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Table. Blood Pressure Treatment Thresholds and Goals During Pharmacological Therapy in Adults With Hypertension According to Clinical Conditions

Clinical Condition(s)	BP Threshold, mm Hg		BP Goal, mm Hg	
	SBP	DBP	SBP	DBP
General				
Stage 1 hypertension with clinical CVD or 10-y ASCVD risk of $\geq 10\%$	≥ 130	≥ 80	< 130	< 80
Stage 2 hypertension (independent of clinical CVD and 10-y ASCVD risk)	≥ 140	≥ 90	< 130	< 80
Older adults (≥ 65 y; noninstitutionalized, ambulatory, community-living)	≥ 130	NA	< 130	NA
Comorbidities				
Diabetes	≥ 130	≥ 80	< 130	< 80
Chronic kidney disease	≥ 130	≥ 80	< 130	< 80
Stable ischemic heart disease	≥ 130	≥ 80	< 130	< 80
Heart failure	≥ 130	≥ 80	< 130	< 80
Peripheral arterial disease	≥ 130	≥ 80	< 130	< 80
Secondary stroke prevention	≥ 140	≥ 90	< 130	< 80

Abbreviations: ASCVD, atherosclerotic cardiovascular disease; BP, blood pressure; CVD, cardiovascular disease; DBP, diastolic blood pressure; NA, not applicable; SBP, systolic blood pressure.

TABLE 1. Classification of office blood pressure* and definitions of hypertension grades³

Category	Systolic BP (mm Hg)		Diastolic BP (mm Hg)
Optimal	<120	and	<80
Normal	120-129	and/or	80-84
High normal	130-139	and/or	85-89
Grade 1 hypertension	140-159	and/or	90-99
Grade 2 hypertension	160-179	and/or	100-109
Grade 3 hypertension	≥ 180	and/or	≥ 110
Isolated systolic hypertension†	≥ 140	and	<90

Abbreviation: BP = blood pressure

* BP category is defined according to the highest level of seated clinic BP, whether systolic or diastolic. The same classification is used for all ages ≥ 16 years

† Isolated systolic hypertension is graded 1, 2, or 3 according to systolic BP values in the ranges indicated. The same classification is used for all ages ≥ 16 years

TABLE 1
BP classification according to JNC 7 and 2017 ACC/AHA guidelines^{1,2}

Systolic BP (mm Hg)	Diastolic BP (mm Hg)	JNC 7	2017 ACC/AHA
<120	and <80	Normal BP	Normal BP
120-129	and <80	Prehypertension	Elevated BP
130-139	or 80-89	Prehypertension	Stage 1
140-159	or 90-99	Stage 1	Stage 2
≥ 160	or ≥ 100	Stage 2	Stage 2

ACC, American College of Cardiology; AHA, American Heart Association; BP, blood pressure; JNC 7, Seventh Report of the Joint National Committee.
*Categorization of BP should be based on an average of ≥ 2 readings on ≥ 2 occasions following a standardized protocol.

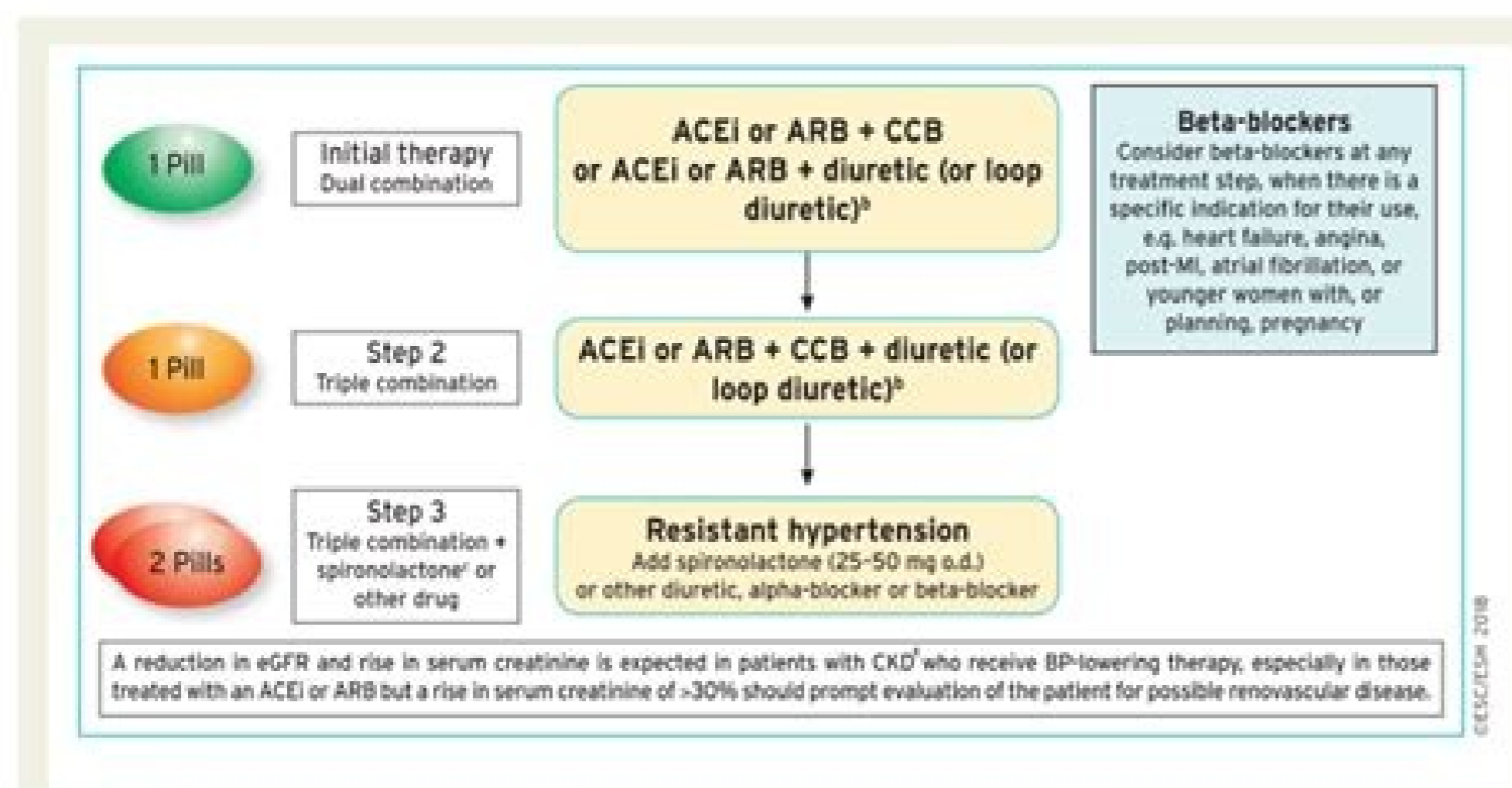
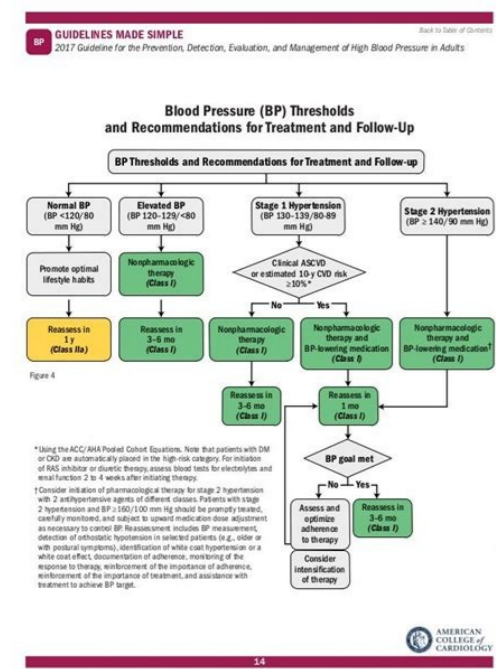


Figure 6 Drug treatment strategy for hypertension and chronic kidney disease. ACEi = angiotensin-converting enzyme inhibitor; ARB = angiotensin receptor blocker; BP = blood pressure; CCB = calcium channel blocker; CKD = chronic kidney disease; eGFR = estimated glomerular filtration rate; MI = myocardial infarction; o.d. = omni die (every day).
¹CKD is defined as an eGFR < 60 mL/min/1.72 m² with or without proteinuria.
²Use loop diuretics when eGFR is < 30 mL/min/1.72 m², because thiazide/thiazide-like diuretics are much less effective/ineffective when eGFR is reduced to this level.
³Caution: risk of hyperkalemia with spironolactone, especially when eGFR is < 45 mL/min/1.72 m² or baseline K⁺ ≥ 4.5 mmol/L.

Hypertension treatment guidelines india. Isolated systolic hypertension treatment guidelines 2017. 2017 acc/aha hypertension treatment guidelines. Diagnosis and treatment of hypertension in the 2017 acc/aha guidelines and in the real world. Guidelines for the treatment of pulmonary hypertension (jcs 2017/jcs 2017). Hypertension treatment guidelines 2021. Hypertension in pregnancy treatment guidelines 2017.

The "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: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines" (2017 Hypertension Clinical Practice Guidelines) was released on Monday, November 13, 2017. This guideline updates the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 7). CDC will be examining the updated recommendations closely to determine their effect on national cardiovascular disease prevention activities. High blood pressure remains a leading public health threat. It is a primary risk factor for cardiovascular disease and its prevention and management is central to preserving and promoting the cardiovascular health of the nation. Numerous evidenced-based interventions are available to prevent high blood pressure and improve high blood pressure management across diverse settings. For additional information about high blood pressure and evidence-based clinical and community interventions to prevent or manage high blood pressure, visit the CDC's Division for Heart Disease and Stroke Prevention's website or the Million Hearts® websiteexternal icon. Lawes CM, Vander Hoorn S, Rodgers A. Global burden of blood-pressure-related disease, 2001. Lancet. 2008;371(9623):1513-8. 08j06055-8.Article PubMed Google Scholar Kearney PM, Whelton M, Reynolds K, Muntner P, Whelton PK, He J. Global burden of hypertension: analysis of worldwide data. Lancet. 2005;365(9455):217-23. 05j17741-1.Article PubMed Google Scholar Yazdanpanah L, Shahbazian H, Shahbazian H, Latifi SM. Prevalence, awareness and risk factors of hypertension in southwest of Iran. J Renal Inj Prev. 2015;4(2):51-6. 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