are overweight or obese
- Heart-healthy diet (such as DASH)
- Sodium restriction
- Potassium supplementation (preferably in dietary modification)*
- Increased physical activity with structured exercise program
- Limitation of alcohol to 1 (women) or 2 (men) standard drinks per day**

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*a* Unless contraindicated by the presence of chronic kidney disease or use of drugs that reduce potassium excretion.

**b** In the United States, one standard drink is equivalent to 12 oz of regular beer (usually about 5% alcohol), 5 oz of wine (usually about 12% alcohol), or 1.5 oz of distilled spirits (usually about 40% alcohol).