Abstract

Automated validated devices should be used to measure blood pressure (BP). A systolic BP between 120–129 mm Hg with a diastolic BP < 80 mm Hg should be treated by lifestyle measures. Treat with lifestyle measures plus BP lowering drugs for secondary prevention of recurrent cardiovascular disease events in patients with clinical cardiovascular disease (coronary heart disease, congestive heart failure, and stroke) and an average systolic BP of ≥130 mm Hg or an average diastolic BP ≥ 80 mm Hg. Treat with lifestyle measures plus BP lowering drugs for primary prevention of cardiovascular disease in patients with an estimated 10-year risk of atherosclerotic cardiovascular disease ≥ 10 %and an average systolic BP ≥130 mm Hg or an average diastolic BP ≥80 mm Hg. Treat with lifestyle measures plus BP lowering drugs for primary prevention of cardiovascular disease in patients with an estimated 10-year risk of atherosclerotic cardiovascular disease of < 10 %and an average systolic BP ≥140 mm Hg or an average diastolic BP ≥ 90 mm Hg. Treat with antihypertensive drug therapy with 2 first-line drugs from different classes either as separate agents or in a fixed-dose combination in patients with a BP ≥140/90 mm Hg or with a BP > 20/10 mm Hg above their blood pressure target. White coat hypertension must be excluded before starting treatment with antihypertensive drugs in patients with hypertension at low risk for atherosclerotic cardiovascular disease. Antihypertensive drug therapy for different disorders is discussed.

Keywords

Hypertension; systolic blood pressure; diastolic blood pressure; antihypertensive drugs; lifestyle measures.