

The blood pressure (BP) goal for an individual is set by utilizing a combination of factors including scientific evidence, clinical judgment, and patient tolerance. For most people, the goal is <140 and <90;<sup>3</sup> however, lower targets may be appropriate for some populations such as African-Americans, the elderly, or patients with LV hypertrophy, systolic or diastolic LV dysfunction, diabetes mellitus or chronic kidney disease. Lifestyle modifications (LM) should be initiated in all patients with hypertension (HTN) and they should be assessed for target organ damage and existing cardiovascular disease. Self-monitoring<sup>4</sup> is encouraged for most patients throughout their care, and requesting and reviewing readings from home and community settings can help the provider assist the patient in achieving and maintaining good control. For patients with hypertension in combination with certain clinical conditions, specific medications should be considered first-line treatments.

### Suggested Medications for Treatment of Hypertension in Presence of Certain Medical Conditions

- Coronary artery disease/Post MI: *BB, ACEI*
- Systolic heart failure: *ACEI or ARB, BB, ALDO ANTAG, thiazide*
- Diastolic heart failure: *ACEI or ARB, BB, thiazide*
- Diabetes: *ACEI or ARB, thiazide, BB, CCB*
- Kidney disease: *ACEI or ARB*
- Stroke or TIA: *thiazide, ACEI*

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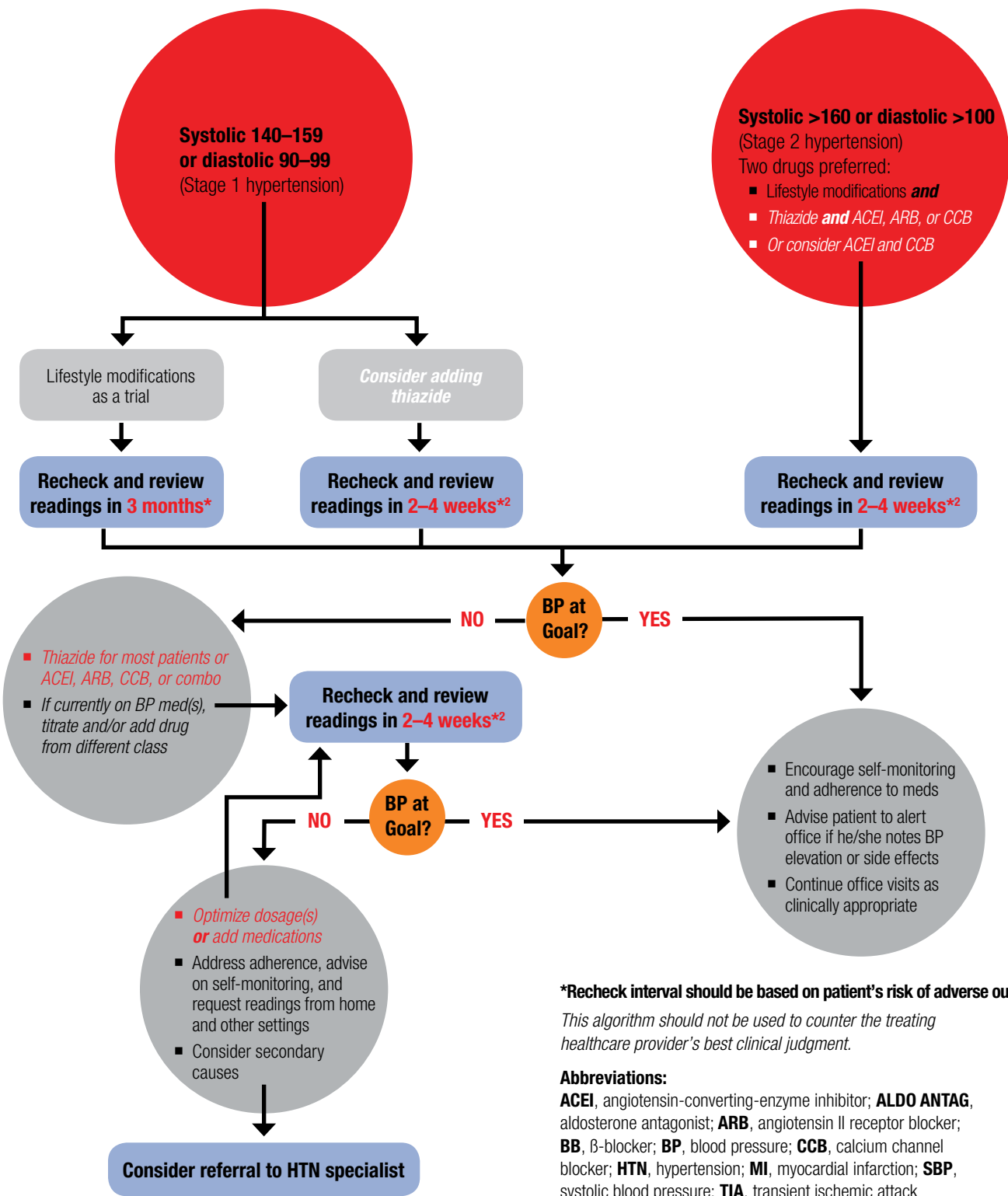
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1. Go AS, Bauman M, Coleman King SM, Fonarow GC, Lawrence W, Williams K, Sanchez E. An effective approach to high blood pressure control: a science advisory from the American Heart Association, the American College of Cardiology, and the Centers for Disease Control and Prevention. *Hypertension*. 2013; published online before print November 15, 2013, 10.1161/HYP.0000000000000003.
2. Jaffe MG, Lee GA, Young JD, Sidney S, Go AS. Improved Blood Pressure Control Associated with a Large-Scale Hypertension Program. *JAMA*. 2013;310(7):699-705.
3. National Heart, Lung, and Blood Institute, National Institutes of Health. *The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure — Complete Report*. National Heart, Lung, and Blood Institute, National Institutes of Health. NIH Publication No. 04-5230, 2004.
4. Centers for Disease Control and Prevention. *Self-Measured Blood Pressure Monitoring: Action Steps for Public Health Practitioners*. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2013.
5. Sacks FM, Svetkey LP, Vollmer WM, et al. Effects on blood pressure of reduced dietary sodium and the Dietary Approaches to Stop Hypertension (DASH) diet. DASH Sodium Collaborative Research Group. *N Engl J Med*. 2001;344:3-10.
6. Eckel RH, Jakicic JM, Ard JD, Hubbard VS, de Jesus JM, Lee I-M, Lichtenstein AH, Loria CM, Millen BE, Houston Miller N, Nonas CA, Sacks FM, Smith SC Jr, Svetkey LP, Wadden TW, Yanovski SZ. 2013 AHA/ACC guideline on lifestyle management to reduce cardiovascular risk: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2013; published online before print November 12, 2013, 10.1161/01.cir.0000437740.48606.d1.



# Controlling Hypertension in Adults<sup>1</sup>





Modification	Recommendation	Approximate SBP Reduction (Range)**
<b>Reduce weight</b>	Maintain normal body weight (body mass index 18.5–24.9 kg/m <sup>2</sup> )	5–20 mm Hg/10 kg
<b>Adopt DASH*<sup>5</sup> eating plan</b>	Consume a diet rich in fruits, vegetables, and low-fat dairy products with a reduced content of saturated and total fat	8–14 mm Hg
<b>Lower sodium intake<sup>6</sup></b>	a. Consume no more than 2,400 mg of sodium/day; b. Further reduction of sodium intake to 1,500 mg/day is desirable, since it is associated with even greater reduction in BP; and c. Reduce sodium intake by at least 1,000 mg/day since that will lower BP, even if the desired daily sodium intake is not achieved	2–8 mm Hg
<b>Physical activity</b>	Engage in regular aerobic physical activity such as brisk walking (at least 30 min per day, most days of the week)	4–9 mm Hg
<b>Moderation of alcohol consumption</b>	Limit consumption to no more than 2 drinks (e.g., 24 oz beer, 10 oz wine, or 3 oz 80-proof whiskey) per day in most men, and to no more than 1 drink per day in women and lighter weight persons	2–4 mm Hg

\* DASH, dietary approaches to stop hypertension

\*\* The effects of implementing these modifications are dose and time dependent, and could be greater for some individuals