WISCONSIN NURSES ASSOCIATION

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November 2017 ACC/AHA Hypertension Guidelines At-A-Glance

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- Developed by the American College of Cardiology (ACC) and the American Heart Association (AHA)
- Updates the "Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure" (JNC 7), published in 2003
- New Categories of Blood Pressure in Adults
    - Blood pressures are based on ≥ 2 BP readings taken on ≥ 2 occasions
    - *Individuals with SBP and DBP in 2 categories should be assigned the higher BP category*

BP Category	SBP		DBP
Normal	<120 mm Hg	and	<80 mm Hg
Elevated	120-129 mm Hg	and	<80 mm Hg
Stage 1 Hypertension	130-139 mm Hg	or	80-89 mm Hg
Stage 2 Hypertension	≥140 mm Hg	or	≥90 mm Hg

- **Diagnosing Hypertension**
    - The average of 2 or more blood pressures on 2 or more occasions should be obtained before determining a diagnosis
    - Out of office measurements should be used to confirm the diagnosis of hypertension (either 24 hour ambulatory blood pressure monitoring or self-measured blood pressure monitoring)
    - Can help identify patients with masked and white coat hypertension

- **Accurate Blood Pressure Management** – ACC/AHA state for diagnosis and management of high BP, proper methods are recommended for accurate measurement and documentation of BP
    - Use validated, automated upper arm device to measure BP
    - Use correct cuff size
    - Ensure patient has an empty bladder
    - Ensure patient is positioned correctly
    - If using automated office blood pressure (AOBP), perform ≥ 3 unattended measurements at 1-2 min intervals. No rest needed before the first measurement
    - If using attended measurement method, perform ≥ 2 measurements at 1-2 minute intervals. Patient should rest quietly for 5 minutes before the first measurement

- **Common Modifiable Cardiovascular (CVD) Risk Factors in Patient with HTN**
    - Current cigarette smoking, secondhand smoking
    - Diabetes mellitus
    - Dyslipidemia/hypercholesterolemia

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- Overweight/obesity
- Physical inactivity/low fitness
- Unhealthy diet

- **Non-Pharmacological Treatment for Hypertension**
  - Weight loss
  - Healthy diet: dietary approaches to stop hypertension (DASH)
  - Reduced sodium intake (<1500 mg/day)
  - NEW: Enhanced intake of dietary potassium (goal 3,500-5,000 mg/day)
  - Not for use in patients with chronic kidney disease
  - Physical activity
  - Moderate alcohol intake (≤ 2 drinks daily for men and ≤ 1 drink daily for women)

- **Blood Pressure Goal for Patients with Hypertension**
  - For adults with confirmed hypertension and known CVD or 10-year ASCVD event risk of 10% or higher a BP target of less than 130/80 mm Hg is recommended
  - For adults with confirmed hypertension, without additional markers of increased CVD risk, a BP target of less than 130/80 mm Hg may be reasonable

- **Self-Measured Blood Pressure (SMBP)**
  - New guidelines recommend out-of-office blood pressure measurements
  - Used to confirm diagnosis of hypertension
  - Assists in preventing misdiagnosis of white coat HTN
  - Used when titrating blood pressure lowering medications
  - Always provide instruction to patients on what to do if readings are outside desired range
  - Always perform SMBP in conjunction with telehealth counseling or clinical interventions
  - Go to Target:BP website for full set of tools and downloads: https://targetbp.org/blood-pressure-improvement-program/patient-measured-bp/

- **Pharmacological Approaches are varied**
  - Diuretics
  - Beta-blockers
  - ACE inhibitors & ARB (angiotensin receptor blockers)
  - Calcium channel blockers
  - Alpha blockers
  - Peripheral Adrenergic inhibitors
  - Vasodilators
  - Central agonists

- **Suggested Pharmacological Approaches Specific to Medical Conditions**
  - Coronary Artery Disease and Post MI: Beta blockers, ACE inhibitors
  - Heart Failure with preserved ejection fraction: ACE Inhibitor or ARB, Beta blockers, Diuretics
  - Heart Failure with reduced EF: ACE Inhibitor or ARB, Beta blockers, Aldosterone, Diuretics
  - Diabetes: ACE Inhibitor or ARB, Beta blockers, Calcium channel blockers
  - Kidney disease: ACE Inhibitors or ARB
  - Stroke or TIA: Diuretic, ACE Inhibitors