Acc aha 2020 guidelines hypertension

The ACC/AHA Hypertension Guidelines cover virtually all aspects of diagnosis, evaluation, monitoring, secondary causes, and drug and non-drug treatment for hypertension. Substantial and appropriate attention has been paid to the strategies needed to accurately measure blood pressure in any environment where valid blood pressure measurements are needed. Most of the errors made during blood pressure measurement shift readings up as a result of over-diagnosis of hypertension and, among those already on medication, underestimating the true extent of blood pressure reduction as a result of over-treatment. Hypertension is diagnosed when blood pressure is constantly ≥130 and/or ≥ 80 mmHg. However, most patients with hypertension between 130-139/80-89 mmHg. (stage 1 hypertension) is not eligible for immediate drug therapy. The guide breaks new ground with some of its recommendations. Absolute cardiovascular risk is used, for the first time, to determine the high risk when BP is 130-139/80-89 mmHg. Art. (stage 1 hypertension) and the characteristics of high-risk/co-morbidity patients are not present including those aged 65 years and older, diabetes, chronic kidney disease, known cardiovascular diseases; high-risk individuals initiate drug therapy when BP ≥ 130/80 mmHg. An exception among high-risk individuals is secondary prevention of stroke in naive people, as drug therapy is initiated when blood pressure ≥140/90 mmHg. Non-high-risk individuals will initiate drug therapy when BP is ≥140/90 mmHg. Regardless of the blood pressure threshold for the onset of drug therapy, the target BP is the target of the 130 mm q hg in the most. systolic amongst' those and older' as the committee made no recommendation for a dbp' target.' article above the target. Keywords: Guide to Hypertension; Treatment of hypertension. The latest guidelines of the JACC Education Meetings Images Section News Resources Introduction of Hypertension is the leading cause of death, premature morbidity, and disability adjusted for years worldwide and the major risk factor for coronary heart disease (CAD), cerebrovascular disease (CEVD), heart failure (HF), chronic kidney disease (CKD), and dementia.2 Given the importance of hypertension management for cardiovascular (CV) morbidity (CV) morbidity (CV) morbidity and mortality, clinical guidelines have been created to provide a basis for clinician management. this state. While professional medical societies have developed many guidelines for hypertension, two well-established documents from North America and Europe are the 2017 American College of Cardiology (ACC)/American Heart Association (AHA) and 2018 European Society of Cardiology (ESC)/European Society of Hypertension (ESH) While there are key differences between the guidelines, it is important to recognize that there is also considerable duplication. In this review, we will discuss commonalities and look at some of the main differences between the guidelines. The main areas of agreement between U.S. and European guidelines Focus on BP accuracy measurements: Both guidelines recommend office blood pressure (BP) measurements for repeated visits and outpatient blood pressure monitoring (ABPM) or home blood pressure monitoring (HBPM) to confirm a diagnosis of hypertension (Class I). ABPM uses a device put on the patient's hand to record BP at intervals of 15 or 30 minutes for 24-48 hours during routine daily activities and sleep. HBPM is a self-monitoring tool where patients use commercially available tools to measure and record their BPs. There is a consensus that ABPM and HBPM provide more BP measurements than conventional office BPs, and reflect conditions that are more representative of everyday life. In addition, both are useful tools for diagnosing white coats and disguised hypertension. For adults who are present with elevated office BPs, but normal readings at home, ABPM or HBPM should be used to confirm a diagnosis of white coat hypertension. Masking hypertension refers to untreated patients with normal office BPs, but signs of damage to the finite organs. This is associated with an increased risk of morbidity and mortality cv and should be diagnosed with ABPM or HBPM. Cardiovascular Risk Calculator to determine THE treatment thresholds for BP: ESC guidelines use a systematic coronary risk assessment system (SCORE) to assess cv risk for patients with hypertension during initial diagnosis prior to pharmacotherapy or whenever, when changes in BP.4 readings occur since 2003, the European CV Prevention Guidelines recommended a SCORE risk assessment because it is based on large, representative European cohorts and assesses the 10-year risk of the first deadly atherosclerotic cardiovascular disease in relation to age, sex, smoking habits, full cholesterol and systolic BP (SIFP). It also allows risk calibration in specific countries in European countries based on CV disease risk levels and has been externally tested. Acc/AHA guidelines recommend using the Cardiovascular Disease Risk Calculator (ASCVD) using the Pool Cohort Equation (PEC) to determine BP's goals. Both guidelines recognize that treatment decisions based on the harmonization of risk thresholds offer a more rational and evidence-based approach. If the risk of CV is low, both recommend an initial focus on lifestyle changes prior to the onset of pharmacotherapy. While Europeans define hyperuricemia and increased heart rate as risk factors for cv-diseases, U.S. guidelines do not recognize them because of limited evidence that улучшает клинические исходы. Цели лечения BP: При сравнении руководящих принципов, определение нормального (как используется в руководящих принципах ACC/AHA) или оптимальной BP (как это используется в руководящих принципах ESC/ESH) является одинаковым для систолической BP (<120 mm= hg)= and= diastolic= bp= (dbp)=></120> <80 mm= hg)= (table= 1).= the= acc/aha= guidelines= replace= prehypertension= with= elevated= blood= pressure= for= bp= levels= 120-129/80-89= mm= hg= while= the= esc/esh= defines= this= category= as= normal= blood= pressure.= the= american= cut-off= for= the= definition= of= hypertension= has= been= lowered= to= ≥130/80= mm= hg= with= bp= range= 130-139/80-89= mm= hg= now= classified= as= stage= 1= hypertension.3= while= lowering= the= bp= threshold= levels= for= diagnosis= and= treatment= of= hypertension= has= created= controversy= in= the= american= public= and= among= other= major= medical= societies ,= there= is= strong= evidence= for= increased= cv= risk= for= systolic= bp= levels= between= 130-139= mm= hg= and= diastolic= bp= levels= between= 80-89= mm= hg.3= moreover,= as= clinical= trial= data= have= demonstrated= additional= benefits= of= aggressive= bp= lowering= to=></80> <130 mm= hg,= the= bp= target= recommended= in= the= 2017= acc/aha= guidelines= has= been= revised= to=></130> <130 0= mm= hg=></130> <130 mm= hg= systolic= bp= only= in= ambulatory,= community= living= older= adults= ≥65= years).= in= contrast,= the= 2018= esc/esh= guidelines= do= not= lower= the= hypertension= threshold= definition= (=>140/90 мм рт. ст.), но они признают, что 130-139/80-89 мм рт. ст. является высокой нормальной BP. Более глубокое погружение в европейские рекомендации показывает аналогичные цели лечения BP<130 0= mm= hg)= for= hypertensive= patients= with= co-existing= cad,= ckd,= diabetes,= and= cevd= (table= 2).= lifestyle= modification= recommendations:= both= guidelines= recommend= lifestyle= modifications= as= primary= interventions= to= prevent= and= treat= hypertension.= the= acc/aha= and= esc/esh= hypertension= guidelines= stress= the= importance= of= weight= optimization,= heart= healthy= diet= (e.g.= dash),= sodium= restriction,= physical= activity= with= a= structured= exercise= program,= abstinence= from= or= moderation= of= alcohol= consumption= and= smoking= cessation= as= strategies= to= optimize= bp= (class= 1,= evidence= level= a).3,4= both= stress= that= effective= lifestyle= changes= may= be= sufficient= to= delay= or= prevent= the= need= for= drug= therapy= in= patients= with= stage= 1= hypertension= (acc/aha= guidelines)= or= high= normal= bp= (esc/esh= guidelines).= for= patients= with= stage= 2/grade= 1= hypertension ,= pharmacotherapy= should= be= initiated= without= delay,= but= lifestyle= and= behavioral= interventions= should= be= concurrently= To avoid obesity (bmi)30 kg/m2. contains vegetables, legumes, fresh fruit, low-fat dairy products, whole grains, fish and poultry, as well as unsaturated fatty acids (especially olive oil) while minimizing consumption of red meat and saturated fats. exercise such as walking, jogging, cycling, or swimming for 30 minutes daily at least 5 times a week. PHARMACotherapy for BP Management: U.S. and European hypertension guidelines recommend initial BP treatment based on four major classes of pharmacotherapy, including ACE inhibitors (ACEi), angiotensin receptor blockers (ARBs), calcium channel blockers (CCB) and thiazid/thiazide diuretics. Beta-blockers are recommended in individual patients, for example, in patients with heart failure with reduced emission fraction (HF-rEF) or myocardial infarction. Combination therapy is recommended by both guidelines for stage 2 hypertension, the average SBP/DBP is 20/10 mmHg. above the BP target. For hypertensive blacks, the ESC/ESH guidelines also give Class I recommendations for the use of combined drug therapy, preferably with a diuretic or CCB with a renin-angiotensin system (RAS) blocker. The main differences between the American and European guidelines are the BP Status Classification and the definition of hypertension: Despite their similarities, the two guidelines take a different stance in several key areas. The most obvious is the classification of hypertension. In European guidelines, hypertension is defined as BP ≥140/90 mm Hg. (table 1), while Americans choose the lower threshold of BP ≥130/80 mm Hg. U.S. guidelines classify Stage 1 hypertension as SBP ≥130-139 mmHg. DBP ≥80-89 mm Hg. While Europeans define this as a high RATE of BP (130-139/85-89 mmHg). ACC/AHA defines Stage 2 hypertension as BP ≥140/90 mmHg. while europeans continue to classify this as Stage 1 (140-159/90-99 mmHg) (table 1). BP goals for older persons (age ≥65): As opposed to the ACC/AHA 2017 recommendation for similar BP targets in all age groups (except age ≥65, where the ACC/AHA guidelines recommend the SBP target of zlt;130 mmhg), the esc/esh' guidelines have taken a more restrained stance on bp's thresholds for older adults. ≥ The committee is recognized and the importance of more and more aggressive bp' control for all populations, including older and cohorts, and including older and older cohorts, and and support the damage of the threshold. (150)gt; 140 0 mm q hg' for this group.' ,= such= as= frailty= and= tolerability= of= treatment,= to= guide= bp= management= in= this= population.= the= esc/esh= the authors' point is out that' while the sprint' trial' included a' high'proportion' of the patients' over-75 years, who have had varying degrees of weakness, they are still independently living.5 The HYVET test is aimed at individuals in their 80s and similarly included active, elderly people.6 The cautious approach taken by Europeans may reflect some of the concerns raised by those who believe that the 140-year-old may reflect some of the concerns raised by those who believe that the 140-year-old may be concerned. агрессивные цели АКК/АГК не были достаточно поддержаны мета-анализом рандомизированных контролируемых методов испытаний.7 Стратегии лечения наркомании: существует консенсус по управлению фармакологической гипертензией между американскими и европейскими руководящими принципами. Рекомендации по антигипертензивной терапии для конкретных состояний заболевания, включая CAD, CKD и HF-rEF, почти идентичны. Европейцы по-прежнему включают бета-адреноблокаторы среди первых вариантов линии для управления гипертонией, в то время как американские руководящие принципы определяют их первичное использование только для пациентов с ишемической болезнью сердца или HF-rEF. В то время как ACC/AHA рекомендует одну комбинацию таблеток (SPC) для стадии 2 гипертонии, ESC/ESH поощряет SPC для всех классов гипертонии, учитывая большую простоту использования и потенциал для улучшения приверженности пациента. BP цели в конкретных популяциях: За некоторыми исключениями, ACC / AHA руководящие принципы имеют единую цель лечения BP <130 0= mm= hg.= the= european= guidelines= provide= some= rationalization= for= their= bp= threshold= recommendations= for= specific= populations,= including= different= ethnicities,= diabetics,= pregnant= women,= and= ckd= patients.= given= the= heterogeneity= of= ethnic= groups= in= europe,= blacks= in= particular,= and= the= lack= of= a= sufficient= registry= to= accurately= assess= cv= outcomes= in= some= minority= groups,= the= european= guidelines= calculate= cv= risk= in= blacks= utilizing= american= cohorts.= they= do= acknowledge= this= as= a= major= deficiency= in= their= guidelines= and= an= opportunity= for= research.= a= unique= aspect= of= the= european= score= risk= estimate= is= the= use= of= correction= factors= to= reflect= cv= risk= differences= among= 1st= generation= immigrants= to= europe.= american= guidelines= do= recognize= differences= in= cv= risk= among= asian= and= hispanic= sub-groups ,= but= no= multiplier= exists= to= refine= the= risk= calculator= in= these= populations.= of= note,= the= european= guidelines= have= identified= hypertensive= patients= of= south= asian= origin= as= the= highest= risk= group.= this= group= was= also= recently= recognized= as= a= risk= enhancer= in= the= updated= 2018= acc/aha= blood= cholesterol= guidelines= though= was= not= part= of= the= 2017= acc/aha= hypertension= guidelines.8= for= diabetic= patients,= the= europeans= recommend= a= bp= threshold= of=>140/90 мм рт. ст. для начала анти-гипертензивной терапии <130/80 mm Hg. While the Europeans recommend combination antihypertensive therapy with a RAS blocker + CCB or thiazide diuretic, no specific drug combinations are proposed in the American guidelines. For patients with CKD, the European guidelines contend that there is insufficient evidence to support treatment targets lower than 130/80 mm Hg. For hypertension and pregnancy, the Europeans provide clear definitions and classifications as well as comprehensive recommendations for laboratory testing, risk stratification, and pharmacotherapy. For example, in the > в то время как лечение рекомендуется для BP ≥130/80 мм рт. ст. в американском guideline.9 Однако, как одобрить целевой BP</130> BP</130> guidelines, hypertension during pregnancy is defined as mild (140-159/90-109 mmHg) or severe (≥160/110 mmHg). Conclusion After careful consideration of these two guidelines, we find more agreement with the Europeans than the main differences. Both strongly recommend lower BP targets for high-risk patients and pay similar attention to proper measurement and BP technique, laboratory and diagnostic testing, lifestyle and behaviour changes, and pharmacological management. Although Europeans have not changed the thresholds for determining hypertension, they recognize that lower BP (e.g. zlt;130/80 mmHg) reduces morbidity and mortality. While BP's aggressive U.S. goals may be difficult to achieve, the medical community must make a concerted effort to adopt these recommendations.10.11 Links to Lim SS, Vos T, Flaxman AD, and others. Lancet 2012;380:2224-60. Mr. Law, Morris JK, Wald New Jersey. Use of drugs to reduce blood pressure in the prevention of cardiovascular disease: a meta-analysis of 147 randomized studies in the context of expectations of prospective epidemiological studies. BMJ 2009;338:b1665. 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Clinical topics: Diabetes and Cardiometabolic Diseases, Dyslipidemia, Heart Failure and Cardiomyopathy, Prevention, Vascular Medicine, Atherosclerotic Diseases (CAD/PAD), Lipid Metabolism, Nonstatins, Acute Heart Failure, Exercise, Hypertension, Smoking, Sleep Apnea Keywords: Primary Prevention, Primary Prevention Secondary Prevention, Adrenergic Beta-Antagonists, American Heart Association, Angiotensin-Transforming Enzyme Inhibitors, Blood Pressure, Blood Pressure Monitoring, Outpatient, Body Mass Index, Angiotensin Receptor Antagonists, Calcium Channel Blockers, Cardiovascular Diseases, Antihypertensive Agents Cause of Death, Urinary, Drug Use, Fabaceae, fatty acids, Unsaturated, Exercise Therapy, Targets, Heart Failure, Hispanic Americans, Heart Rhythm, Hypertension, Hyperuricemia, Lifestyle, Mask Hypertension, Minority Groups, Myocardial Infarction, patient compliance, obesity, pregnancy, prehypertension, quality-adjusted years of life, rationalization, registries, kidney failure, chronic, renin-angiotensin system, risk factors, smoking, smoking cessation, Society, Medical , Sodium, Sodium chloride Symporter inhibitors, Stroke Tom, Tiazid, Weight Loss, White Coat Hypertension qlt; Back to Listing Lists acc/aha hypertension guidelines 2020. acc/aha hypertension guidelines 2020 pdf