

## American College of Cardiology/American Heart Association – Guideline update for the management of hypertension

- On November 13, 2017, the American College of Cardiology (ACC)/American Heart Association (AHA) released the [2017 Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults](#).
- The updated guideline classifies hypertension (HTN) as a blood pressure (BP) reading of 130/80 mmHg compared to the higher threshold of 140/90 mmHg from the previous guideline.
- Under the updated guideline, more people will be diagnosed with HTN – nearly half of American adults (46%), up from 32% under the previous HTN threshold of 140/90 mmHg.
- The new HTN diagnosis threshold means that most black adults have HTN – 56% of women and 59% of men. HTN rates will also nearly triple among all men 20 to 44 years of age, increasing to 30% from 11%. Rates of HTN will double among women younger than age 45 from 10% to 19%. HTN is also present in more than 80% of patients with atrial fibrillation, the most common comorbid condition regardless of age, and 80% of adults with diabetes mellitus (DM) have HTN.
- Updated classification of BP measurements:**

BP Category	BP	Treatment or follow-up
Normal	SBP < 120 mmHg and DBP < 80 mmHg	<ul style="list-style-type: none"> <li>Evaluate yearly; lifestyle changes are recommended</li> </ul>
Elevated	SBP 120 - 129 mmHg and DBP < 80 mmHg	<ul style="list-style-type: none"> <li>Evaluate in 3 to 6 months; lifestyle changes are recommended</li> </ul>
HTN stage 1	SBP 130 - 139 mmHg or DBP 80 - 89 mmHg	<ul style="list-style-type: none"> <li>Assess the 10-year risk for heart disease and stroke using the ASCVD risk calculator.</li> <li>If ASCVD risk is &lt; 10%, lifestyle changes are recommended. A BP target of &lt; 130/80 mmHg may be reasonable.</li> <li>If ASCVD risk is &gt; 10%, or the patient has known CVD, DM, or CKD, lifestyle changes and one BP-lowering medication are recommended. A target BP of &lt; 130/80 mmHg is recommended.</li> <li>Refer to the guideline for follow-up recommendations.</li> </ul>
HTN stage 2	SBP ≥ 140 mmHg or DBP ≥ 90 mmHg	<ul style="list-style-type: none"> <li>Lifestyle changes and BP-lowering medication from two different classes are recommended.</li> <li>Refer to the guideline for follow-up recommendations.</li> </ul>

ASCVD: atherosclerotic cardiovascular disease; CVD: cardiovascular disease; CKD: chronic kidney disease

- The updated guideline eliminates the term *prehypertension* and instead uses the term *elevated BP*. Clarifications regarding the definitions of hypertensive urgency vs. hypertensive emergency were also presented.

- In the updated guideline, two or more anti-hypertensive medications are recommended in black adults with HTN. Treatment should include a thiazide-type diuretic or calcium channel blocker in black adults with HTN but without heart failure or CKD.
- The updated guideline provides recommendations for patients with clinical CVD and makes new recommendations for using the ASCVD risk calculator.
  - BP-lowering medication should be used for primary prevention of CVD in adults with no history of CVD and an estimated 10-year ASCVD risk < 10% and a SBP of  $\geq 140$  mm Hg or a DBP  $\geq 90$  mm Hg.
  - BP-lowering medications should be used for secondary prevention of recurrent CVD events in patients with clinical CVD and an average SBP  $\geq 130$  mm Hg or a DBP of  $\geq 80$  mm Hg and for primary prevention in adults with an estimated 10-year risk of ASCVD of  $\geq 10\%$  with an average SBP of  $\geq 130$  mm Hg or average DBP of  $\geq 80$  mm Hg.
- The updated guideline provides more emphasis and details regarding taking accurate BP measurements, self-monitoring of BP, and lifestyle changes.



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