

# Hypertension Management at a Glance

The overarching treatment goal according to the AHA/ACC 2025 Guideline is <130/80 mm Hg in most adults<sup>1</sup>

| Categories of BP in Adults <sup>1</sup> |             | Normal      | Elevated       | Stage 1       | Stage 2    | Severe     | Hypertension |
|-----------------------------------------|-------------|-------------|----------------|---------------|------------|------------|--------------|
|                                         | SBP (mm Hg) | <120<br>AND | 120–129<br>AND | 130–139<br>OR | ≥140<br>OR | >180<br>OR |              |
|                                         | DBP (mm Hg) | <80         | <80            | 80–89         | ≥90        | >120       |              |

## AHA/ACC 2025 Guideline Recommendations on BP Goal<sup>1</sup>

|                                                                                                                    | In adults with                                                | SBP goal recommendation                         | Rationale                                                    |                                              |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------|----------------------------------------------|
|                                    | confirmed hypertension who are at increased risk* for CVD     | At least <130 mm Hg<br>and encourage <120 mm Hg | To reduce the risk of CV events and total mortality          | COR 1 <sup>a</sup><br>LOE A <sup>b</sup>     |
|                                    | confirmed hypertension who are not at increased risk* for CVD | <130 mm Hg<br>and encourage <120 mm Hg          | May be reasonable to reduce the risk of further BP elevation | COR 2b <sup>a</sup><br>LOE B-NR <sup>b</sup> |
|                                    | hypertension                                                  | <130 mm Hg                                      | To prevent mild cognitive impairment and dementia            | COR 1 <sup>a</sup><br>LOE A <sup>b</sup>     |
| *Increased risk for CVD is defined as a 10-year predicted risk for CVD events of ≥7.5% using PREVENT. <sup>1</sup> |                                                               |                                                 |                                                              | Stronger COR in the AHA/ACC 2025 Guideline   |



**AHA PREVENT Calculator<sup>1</sup>**  
The PREVENT equations estimate a 10-year CVD risk (PREVENT-CVD) to calculate patient CV risk and can be used for adults aged 30–79 years without known CVD.



**Tip**  
To access, search “AHA PREVENT Calculator” on the AHA website or check your EHR.

## Clinical Practice Framework to Improve BP Control<sup>1,2</sup>

-  **Measure BP accurately** every time
-  **Act rapidly** to address high BP readings
-  **Leverage team-based care and partner with patients** to address high BP readings

<sup>a</sup>COR 1 is a strong recommendation, whereas 2b is a weak recommendation<sup>1</sup>; <sup>b</sup>LOE A is defined as high-quality evidence from more than 1 RCT, meta-analyses of high-quality RCTs, or ≥1 RCTs corroborated by high-quality registry studies. LOE B-R is defined as either moderate-quality evidence from 1 or more RCTs or meta-analyses of moderate-quality RCTs. The method of assessing quality is evolving. LOE B-NR is defined as either moderate-quality evidence from 1 or more well-designed, well-executed nonrandomized studies, observational studies or registry studies, or meta-analyses of such studies.<sup>1</sup>

1. Jones DW, et al. *J Am Coll Cardiol*. 2025;86(18):1567-1678; 2. American Heart Association. Target: BP. Control BP. Accessed February 9, 2026. <https://targetbp.org/blood-pressure-improvement-program/control-bp/>; 3. Ettehad D, et al. *Lancet*. 2016;387(10022):957-967; 4. SPRINT MIND Investigators for the SPRINT Research Group. *JAMA*. 2019;321(6):553-561.



# AHA/ACC 2025 Guideline: Use of Risk-based Thresholds for Initiation of BP Treatment in Adults<sup>1</sup> COR 1

|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>RISK:</b> BP level only</p> <p>Average BP<br/>≥140/90 mm Hg</p> <p>Initiate medications <b>to reduce CVD risk for primary or secondary prevention of CVD.</b></p> <p>Use two first-line antihypertensives of different classes, ideally single-pill combination, to improve BP control and adherence.</p> | <p><b>RISK:</b> Existing clinical CVD (CHD, stroke, HF)<sup>c</sup></p> <p>Average BP<br/>SBP ≥130 mm Hg or<br/>DBP ≥80 mm Hg</p> <p>Initiate medications <b>to lower BP and reduce CVD risk for secondary prevention of CVD.</b></p> | <p><b>RISK:</b> Patient with diabetes or CKD or at an increased short-term risk of CVD<sup>c,d</sup></p> <p>Average BP<br/>SBP ≥130 mm Hg or<br/>DBP ≥80 mm Hg</p> <p>Initiate medications <b>to lower BP and reduce CVD risk for primary prevention of CVD.</b></p> | <p><b>RISK:</b> None of the previous risk factors<sup>c</sup></p> <p>Average BP<sup>e</sup><br/>SBP ≥130 mm Hg or<br/>DBP ≥80 mm Hg</p> <p>Initiate medications <b>to lower BP to prevent target organ damage and mitigate further increases in BP.</b></p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## AHA/ACC 2025 Guideline Recommendations: Follow-up After Initial BP Evaluation and Initiation of Antihypertensive Therapy<sup>1</sup> COR 1 LOEB-B

Adults with uncontrolled hypertension placed on new or intensified medical therapy should have **follow-up evaluations** for medication adherence and response to treatment **at monthly intervals** until control is achieved.

Common Causes of Secondary Hypertension<sup>1</sup>

Obstructive sleep apnea

Chronic kidney disease

Primary aldosteronism

Drug- or alcohol-induced

Renovascular hypertension

<sup>a</sup>Systematic review and meta-analysis of 123 randomized trials (published between 1966 and 2015) that evaluated the effects of BP lowering on CVD and mortality across various baseline BP levels and comorbidities in 613,815 participants. The RRs for events were as follows: major CV events: 20% (RR, 0.80; 95% CI, 0.77-0.83); CHD: 17% (RR, 0.83; 95% CI, 0.78-0.88); stroke: 27% (RR, 0.73; 95% CI, 0.68-0.77); HF: 28% (RR, 0.72; 95% CI, 0.67-0.78); all-cause mortality: 13% (RR, 0.87; 95% CI, 0.84-0.91)<sup>b</sup>; <sup>b</sup>SPRINT MIND was a multicenter randomized clinical trial that compared 2 strategies for managing SBP in older adults with hypertension who were at increased risk of cardiovascular disease (n=9361). Participants were randomized 1:1 to either an SBP goal of <120 mm Hg (the intensive treatment group) or an SBP goal of <140 mm Hg (the standard treatment group). The median intervention period was 3.34 years. Median follow-up was 5.11 years. Adjudicated probable dementia occurred in 149 participants in the intensive treatment group vs 176 in the standard treatment group (7.2 vs 8.6 cases per 1000 person-years; HR 0.83; 95% CI: 0.67–1.04)<sup>c</sup>; <sup>c</sup>In older adults who may be frail or have a limited life expectancy, a clinician-patient assessment of potential benefits and harms of BP lowering should be pursued to align care with patient goals<sup>1</sup>; <sup>d</sup>Increased short-term or 10-year risk is defined as a 10-year predicted risk for CVD events of ≥7.5% using PREVENT<sup>1</sup>; <sup>e</sup>After 3–6 months of lifestyle intervention.<sup>1</sup>

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