When the 2017 ACC/AHA high BP guideline was released, the share of American adults with hypertension increased from 32 percent to 46 percent under the new definition of high BP as a reading at or above 130/80 mm Hg. A BP treatment algorithm is available for physicians, and the AMA and the American Heart Association (AHA) have joined forces to make it easier to follow, understand and implement.

The 2017 hypertension guideline came from a joint task force formed by the American College of Cardiology (ACC) and the AHA. The ACC and AHA partnered with many other organizations representing physicians and other health professionals to create the guideline.

Physicians are encouraged to use the treatment algorithm tool created for Target: BP™, a national initiative co-led by the AHA and the AMA, to understand the recommended treatment for each BP threshold.

In addition to direct access to trained field-support specialists, a data platform and a suite of evidence-based tools and resources offered by the AMA and the AHA, Target: BP offers annual, recurring recognition for all participating sites and those that achieve hypertension control rates of 70 percent or higher among their adult patient population each year.

In 2017, the AMA and AHA acknowledged early adopters of the recognition program by identifying over 300 organizations. And in 2018, nearly 800 organizations have been recognized for their efforts focusing on blood pressure control within the populations they serve.

Here are the different BP thresholds and the recommended treatment algorithms for each that support the 2017 ACC/AHA guideline.

**Normal BP.** A normal blood pressure reading is defined as below 120/80 mm Hg. When a patient has a normal reading, physicians should promote optimal lifestyle habits. These lifestyle changes include a healthy diet and exercise. For example, the dietary approaches to stop hypertension (DASH) diet,
which is an eating plan low in sodium and saturated fat and high in vegetables and fruit, can help a patient lose weight and allow them to maintain a healthier diet. Physicians should reassess BP readings every year for patients in this category.

**Elevated BP.** This is defined as a BP reading of 120–129 mm Hg systolic and less than 80 mm Hg diastolic. Nonpharmacological therapy is recommended for treatment of this category of blood pressure. This includes consuming a heart-healthy diet such as DASH, reducing sodium intake, increasing physical activity, limiting alcohol consumption and losing weight for those who are overweight. Reassess patients every three to six months.

**Stage 1 hypertension.** Patients who have a BP reading of 130-139 mm Hg systolic and 80-89 mm Hg diastolic have stage 1 hypertension. If there is known clinical atherosclerotic cardiovascular disease, diabetes, chronic kidney disease or an estimated 10-year cardiovascular disease risk at or above 10 percent, physicians should provide nonpharmacological therapy and BP-lowering medication.

Reassessment should occur after one month and if the BP goal is not met, assess and optimize adherence to therapy. Physicians should also consider intensification of therapy. And if there is a less than 10 percent 10-year atherosclerotic cardiovascular disease risk, nonpharmacological therapy should be recommended with reassessment after three to six months.

**Stage 2 hypertension.** The recommended action for a patient with stage 2 hypertension—BP readings at or above 140/90 mm Hg—is both nonpharmacological therapy and BP-lowering medication. Patients’ blood pressure should be reassessed after one month. If the blood pressure goal has been met, reassess in three to six months. However, if the BP goal was not met, physicians should assess and optimize adherence to therapy, and consider intensification of therapy.

An AMA membership means you’re motivating millions to control hypertension. When the nation’s health is on the line, you can count on the AMA to be part of the solution.