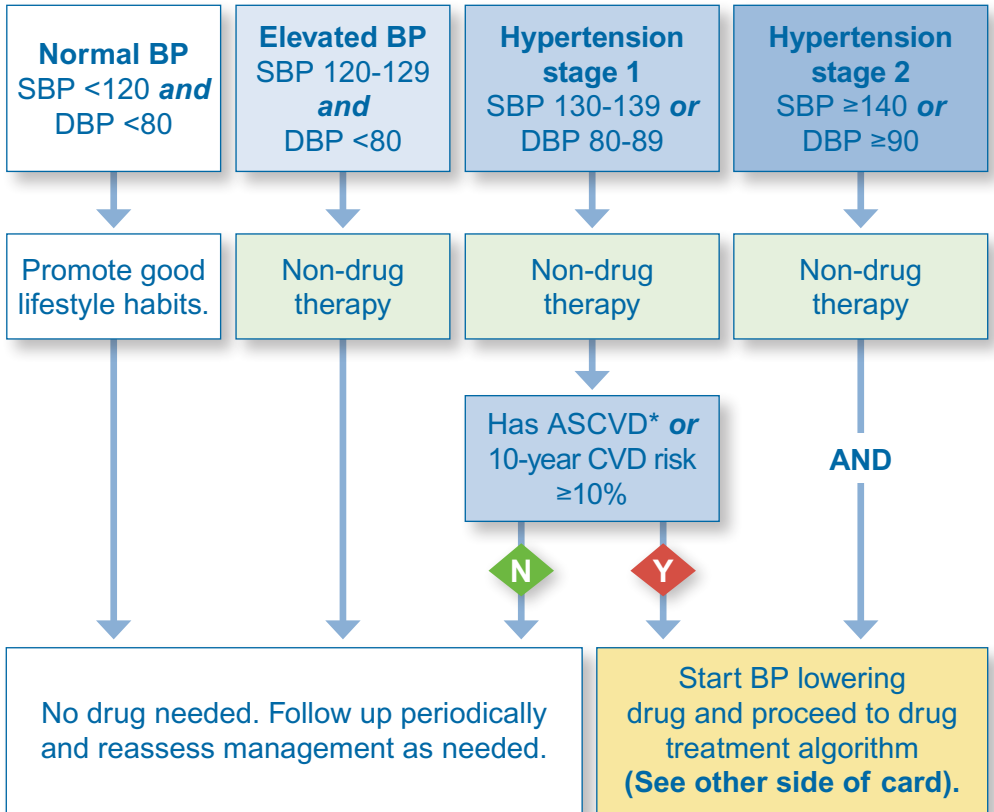


2017 ACC/AHA guidelines for managing BP¹

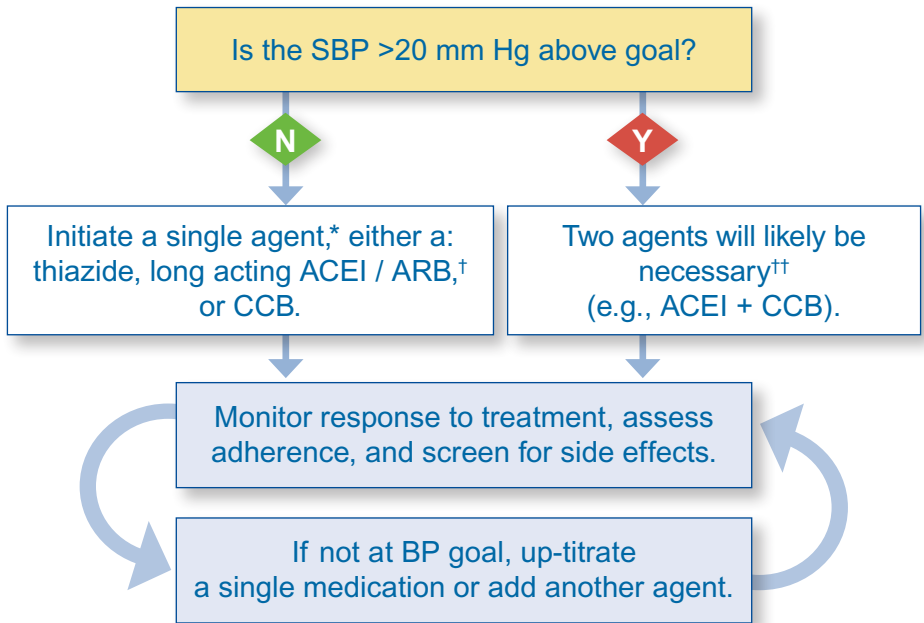


*ASCVD (atherosclerotic cardiovascular disease) includes acute coronary syndrome, myocardial infarction, angina, revascularization, stroke, TIA, or peripheral arterial disease.

- **All patients requiring management should achieve an SBP <130, and a DBP goal <80 in adults less than 60 years of age.**
- For patients whose management requires assessment of 10-year CVD risk, continue to reassess at follow-up visits.

**Calculate cardiovascular disease risk using
the ASCVD risk calculator: www.cvriskcalculator.com
OR tools.acc.org/ASCVD-Risk-Estimator-Plus**

Pharmacologic management of hypertension



* For African Americans, initiate a thiazide or CCB.

† Combining an ACEI and an ARB confers no additional benefit and may increase adverse events.

†† For older patients, start one medication and intensify therapy at the first follow-up visit.

Visit [AlosaHealth.org/Hypertension](https://www.AlosaHealth.org/Hypertension) for more information and resources.

(1) Whelton PK, Carey RM, Aronow WS, et al. 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. *J Am Coll Cardiol.* 2018;71(19):e127-e248.



Pharmaceutical Assistance Contract for the Elderly

Balanced information for better care

These are general recommendations only; specific clinical decisions should be made by the treating physician based on an individual patient's clinical condition. These materials were made possible by the PACE Program of the Department of Aging of the Commonwealth of Pennsylvania. Links to references can be found at [AlosaHealth.org](https://www.AlosaHealth.org).

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