



The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure

U. S. Department of Health and Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute, National High Blood Pressure Education Program

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The purpose of the “Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7)” is to provide an evidence-based approach to the prevention and management of hypertension. The key messages of this report are: in those older than age 50, systolic blood pressure (SBP) of greater than 140 mmHg is a more important cardiovascular disease (CVD) risk factor than diastolic BP (DBP); beginning at 115/75 mmHg, CVD risk doubles for each increment of 20/10 mmHg; those who are normotensive at 55 years of age will have a 90 percent lifetime risk of developing hypertension; prehypertensive individuals (SBP 120–139 mmHg or DBP 80–89 mmHg) require health promoting lifestyle modifications to prevent the progressive rise in blood pressure and CVD; for uncomplicated hypertension, thiazide diuretic should be used in drug treatment for most, either alone or combined with drugs from other classes; this report delineates specific high-risk conditions, which are compelling indications for the use of other antihypertensive drug classes (angiotensin-converting enzyme inhibitors, angiotensin-receptor blockers, beta blockers, calcium channel blockers); two or more antihypertensive medications will be required to achieve goal BP (less than 140/90 mmHg, or less than 130/80 mmHg for patients with diabetes and chronic kidney disease); for patients whose BP is greater than 20 mmHg above the SBP goal or 10 mmHg above the DBP goal, initiation of therapy using two agents, one of which usually will be a thiazide diuretic, should be considered; regardless of therapy or care, hypertension will only be controlled if patients are motivated to stay on their treatment plan. Positive experiences, trust in the clinician, and empathy improve patient motivation and satisfaction. This report serves as a guide, and the committee continues to recognize that the responsible physician’s judgment remains paramount.

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