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prevention of hypertension and treatment of established hypertension are complementary approaches to reducing cvd risk in the population but prevention of hypertension provides the optimal means of reducing risk and avoiding the harmful consequences of hypertension normal bp is defined as 120/80 mm hg elevated bp 120/129/80 mm hg hypertension stage 1 is 130/139 or 80/89 mm hg and hypertension stage 2 is 140/90 mm hg prior to labeling a person with hypertension it is important to use an average based on 2 readings obtained on 2 occasions to estimate the individual's level of bp 2017 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 writing committee paul k whelton mb md msc faha chair robert m carey md faha vice chair the new 2017 acc/aha high blood pressure guidelines 1 released november 13 2017 has reclassified grades of hypertension for the first time as having elevated blood pressure with a systolic blood pressure (sbp) level of 120-129 mmhg and with a diastolic blood pressure (dbp) level remaining 80 mmhg and stages i versus ii hypertension as 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 hypertension 2018;71:e13-e115 doi:10.1161/hyp.0000000000000065 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 american college of cardiology foundation and american heart association inc publication information this slide set is adapted from the 2017 acc/aha aapa abc acpm ags apha ash aspc recommendations for antihypertensive medication initiation according to the 2017 acc/aha blood pressure guideline include sbp between 130 and 139 mm hg or dbp between 80 and 89 mm hg with diabetes chronic kidney disease a history of cvd or a 10 year predicted cvd risk 10% or age 65 years with sbp 130 mm hg 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 executive summary a report of the american college of cardiology american heart association task force on clinical practice guidelines read the latest recommendations that will change the way high blood pressure is evaluated and managed 2017 hypertension clinical practice guidelines full text 2017 hypertension clinical practice guidelines executive summary systematic review for the 2017 hypertension clinical practice guidelines the 2017 hypertension guideline highlights for clinical practice jama full text read more about hypertension guidelines neurology this viewpoint reviews key recommendations in the 2017 guideline for the prevention detection evaluation and management of high blood pressure authored previous guidelines identified high blood pressure as 140/90 mm hg this guideline now defines high blood pressure to be anyone with a systolic blood pressure (sbp) 130 mm hg or diastolic blood pressure (dbp) 80 mm hg the change will mean more patients are diagnosed with hypertension the 2017 acc/aha guidelines still state that uncontrolled bp defined as 180/110 mm hg or greater is classified as a minor risk condition with respect to surgical procedures and outcomes thus most dentistry is considered safe up to these levels the 2017 hypertension guidelines approaches to mild hypertension and combination therapy american college of cardiology aug 21 2018 robert d brook md expert analysis print font size a the new hypertension guideline changes the definition of hypertension which is now considered to be any systolic bp measurement of 130 mm hg or higher or any diastolic bp measurement of 80 mm hg or higher to download the full version of the 2017 hypertension guideline please visit professional heart.org/hypertension section 1 introduction context and purpose of this guideline statement of remit to align with its mission to reduce the global burden of raised blood pressure bp the international society of hypertension ish has developed worldwide practice guidelines for the management of hypertension in adults aged 18 years and older singapore med j 2018;59(1):17-27 doi:10.11622/smedj.2018007 ministry of health clinical practice guidelines hypertension nov 13 2017 acc news story font size a high blood pressure should be treated earlier with lifestyle changes and in some patients with medication at 130/80 mm hg rather than 140/90 based on new acc and american heart association/aha guidelines for the detection prevention management and treatment of high

blood pressure the main aim of these guidelines is to help physicians make sound clinical decisions about hypertension by presenting up to date information about diagnosis classification treatment outcomes and follow up these guidelines are developed for all healthcare professionals in singapore 1 3 guideline development the 2017 american college of cardiology aha hypertension guideline recognizes the growing burden of cardiometabolic risk and disease guideline authors have integrated available public health and clinical trial evidence to mitigate the growing health and economic burden of cardiovascular disease which include lowering the threshold for 18 22 23 executive summary of recommendations introduction this is the executive summary of the moh clinical practice guidelines cpg on hypertension it is intended to be used with reference to the full version of the cpg which is freely available on the moh website at this link

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recommendations for antihypertensive medication initiation according to the 2017 acc aha blood pressure guideline include sbp between 130 and 139 mm hg or dbp between 80 and 89 mm hg with diabetes chronic kidney disease a history of cvd or a 10 year predicted cvd risk 10 or age 65 years with sbp 130 mm hg

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the 2017 acc aha guidelines still state that uncontrolled bp defined as 180 110 mm hg or greater is classified as a minor risk condition with respect to surgical procedures and outcomes thus most dentistry is considered safe up to these levels

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