

16. On page 2259, in Appendix 1, for Dr. Ovbiagele, column 4, “Speakers Bureau,” read, “None.” It has been updated to read, “Boehringer Ingelheim Korea Ltd.”
17. On page 2260, in Appendix 1, for Dr. Wright, column 4, “Speakers Bureau,” read, “None.” It has been updated to read, “Amgen†*”.
18. On page 2260, in the Appendix 1 footnotes, the first paragraph previously read:

This table represents the relationships of committee members with industry and other entities (RWI) that are considered relevant to this document. Although most ACC/AHA guideline writing committees are constituted such that no more than half the members may have relevant RWI for 1 year before and during development of the guideline, rules for the prevention guidelines require that no members have relevant RWI from 1 year before appointment until 1 year after publication of the guideline. Members’ RWI were reviewed and updated at all meetings and conference calls of the writing committee during the document development period. The complete ACC/AHA policy on RWI is available at <http://www.acc.org/guidelines/about-guidelines-and-clinical-documents/relationships-with-industry-policy>.

It has been updated with 2 new paragraphs to read:

This table represents the relationships of committee members with industry and other entities that were determined to be relevant to this document. These relationships were reviewed and updated in conjunction with all meetings and/or conference calls of the writing committee during the document development process. The table does not necessarily reflect relationships with industry at the time of publication. A person is deemed to have a significant interest in a business if the interest represents ownership of $\geq 5\%$ of the voting stock or share of the business entity, or ownership of $\geq \$5000$ of the fair market value of the business entity; or if funds received by the person from the business entity exceed 5% of the person’s gross income for the previous year. Relationships that exist with no financial benefit are also included for the purpose of transparency. Relationships in this table are modest unless otherwise noted.

According to the ACC/AHA, a person has a relevant relationship IF: a) the relationship or interest relates to the same or similar subject matter, intellectual property or asset, topic, or issue addressed in the document; or b) the company/entity (with whom the relationship exists) makes a drug, drug class, or device addressed in the document, or makes a competing drug or device addressed in the document; or c) the person or a member of the person’s household, has a reasonable potential for financial, professional or other personal gain or loss as a result of the issues/content addressed in the document. The complete ACC/AHA policy on RWI is available at <http://www.acc.org/guidelines/about-guidelines-and-clinical-documents/relationships-with-industry-policy>.

19. On page 2260, in the Appendix 1 footnotes, “†Significant relationship.” has been added. These corrections have been made to the current online version of the article, which is available at <https://doi.org/10.1016/j.jacc.2017.11.005>.

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Whelton PK, Carey RM, Aronow WS, Casey DE Jr, Collins KJ, Dennison Himmelfarb C, DePalma SM, Gidding S, Jamerson KA, Jones DW, MacLaughlin EJ, Muntner P, Ovbiagele B, Smith SC Jr, Spencer CC, Stafford RS, Taler SJ, Thomas RJ, Williams KA Sr, Williamson JD, Wright JT Jr.

2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines



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1. On page e127, in the author list, “FACC” has been removed after Dr. Gidding’s name.
2. On page e129, the 9.5. heading read, “9.5. Peripheral Arterial Disease.” It has been updated to read, “9.5. Peripheral Artery Disease.” It has also been updated on page e208 in Table 22 and on page e209 in Table 23.

3. On page e137, in the footnote for Table 5, first paragraph, last sentence, the reference 12 citation has been removed from the end of the sentence.
4. On page e144, Figure 1 has been amended as follows:
 - The third box from the left (“**Masked Hypertension**”) was labeled as Class IIb. It has been updated to Class IIa. The shading of the box has also been updated.
 - The fourth box from the left (“**Elevated BP**”) was labeled as Class IIb. It has been updated to Class IIa. The shading of the box has also been updated.
5. On page e145, Figure 2, bottom row, the second box from the left read, “Continue current therapy (Class IIa).” It has been updated to read, “Continue current therapy”; the Class of Recommendation color has been removed.
6. On page e152, in Table 14, the text in the first column, last row read, “Angiogenesis inhibitor (e.g., bevacizumab) and tyrosine kinase inhibitors (e.g., sunitinib, sorafenib).” It has been updated to read, “Angiogenesis inhibitor (e.g., bevacizumab) and tyrosine kinase inhibitors (e.g., sunitinib, sorafenib).”
7. On page e155, section “6.2. Nonpharmacological Interventions,” under “Synopsis,” first paragraph, the first sentence read, “Nonpharmacological interventions...sodium reduction (8-11), potassium supplementation, increased physical activity (18-20,22,31), and” It has been updated to read, “Nonpharmacological interventions...sodium reduction (S6.2-8–S6.2-12), potassium supplementation (S6.2-13,S6.2-17), increased physical activity (S6.2-18–S6.2-22,S6.2-31), and....”
8. On page e155, section “6.2. Nonpharmacological Interventions,” under “Synopsis,” first paragraph, the third sentence read, “Such interventions include...low-carbohydrate and vegetarian diets (5,7,46-49), (18-20,22,23,31,50).” It has been updated to read, “Such interventions include...low-carbohydrate, vegetarian, and Mediterranean diets (S6.2-46–S6.2-49).”
9. On page e155, section “6.2. Nonpharmacological Interventions,” under “Synopsis,” the last paragraph, which read, “Table 15 is a summary of best proven nonpharmacological interventions for prevention and treatment of hypertension.” has been deleted.
10. On page e157, section “6.2. Nonpharmacological Interventions,” under “Recommendation-Specific Supportive Text,” third paragraph, the third sentence read, “Lifestyle change... on the DASH diet (5) or following a weight loss intervention (12).” It has been updated to read, “Lifestyle change... on the DASH diet (S6.2-5) or receiving a weight loss intervention (S6.2-12).”
11. On page e158, section “6.2. Nonpharmacological Interventions,” under “Recommendation-Specific Supportive Text,” fourth paragraph, the last sentence read, “This can be achieved by a diet...high in potassium content (6).” It has been updated to read, “This can be achieved by a diet...high in potassium content (S6.2-7).”
12. On page e162, legend to Figure 4, the second sentence, read, “*Using the ACC/AHA Pooled Cohort Equations (57).” It has been updated to read, “*Using the ACC/AHA Pooled Cohort Equations (S8.1.2-56,S8.1.2-57).”
13. On page e161, section “8.1.2. BP Treatment Threshold and the Use of CVD Risk Estimation to Guide Drug Treatment of Hypertension,” under “Synopsis,” second paragraph, the third from the last sentence read, “It should be kept in mind...adults ages 45 to 79 years....” It has been updated to read, “It should be kept in mind...adults ages 40 to 79 years....”
14. On page e163, the section “8.1.3. Follow-Up After Initial BP Evaluation” recommendation table title read, “Recommendations for Follow-Up After Initial BP Elevation.” It has been updated to read, “Recommendations for Follow-Up After Initial BP Evaluation.”
15. On pages e165 and e166, in “Table 18. Oral Antihypertensive Drugs”, the following changes have been made:
 - In the “Primary agents” section, the first row “Thiazide or thiazide-type Diuretics,” the “Metolazone” section, the “Usual Dose, Range (mg/d)*” column read, “2.5-10.” It has been updated to read, “2.5-5.”
 - In the “Primary agents” section, the second row “ACE inhibitors,” the “Ramipril” section, the “Usual Dose, Range (mg/d)*” column read, “2.5-10.” It has been updated to read, “2.5-20.”
 - In the “Primary agents” section, the fourth row “CCB–dihydropyridines,” the “Felodipine” section, the “Usual Dose, Range (mg/d)*” column read, “5-10.” It has been updated to read, “2.5-10.”
 - In the “Primary agents” section, the fourth row “CCB–dihydropyridines,” the “Nicardipine SR” section, the “Usual Dose, Range (mg/d)*” column read, “5-20.” It has been updated to read, “60-120.” The “Daily Frequency” column read, “1.” It has been updated to read, “2.”
 - In the “Primary agents” section, the fourth row “CCB–dihydropyridines,” the “Nifedipine LA” section, the “Usual Dose, Range (mg/d)*” column read, “60-120.” It has been updated to read, “30-90.”

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