



Number of adults diagnosed with hypertension to increase under new guideline



A new analysis suggests that the number of U.S. adults with high blood pressure may increase by 31 million and the number of adults recommended for antihypertensive treatment would grow by 11 million under the 2017 American College of Cardiology/American Heart Association hypertension guideline.

The 2017 guideline defines high blood pressure as a blood pressure (BP) level greater than or equal to 130/80 mm Hg, compared with a level greater than or equal to 140/90 mm Hg in a 2014 evidence-based guideline from a joint national committee.

Jiang He, MD, PhD, Tulane University School of Public Health and Tropical Medicine, New Orleans, and colleagues performed this analysis to assess the effects of the 2014 and 2017 hypertension guidelines on proportions of U.S. adults defined as having high BP or recommended for antihypertensive treatment, as well as reductions in cardiovascular disease (CVD) and deaths.

In this analysis of national data, the estimated prevalence of hypertension increased compared with the 2014 guideline, as did the proportions of individuals recommended for antihypertensive treatment. Achieving the 2017 guideline treatment goals may further reduce 340,000 cardiovascular events and 156,000 total deaths annually compared with the 2014 guideline treatment goals. In addition, implementing the 2017 hypertension guideline is estimated to increase 62,000 hypotension and 79,000 acute kidney injury or failure events.

"Given the linear association between BP levels and risk of CVD and all-cause mortality, lower BP thresholds might be justifiable. The new criteria increase the number of adults who would be newly diagnosed as hypertensive and receive lifestyle interventions and antihypertensive medication treatment," Dr. He and co-authors write. "However, the new criteria also result in an increased number of adults diagnosed as hypertensive who might not be expected to develop CVD events. The health and economic consequences of the new diagnostic criteria for hypertension should be evaluated in future studies."

The analysis has some limitations, including the insufficient sample size from the National Health and Nutrition Examination Survey and other studies that were used to reliably estimate the effect of the new guideline within subgroups.

Source: [JAMA Cardiology](#)

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