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


**REASSESSMENT CHECKLIST**

- Measure BP
- Identify white-coat hypertension or a white-coat effect
- Document adherence to treatment
- Reinforce importance of treatment
- Assist with treatment to achieve BP target
- Evaluate for orthostatic hypotension in select patients (eg, older or with postural symptoms)
- Talk to your patients about substances that should be avoided, limited or stopped to help maintain a healthy BP.

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

- **Normal BP** (BP < 120/80 mm Hg)
  - Promote optimal lifestyle habits
  - Reassess in 1 year (Class IIa)

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

- **Stage 1 hypertension** (BP 130-139/80-89 mm Hg)
  - Nonpharmacologic therapy (Class I)
  - Reassess in 3-6 mo. (Class I)

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

**Clinical ASCVD or estimated 10-y CVD risk ≥ 10%**

- **Yes**
  - Nonpharmacologic therapy and BP-lowering medication (Class I)
  - Reassess in 3-6 mo. (Class I)

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

**BP Goal Met**

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

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**Optimal lifestyle habits**
- Healthy diet
- Weight loss, if needed
- Physical activity
- Tobacco cessation, if needed
- Moderation of alcohol consumption

**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)\(^a\)
- Increased physical activity with structured exercise program
- Limitation of alcohol to 1 (women) or 2 (men) standard drinks per day\(^b\)

\(^a\) 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).