

Application of blood pressure guidelines ups treatment

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(HealthDay)—Implementation of the 2017 American College of Cardiology/American Heart Association (ACC/AHA) blood pressure guideline would direct initiation and intensification of antihypertensive medication treatment to adults at high risk for cardiovascular disease (CVD) events, according to a study published in the Sept. 11 issue of the *Journal of the American College of Cardiology*.

Lisandro D. Colantonio, M.D., Ph.D., from the University of Alabama at Birmingham, and colleagues assessed the risk for CVD events among adults recommended and not recommended antihypertensive medication initiation or intensification based on the 2017 ACC/AHA blood pressure guideline. Participants (aged ?45 years) were part of the REGARDS (REasons for Geographic And Racial Differences in Stroke) study cohort, and their systolic blood pressure (SBP) and diastolic blood pressure (DBP) were measured twice at baseline (2003 to 2007) and averaged. CVD events (stroke, coronary heart disease, and heart failure) were tracked through

2014.

The researchers found that among participants not taking antihypertensive medication, 34.4 percent were recommended pharmacological antihypertensive treatment initiation. Among participants recommended antihypertensive medication initiation with SBP/DBP ?140/90 mm Hg, the CVD event rate was 22.7 per 1,000 personyears versus 20.5 for those recommended antihypertensive medication initiation with SBP/DBP 130 to 139/80 to 89 mm Hg and 3.4 for those with SBP/DBP 130 to 139/80 to 89 mm Hg not recommended antihypertensive medication initiation. Just under two-thirds of participants taking antihypertensive medication (62.8 percent) were recommended treatment intensification. Among participants recommended treatment intensification, the CVD event rate per 1,000 person-years was 33.6 and 22.4 for those with SBP/DBP ?140/90 mm Hg and 130 to 139/80 to 89 mm Hg, respectively.

"Implementing the 2017 ACC/AHA guideline would direct <u>antihypertensive medication</u> initiation and intensification to adults with high CVD risk," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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