



# A Primer on the New Guideline for the Prevention, Detection, Evaluation, and Management of Hypertension

Carina Katigbak & Holly B. Fontenot

**ABSTRACT:** Hypertension is a leading risk factor for the development of cardiovascular disease. In 2017, the American College of Cardiology and the American Heart Association published a new guideline for the prevention, detection, evaluation, and management of hypertension. The guideline adjusts the clinical parameters for diagnosis and management of hypertension. In this article we summarize the updates and provide some background on these changes as they relate to nursing practice implications, with specific implications for women's health.

doi: [10.1016/j.nwh.2018.06.003](https://doi.org/10.1016/j.nwh.2018.06.003)

Accepted May 2018

**KEYWORDS:** blood pressure, cardiovascular disease, guideline, hypertension, pre-hypertension, Stage 1 hypertension, Stage 2 hypertension, stroke

Uncontrolled hypertension is a critical modifiable risk factor in the development and progression of a number of conditions, including cerebrovascular disease and cardiovascular disease. Approximately 75 million Americans, or one third of the U.S. adult population, have high blood pressure (Centers for Disease Control and Prevention, 2016), and only slightly more than half (54%) of them have the

condition under control (Yoon, Fryar, & Carroll, 2015), increasing their risk for cardiovascular disease and stroke. For women, cardiovascular disease is the leading cause of death, accounting for one out of every three female deaths (Garcia, Mulvagh, Merz, Buring, & Manson, 2016). Epidemiologic evidence shows that although hypertension prevalence is lower among adult women compared with men from ages 18

## CLINICAL IMPLICATIONS

- Uncontrolled hypertension is a critical modifiable risk factor in the development and progression of cerebrovascular disease and cardiovascular disease.
- The American College of Cardiology and the American Heart Association have released a new guideline for the prevention, detection, evaluation, and management of hypertension.
- The new guideline emphasizes early detection of high blood pressure and adoption of nonpharmacologic lifestyle interventions such as losing weight, increasing physical activity, moderating alcohol consumption, and quitting smoking.
- Nurses play a critical role in disease prevention by assessing for risk and providing education and counseling.
- Nurses are ideally positioned to screen for high blood pressure and to initiate therapeutic options at any point in a woman's life span.



to 59 years, this trend reverses itself for older adults ( $\geq 60$  years old) such that high blood pressure is more prevalent among women than men in this age group (Yoon, Fryar, & Carroll, 2015).

In 2017, the American College of Cardiology (ACC) and the American Heart Association (AHA) published new a guideline for the prevention, detection, evaluation, and treatment of hypertension—the first comprehensive update to the blood pressure guideline since the 2003 Joint National Committee on the Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC7). In this article we review the updated ACC/AHA Hypertension Guideline, summarizing key changes and their implications for nursing practice, and women's health.

## History and Overview of Hypertension Treatment Guidelines

In response to the growing burden of cardiovascular disease and its known links to hypertension, the National Heart, Lung, and Blood Institute began producing a series of hypertension guidelines in 1977. These guidelines evolved over time to become, in 2003, the JNC7. Its most recent iteration, JNC8, was published in 2014 and emphasized greater control of systolic blood pressure and diastolic blood pressure, along with age- and comorbidity-specific treatment cutoffs (James et al., 2014). In 2014, the ACC and the AHA collaborated with nine other professional associations to develop the new hypertension clinical practice guideline (P. K. Whelton et al., 2018). A team of multidisciplinary experts oversaw four systematic reviews

Approximately 75 million Americans have high blood pressure, and only slightly more than half of them have the condition under control

(meta-analyses were performed where possible) to determine the following: (a) whether self-directed blood pressure monitoring/ambulatory blood pressure monitoring is more effective than office-based blood pressure monitoring by a health care provider in achieving better blood pressure control and preventing adverse outcomes for those with hypertension risks, (b) the optimal blood pressure target for people being treated with antihypertensive medication, (c) whether various antihypertensive medications vary in terms of their comparative harms and benefits, and (d) whether initiating antihypertensive medication treatment with one drug is more beneficial than starting with two drugs. Although it is beyond the scope of this clinical summary to discuss the methodologies used in conducting the review of the evidence, a thorough description was given by P. K. Whelton et al. (2018).

The new guideline recommends an aggressive approach to blood pressure management and advocates for a risk-based approach to prevention and treatment. It emphasizes the importance of accurate blood pressure measurement, lowers the blood pressure threshold for defining hypertension, and recategorizes blood pressure into *normal*, *elevated*, *Stage 1 hypertension*, and *Stage 2 hypertension*. Shared decision making between providers and patients and team-based care are further emphasized in terms of establishing an evidence-based plan of care that incorporates self-management, timely follow-up, home-based blood pressure monitoring, and greater attention to lifestyle interventions to prevent disease progression.

**Carina Katigbak**, PhD, RN, ANP-BC, is an assistant professor, William F. Connell School of Nursing at Boston College in Chestnut Hill, MA. **Holly B. Fontenot**, PhD, RN, WHNP-BC, is an associate professor, William F. Connell School of Nursing at Boston College in Chestnut Hill, MA. The authors report no conflicts of interest or relevant financial relationships. **Address correspondence to:** [katigbac@bc.edu](mailto:katigbac@bc.edu).

Download English Version:

<https://daneshyari.com/en/article/8564489>

Download Persian Version:

<https://daneshyari.com/article/8564489>

[Daneshyari.com](https://daneshyari.com)