


IN GOOD HEALTH

A Publication Compiled by the Clinical Pharmacy Team of  **Health Solutions**
PHARMACY BENEFITS MANAGEMENT

AHA HYPERTENSION GUIDELINES

Hypertension is one of the largest contributors to heart disease, which is a leading cause of death in the United States. Nearly one in three adults in the US has hypertension and nearly one-third does not know they have it. Hypertension is a major risk factor for coronary artery disease, stroke and kidney failure. Coronary artery disease is the narrowing of small blood vessels that supply blood and oxygen to the heart. This condition is usually caused by atherosclerosis, or a build-up of fatty materials on the walls of the arteries. The risk of fatal coronary events or stroke doubles for every 20 mmHg increase in systolic or every 10 mmHg increase in diastolic blood pressure. Current best evidence supports lower target blood pressure goals to minimize adverse cardiovascular outcomes.

A new statement published by the American Heart Association (AHA) provides revised recommendations on the treatment of hypertension in the prevention and management of ischemic heart disease. For primary coronary artery disease (CAD) prevention, the target blood pressure goal is still < 140/90 mm Hg. The goal for those with known CAD, CAD equivalent (carotid artery disease, peripheral arterial disease, abdominal aortic aneurysm) and those at high risk (diabetes mellitus, chronic kidney disease or a Framingham risk score \geq 10%) has been lowered from <140/90 mm Hg to <130/80 mm Hg. If you are unsure if you have CAD, CAD equivalent, or are at high risk, please check with your physician. The goal for patients with heart failure is currently <130/80 mm Hg, with a recommendation to consider a goal of <120/80 mm Hg.

The AHA's statement also includes drug therapy recommendations. People who do not have symptomatic CAD, heart failure, or have not had an MI (or heart attack), should not use beta-blockers as a first-line agent for the treatment of hypertension. The cardioprotective benefit of beta-blockers in this population is not well supported. Always consult your physician concerning questions about your medications.

Lifestyle modifications, including smoking cessation, weight loss (if appropriate), healthy diet with reduced sodium intake, exercise and alcohol moderation, are also an important part of hypertension management for people with or at risk for CAD, and the entire population as a whole.

PATIENT RESOURCES

American Heart Association

7272 Greenville Avenue
Dallas, TX 75231
1-800-AHA-USA-1
www.americanheart.org

National Heart Blood and Lung Institute

NHLBI Health Information Center
P.O. Box 30105
Bethesda, MD 20824-0105
1-301-592-8573
www.nhlbi.nih.gov

American Stroke Association

7272 Greenville Avenue
Dallas TX 75231
1-888-4-STROKE
www.strokeassociation.org