

New guidelines call for intensified BP targets, add blood pressure category to pinpoint heart attack, stroke risk

August 30 2024



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Updated European Society of Cardiology (ESC) Guidelines on the management of elevated blood pressure and hypertension include a new

elevated blood pressure category, more ambitious and intensive treatment targets, and for the first time, recommendations on the use of renal denervation to treat various forms of hypertension. The Guidelines, published in the *European Heart Journal*, have been produced by an international panel of experts that include co-Chairpersons Professor Bill McEvoy of the University of Galway, Ireland, and Professor Rhian Touyz of McGill University, Canada.

Elevated blood pressure and hypertension are by far the most common and important risk factors for [heart attack](#) and stroke (otherwise known as cardiovascular disease). As many as 45% of European adults have hypertension.

The [new guidelines](#) are designed to get more patients to an evidence-based blood pressure treatment target and to increase the eligibility for blood pressure lowering medications to match the best current evidence from clinical trials. The ESC Guidelines also provide numerous pragmatic recommendations to avoid patients becoming symptomatic from overtreatment.

The 2024 Guidelines maintain the existing definition of "hypertension" as a BP $\geq 140/90$ mmHg. However, they introduce a new category of "elevated BP" which is defined as a BP 120-139/70-89 mmHg. This new "elevated BP" category is introduced to facilitate consideration of more intensive blood pressure treatment targets among persons at increased risk for cardiovascular disease.

"This new category of elevated blood pressure recognizes that people do not go from normal BP to hypertensive overnight," says Prof. McEvoy. "It is in most cases a steady gradient of change, and different subgroups of patients—for example those at a higher risk of developing [cardiovascular disease](#) (e.g., people living with diabetes)—could benefit from more intensive treatment before their BP reaches the traditional

threshold of hypertension."

Moreover, adds Prof. Touyz, "The risks associated with increased blood pressure start at systolic [blood pressure](#) levels even below 120 mmHg."

In another major change, the 2024 ESC Guidelines introduce a new systolic BP treatment target range of 120-129 mmHg for most patients receiving BP-lowering medication, with the important proviso that the new target requires that treatment is well tolerated. The 2024 ESC Guidelines also provide pragmatic recommendations on a systolic BP target "as low as reasonably achievable" (known as the ALARA principle) in frail and [older persons](#) and in those not tolerating the primary treatment target of 120-129 mmHg. The guidelines focus more on frailty of individuals rather than chronological age.

This new systolic BP treatment target of 120-129 represents a [paradigm shift](#) from prior European guidelines, including the 2018 ESC/ESH Hypertension Guidelines, the 2021 ESC Prevention Guidelines, and the 2023 ESH Hypertension Guidelines.

Specifically, whereas prior guidelines generally recommended patients be treated for a BP

Citation: New guidelines call for intensified BP targets, add blood pressure category to pinpoint heart attack, stroke risk (2024, August 30) retrieved 2 September 2024 from <https://medicalxpress.com/news/2024-08-guidelines-bp-blood-pressure-category.html>

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