



Reference Card from the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC7)

EVALUATION

CLASSIFICATION OF BLOOD PRESSURE (BP)*

CATEGORY	SBP mmHg		DBP mmHg
Normal	<120	and	<80
Prehypertension	120-139	or	80-89
Hypertension, stage 1	140-159	or	90-99
Hypertension, stage 2	≥ 160	or	≥ 100

Key: SBP = systolic blood pressure
DBP = diastolic blood pressure

DIAGNOSTIC WORKUP OF HYPERTENSION

- Assess risk factors and comorbidities.
- Reveal identifiable causes of hypertension.
- Assess presence of target organ damage.
- Conduct history and physical examination.
- Obtain laboratory tests; urinalysis, blood glucose, hematocrit and lipid panel, serum potassium, creatinine, and calcium. Optional: urinary albumin/creatinine ratio.
- Obtain electrocardiogram.

ASSESS FOR MAJOR CARDIOVASCULAR DISEASE (CVD) RISK FACTORS

- Hypertension
- Obesity (body mass index $\geq 30 \text{ kg/m}^2$)
- Dyslipidemia
- Diabetes mellitus
- Cigarette smoking
- Physical inactivity
- Microalbuminuria, estimated glomerular filtration rate $<60 \text{ mL/min}$
- Age (>55 for men, >65 for women)
- Family history of premature CVD (men age <55 , women age <65)

ASSESS FOR IDENTIFIABLE CAUSES OF HYPERTENSION

- **Sleep apnea**
- Drug induced/related
- Chronic kidney disease
- Primary aldosteronism
- Renovascular disease
- Cushing's syndrome or steroid therapy
- Pheochromocytoma
- Coarctation of aorta
- Thyroid/parathyroid disease

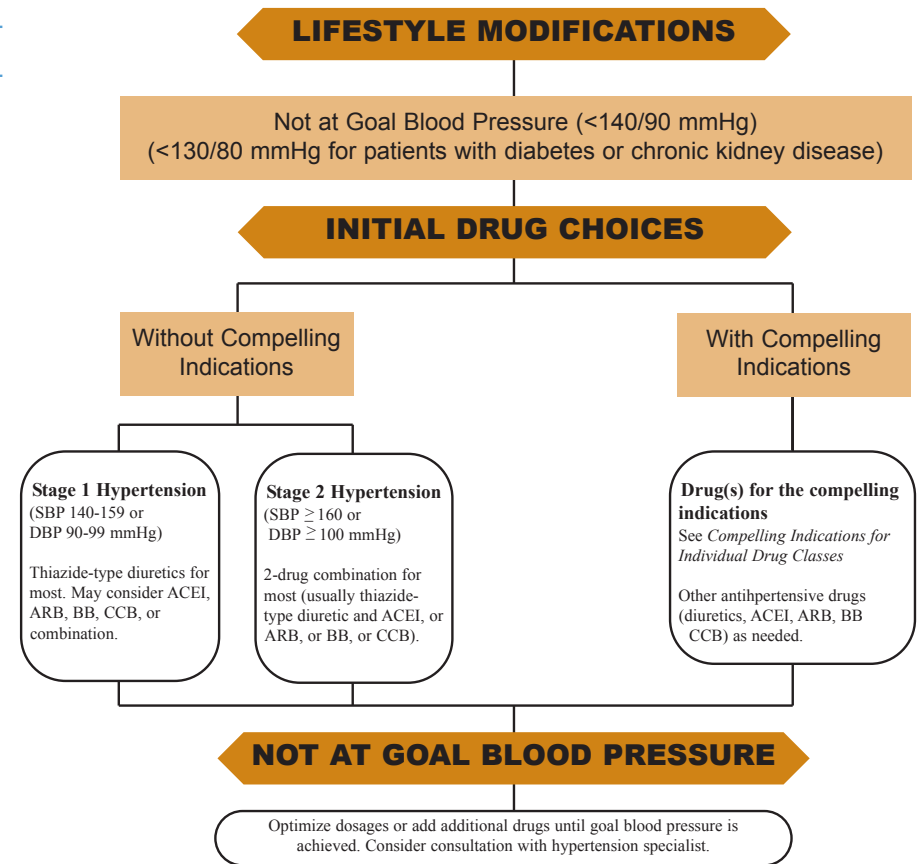
Sleep Apnea is an identifiable Cause of Hypertension –NIH, JNC7 (2003)

TREATMENT

PRINCIPLES OF HYPERTENSION TREATMENT

- Treat to BP $<140/90 \text{ mmHg}$ or BP $<130/80 \text{ mmHg}$ in patients with diabetes or chronic kidney disease.
- Majority of patients will require two medications to reach goal.

ALGORITHM FOR TREATMENT OF HYPERTENSION



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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