Hypertension CANADA

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Hypertension Canada responds to 2017 AHA Guidelines

This month the American Heart Association (AHA) released new hypertension guidelines. They now align more closely with the 2017 Hypertension Canada Guidelines, with some differences.

The common key messages include:

1. Cardiovascular risk assessment should be a routine part of hypertension evaluation.
2. Blood pressure (BP) must be measured consistently and accurately using standardized methods and validated devices.
3. Out-of-office BP provides additive and valuable information to standardized office BP measurement.
4. Adults at high cardiovascular risk should be treated intensively when systolic BP > 130 mmHg.
5. Older adults can benefit from intensive BP targets.
6. Promotion of optimal health behaviours is the foundation of hypertension prevention and treatment.

Areas where the AHA guidelines diverge from Hypertension Canada Guidelines:

1. Hypertension is diagnosed at 130/80 mmHg versus 140/90 mmHg.
2. While both guidelines recommend pharmacotherapy at a threshold of 130/80 mmHg in high-risk patients, AHA recommends a treatment threshold of 140/90 mmHg at moderate and low cardiovascular (CV) risk. In contrast, Hypertension Canada recommends a risk-based approach for treatment initiation, i.e., a treatment threshold of 140/90 mmHg in moderate risk, and 160/100 mmHg for low-risk individuals.
3. AHA recommends a single treatment target of <130/80 mmHg for all patients. Hypertension Canada recommends tailored targets based on risk

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and co-morbidity; e.g., the systolic BP target for certain high-risk persons should be <120 mmHg.

4. AHA recommends initial pharmacotherapy with a single agent and combination therapy if BP is >20/10 mmHg above target. Hypertension Canada recommends single-pill combinations to also be considered as first-line treatment.

Both guidelines are derived from the same current scientific evidence. Hypertension Canada takes an evidence-based approach to creating guidelines, reflecting relevant clinical trials, and it was the first to respond to the SPRINT trial and incorporate this evidence into our Guidelines. In contrast, AHA used an evidence-informed approach in combination with expert opinion to produce a streamlined set of thresholds and targets. Although simplified, millions of low-risk adults are now labeled as having hypertension, and many will require medication intensification in the absence of clear evidence for benefit. As such, we will not change our Hypertension Canada Guidelines in response to the AHA guidelines. Health care providers in Canada can be confident that use of the Hypertension Canada guidelines will inform high quality care and support optimal outcomes for their patients.