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New Classification for Hypertension				
CATEGORY	SYSTOLIC BP (MM HG)	AND	DIASTOLIC BP (MM HG)	COMPARISON WITH JNC 7
NORMAL	<120	AND	<80	--
ELEVATED BP	120-129	AND	<80	Was classified as Pre-hypertension under JNC7
STAGE 1	130-139	OR	80-89	
STAGE 2	≥ 140	OR	≥ 90	
HYPERTENSIVE CRISIS	≥ 180	OR	≥ 120	--

Compiled by PiusMID

2017 Guidelines for the prevention, Detection, Evaluation and Management of High Blood Pressure in Adults

BP Classification (JNC 7 and ACC/AHA guidelines)

SBP	DBP	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 Hypertension
140-159	OR 90-99	Stage 1 Hypertension	Stage 2 Hypertension
≥160	OR ≥100	Stage 2 Hypertension	Stage 3 Hypertension

• Adult Patient should be treated at an average of 10 mmHg reading at 12 readings.  
• Adults being treated with anti-hypertensive medication designated as having Hypertension.

Implementation Date: 11/13/2017



Applying Class of Recommendation and Level of Evidence to Clinical Strategies, Interventions, Treatments, or Diagnostic Testing in Patient Care\* (Updated August 2015)

Class of Recommendation	Level of Evidence
A	High
B	High
C	High
D	High
IIa	Low to Moderate
IIb	Low to Moderate
III	Low to Moderate
IV	Low to Moderate
III	Low
IV	Low
III	Very Low
IV	Very Low

### 8.1.3. Follow-Up After Initial BP Evaluation

Recommendations for Follow-Up After Initial BP Elevation				
References that support recommendations are summarized in Online Data Supplement 24.				
COR	LOE	Recommendations		
I	B-R	1.	Adults with an elevated BP or stage 1 hypertension who have an estimated 10-year ASCVD risk less than 10% should be managed with nonpharmacological therapy and have a repeat BP evaluation within 3 to 6 months (L, 2).	
I	B-R	2.	Adults with stage 1 hypertension who have an estimated 10-year ASCVD risk of 10% or higher should be managed initially with a combination of nonpharmacological and antihypertensive drug therapy and have a repeat BP evaluation in 1 month (L, 2).	
I	B-R	3.	Adults with stage 2 hypertension should be evaluated by or referred to a primary care provider within 1 month of the initial diagnosis, have a combination of nonpharmacological and antihypertensive drug therapy (with 2 agents of different classes) initiated, and have a repeat BP evaluation in 1 month (L, 2).	
I	B-R	4.	For adults with a very high average BP (e.g., SBP ≥180 mm Hg or DBP ≥110 mm Hg), evaluation followed by prompt antihypertensive drug treatment is recommended (L, 2).	
IIa	C-EO	5.	For adults with a normal BP, repeat evaluation every year is reasonable.	

- References
- Ambrosius WT, Sirta KM, Foy CG, et al. The design and rationale of a multicenter clinical trial comparing two strategies for control of systolic blood pressure: the Systolic Blood Pressure Intervention Trial (SPRINT). Clin Trials. 2014;11:332-46.
  - Cushman WC, Grimm RH Jr, Cutler JA, et al. Rationale and design for the blood pressure intervention of the Action to Control Cardiovascular Risk in Diabetes (ACCORD) trial. Am J Cardiol. 2007;99:445-55.

### 8.1.4. General Principles of Drug Therapy

Recommendation for General Principle of Drug Therapy				
References that support recommendations are summarized in Online Data Supplement 25.				
COR	LOE	Recommendation		
III Harm	A	6.	Simultaneous use of an ACE inhibitor, ARB, and/or renin inhibitor is potentially harmful and is not recommended to treat adults with hypertension (L-3).	

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Hypertension 2010;55:195-200 [PubMed] [Google Scholar]Page 2Summary of Blood Pressure Goals and Initial Choice of Antihypertensive Agent for Patients With Diabetes Endorsed by Different Professional Societies or Expert GroupsRecommendation (Year)Blood Pressure Goals (mmHg)First-Line Pharmacological TreatmentADA (2018)

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