

# 2014 Guideline for the Management of High Blood Pressure (Eighth Joint National Committee): Take-Home Messages



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## KEYWORDS

- JNC8 • High blood pressure • Blood pressure goals • Blood pressure treatment

## KEY POINTS

- For patients younger than 60 years, the goal blood pressure (BP) is less than 140/90 mm Hg; for patients older than 60 years, the goal BP is less than 150/90 mm Hg.
- For patients with diabetes mellitus and patients with chronic kidney disease (CKD), the goal BP is less than 140/90 mm Hg.
- In nonblack patients with or without diabetes, initial drug-class should include a thiazide-type diuretic, calcium channel blocker (CCB), angiotensin-converting enzyme (ACE) inhibitor, or angiotensin receptor blocker (ARB).
- In black patients with or without diabetes, initial drug-class should include a thiazide-type diuretic or CCB.
- All patients with CKD should receive an ACE inhibitor or ARB as starting or add-on therapy to improve renal outcomes.

High blood pressure (BP) is one of the most common conditions treated in primary care settings worldwide. It is an important preventable condition that leads to morbidity and mortality if not diagnosed timely and/or treated appropriately.<sup>1-3</sup>

The Eighth Joint National Committee (JNC 8) used rigorous evidence-based systematic review of the literature using only randomized control trials (RCTs) to develop evidence statements and recommendations for BP treatment.<sup>4</sup> This report summarizes the key recommendation made by JNC 8 for hypertension management and also highlights important differences from the previous recommendations.

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In contrast to JNC 7 guidelines,<sup>5</sup> the 2014 Hypertension Guidelines focus on 3 highest-ranked clinical questions related to hypertension management:

- a. BP threshold at which pharmacologic therapy should be initiated
- b. Specific BP goal to improve outcomes
- c. Comparative benefit and harms on health outcomes using various antihypertensive drug classes

Based on patient age, ethnicity, and comorbid conditions, the following are the summarized recommendations from the JNC 8 for hypertension management.<sup>4</sup>

### **TREATMENT INITIALIZATION AND GOALS**

#### ***General Population: Age 60 Years or Older***

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For the general population aged 60 years or older, it was recommended to start pharmacologic treatment to lower systolic BP (SBP) less than 150 mm Hg and diastolic BP (DBP) less than 90 mm Hg. Additionally, there was no need to adjust treatment if it achieves lower than target SBP levels without being associated with any adverse effects or the quality of life.

#### ***General Population: Age Younger Than 60 Years***

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In this patient age group, pharmacologic treatment is recommended to lower DBP to a goal of less than 90 mm Hg and SBP to a goal of less than 140 mm Hg. In age groups of 30 to 59 years, it is even more important to control DBP to lower than 90 mm Hg.

#### ***General Population: Age 18 Years or Older with Diabetes or Chronic Kidney Disease***

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In this patient population, pharmacologic treatment is also recommended to lower SBP to a goal of less than 140 mm Hg and DBP to a goal of less than 90 mm Hg.

### **TREATMENT DRUGS OF CHOICE**

#### ***General Nonblack Population***

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For the general nonblack population with or without diabetes, recommended initial drugs are the following: thiazide-type diuretic, calcium channel blocker (CCB), angiotensin-converting enzyme inhibitor (ACEI), or angiotensin receptor blocker (ARB).

#### ***General Black Population***

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For the general black population with or without diabetes, initial antihypertensive treatment should include a thiazide-type diuretic or CCB.

#### ***General Population: Age 18 Years or Older with Chronic Kidney Disease***

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Regardless of race or diabetes status, patients with chronic kidney disease (CKD) and hypertension should have ACEI or ARB as initial or add-on treatment to improve kidney functions.

As compared with JNC 7, the current guidelines suggest relaxation of aggressive target BP thresholds in older patients and in patients younger than 60 with diabetes and CKD. Another important consideration is that JNC 7 guidelines mainly defined hypertension and prehypertension, whereas current guidelines focus more on thresholds for pharmacologic treatment.

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