There is good news and bad news about hypertension and blood pressure control in the U.S. The good news is that while the prevalence of hypertension is high, it can be controlled with medication, and for years BP-control rates were on the rise. The bad news is that a study has confirmed what many have suspected, that the proportion of U.S. adults with hypertension whose BP is controlled is declining.


NHANES is a cross-sectional survey of the civilian, noninstitutionalized U.S. population that combines interviews and physical examinations. It is conducted by the National Center for Health Statistics, a unit of the Centers for Disease Control and Prevention.

Years of progress undone

NHANES data shows that the proportion of U.S. adults with hypertension who had controlled BP increased substantially, growing from 31.8% in 1999 to 2000 to 53.8% in 2013 to 2014.

“However, between 2013 to 2014 and 2017 to 2018, the improvement in BP control was reversed,” wrote the authors, who include Gregory Wozniak, PhD, vice president of health outcome analytics at the AMA.

Hypertension was defined as a systolic blood pressure of 140 mm Hg or higher or diastolic blood pressure of 90 mm Hg or higher and antihypertensive medication use. Among those with hypertension, blood pressure control was defined as systolic BP less than 140 mmHg and diastolic BP less than 90 mmHg.
The percentage of U.S. adults with hypertension who had controlled BP steadily fell, from 52.8% in 2009–2012 to 51.3% in 2013–2016 and 48.2% in 2017–2020. Similarly, BP control among those taking antihypertensive medication, dropped from 69.9% in 2009–2012 to 67.7% in 2017–2020.

Among all U.S. adults with hypertension who were taking antihypertensive medication, a decline in BP control over the period studied occurred among those 75 years or older, women and non-Hispanic Black adults.

Discover the four reasons why BP control has dropped among American adults.

**A national priority**

Meanwhile, the age-adjusted prevalence of hypertension grew in all three consecutive periods, from 31.5% in 2009–2012 to 32% in 2013–2017 and 32.9% in 2017–2020. It also increased among non-Hispanic Asian adults, from 27.0% in 2011–2012—when data was first available for this group—to 33.5% in 2017–2020, as well as among Hispanic adults, from 29.4% in 2009–2012 to 33.2% in 2017–2020.

In 2020, the U.S. surgeon general released a call to action to control hypertension. Besides identifying goals for improving BP-control rates generally, it recommends focus areas to promote health equity.

“The call-to-action recognized the disparities in hypertension prevalence and BP control among different segments of the U.S. population and emphasized the need to address health inequities and disparities so that all members of society can achieve their full health potential,” the authors wrote. “Data from the current study suggest these goals are increasing in importance.”

The AMA has developed online tools and resources created using the latest evidence-based information to support physicians to help manage their patients’ high BP. These resources are available to all physicians and health systems through AMA MAP BP™, an evidence-based quality improvement program that provides a clear path to significant, sustained improvements in BP control.

AMA MAP BP features powerful data and metrics—including through a dashboard that provides monthly reports and tracking data on process and outcome metrics. In addition, AMA experts provide planning and support during program setup and implementation, such as help with assessing practice sites’ readiness, training clinical teams and creating kickoff event presentations.

The resources offered by the AMA as part of AMA MAP BP are provided at no cost. Contact the AMA to learn how your organization can get started.


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