PCC

ONE MINUTE CARDIOLOGY

Bimonthly newsletter published by Dr. Elizabeth Klodas MD, FACC
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CLINICAL UPDATE: JNC 8 Adult Hypertension Guideline

The latest Joint National committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 8) contains some important updates to recommendations for treatment of hypertension:

1. **60 or older = <150/90**. For those age 60 or older, JNC now recommends starting drug treatment if SBP is 150 or higher or if DBP is 90 or higher, aiming for BP <150/90 as the treatment goal. However, for those >60 yo with SBP already <140 who have been tolerating their medication regimen well, there is no need to titrate the medication doses down.
2. **Younger than 60 = <140/90**. For those younger than 60, JNC recommends starting drug treatment if SBP is 140 or higher or if the DBP is 90 or higher, aiming for BP <140/90 as the treatment goal.
3. **Chronic kidney disease = <140/90**. CKD is defined as GFR <60 mL/min/1.73 m2 in those age <70 yo; or albuminuria at any age.
4. **Diabetes = <140/90**.
5. In **non-black patients start with thiazide, CCB, ACEI or ARB**.
6. In **black patients, start with thiazide or CCB (even if diabetic)**.
7. In **CKD, start with ACEI or ARB, regardless of ethnicity**. If over 75, using CCBs and thiazides is reasonable first line therapy to avoid hyperkalemia and rising creatinine levels.
8. Do not use ACE inhibitors and ARBs together, but otherwise maximize the doses of the drugs outlined above before moving on to other medication classes to control BP.
9. HCTZ should generally be used in doses of 25 – 50 mg/day to balance efficacy and safety.
10. All patients with hypertension should attempt lifestyle modification, especially reducing sodium consumption, increasing physical activity and losing weight (if required). Sodium intake should fall below 2400 mg/day (1 tsp of table salt), with evidence that limiting intake to 1500 mg can result in even greater reduction in BP. Even without achieving these goals, reducing sodium intake by at least 1000 mg/day lowers BP.

The JNC 8 panel followed a rigorous process of review and utilized evidence from only randomized controlled clinical trials to develop its recommendations. Although a strength, this narrowed focus also eliminated many observational studies, systematic reviews and meta-analyses from being incorporated into the formulation of the guidelines. As a result, some clinical scenarios were left unaddressed. Blood pressure targets were not specified for those with history of CVA, for example. The goals specified were also based on office BP readings and did not take into account ambulatory BP measurement assessments, which are increasingly being utilized in clinical practice. Although treatment choices and goals have been simplified, the relaxation of BP targets in older individuals has generated significant controversy. ACC/AHA guidelines for hypertension are due out in 2015.

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