





**From Guidelines to Action:
Key Takeaways from the New
AHA/ACC BP Guideline with
Recommendations**

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Overview - Process for the New Guideline Development

- The **2025 AHA/ACC High Blood Pressure Guideline** outlines a comprehensive, evidence-based process for developing and implementing updated recommendations for hypertension management.
- Joint Committee Collaboration:** The guideline was developed by the **ACC/AHA Joint Committee on Clinical Practice Guidelines**, in collaboration with multiple professional organizations, including the AMA, AANP, ASPC, NMA, SGIM, and others.

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**In God We Trust,
Everyone Else Must
Bring Data!**



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Overview - Process for the New Guideline Development

- **Evidence-Based Updates:** It replaces the 2017 guideline and incorporates the latest clinical research, focusing on early intervention, personalized care, and team-based implementation.
- **Multidisciplinary Input:** The process involved transdisciplinary experts in cardiology, nephrology, endocrinology, primary care, and public health, ensuring broad applicability and clinical relevance.




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Making the Case for Implementation of the New BP Guideline

- Nearly half of all adults in the U.S. have high blood pressure ($\geq 130/80$ mm Hg), and **only 22.5% have it under control.**
- High BP is the #1 preventable risk factor for cardiovascular disease, including heart attack, stroke, and heart failure, as well as kidney disease, cognitive decline, and dementia.
- Recent research confirms that blood pressure affects brain health, including cognitive function and dementia, so early treatment is recommended for people diagnosed with high blood pressure to maintain brain health and cognition.



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Blood Pressure Categories

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (top/upper number)		DIASTOLIC mm Hg (bottom/lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120-129	and	LESS THAN 80
STAGE 1 HYPERTENSION (High Blood Pressure)	130-139	or	80-89
STAGE 2 HYPERTENSION (High Blood Pressure)	140 OR HIGHER	or	90 OR HIGHER
SEVERE HYPERTENSION (If you don't have symptoms*, call your health care professional)	HIGHER THAN 180	and/or	HIGHER THAN 120
HYPERTENSIVE EMERGENCY (If you have any of these symptoms*, call 911)	HIGHER THAN 180	and/or	HIGHER THAN 120

*symptoms: chest pain, shortness of breath, back pain, numbness, weakness, change in vision, or difficulty speaking

heart.org/bplevels

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Key Take-A-Ways From the New BP Guideline

- Advises earlier and more aggressive treatment (**130/80**)
- Places stronger emphasis on lifestyle modifications, including achieving or maintaining a healthy weight
- Recommends close blood pressure management before, during, and after pregnancy to avoid complications, including pre-eclampsia
- Expands recommendations for secondary hypertension, pregnancy, and comorbidities
- Highlights using the new PREVENT™ risk calculator to estimate a person's cardiovascular disease risk to tailor treatment (integrates renal function, statin use and the SDH)

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The American Heart Association PREVENT Online Calculator

Sex: Male Female

Age: 35 years

Total Cholesterol: 180 mg/dL

HDL Cholesterol: 45 mg/dL

SBP: 136 mmHg

BMI: 24.6 kg/m²

eGFR: 94 mL/min/1.73m²

Current Smoking: No Yes

Anti-hypertensive medication: No Yes

Lipid-lowering medication: No Yes

UACR: No Yes (15 mg/g)

HbA1C: No Yes

Zip code (for estimating social deprivation index (SDI)):

Calculate Reset

CVD ASCVD

Heart Failure

Estimated 10-year Risk of CVD: **1.3%**

Estimated 30-year Risk of CVD: **9.4%**

The risk estimates were calculated using the base model

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Key Take-A-Ways From the New BP Guideline

- Emphasizes home BP monitoring as a core component of diagnosis, titration, and ongoing management
- Covers screening protocols for primary aldosteronism and resistant hypertension (all adults with stage 2 hypertension or resistant hypertension should be screened)
- Provides tailored approaches for special populations (e.g., pregnant individuals, CKD patients)
- Discusses newer therapies (e.g., GLP-1 receptor agonists)

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Prevention and Healthy Lifestyle Behaviors

- Lifestyle modifications as **first-line** therapy:
 - DASH diet, sodium reduction, potassium intake
 - Physical activity and weight management
 - Stress reduction and avoid/limit alcohol
- Role of community-based interventions
- Addressing social determinants of health

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Dietary Approaches to Stop Hypertension (DASH) Diet

High intake of:

- Fruits and vegetables
- Whole grains
- Low-fat or fat-free dairy
- Lean proteins (e.g., poultry, fish, legumes)
- Nuts and seeds
- Healthy fats (e.g., olive oil, soft margarine)



Low intake of:

- Sodium (salt): $\leq 2,300$ mg/day (about 1 tsp of salt)
- lower sodium version = $\leq 1,500$ mg/day
- Red and processed meats
- Added sugars (e.g., sweets, soda)
- Saturated fats (e.g., full-fat dairy, butter)

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Physical Activity Recommendation

75 to 150 minutes of physical activity per week
 75 minutes per week of vigorous physical activity, or
 150 minutes per week of moderate-intensity activity

- **Aerobic exercise** (e.g., brisk walking, swimming, cycling)
- **Resistance training** (e.g., weight-lifting) at least **twice per week**

Regular physical activity

- Lowers systolic blood pressure by **5 to 8 mm Hg**
- Improves cardiovascular endurance
- Supports weight loss (aiming for at least **5% reduction** in body weight)
- Reduces stress, which contributes to elevated blood pressure

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Recommendations for Stress Reduction and Alcohol Consumption

For Stress Reduction


- Meditation
- Controlled breathing
- Yoga
- Mindfulness practices


Zero Alcohol to Minimal Consumption is Preferred

- **Less is better**, and **abstaining completely** may offer the **greatest benefit** for blood pressure control

Recommended limits are:

- **Men:** No more than **2 standard drinks per day**
- **Women:** No more than **1 standard drink per day**



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Role of Community-Based Interventions

Community-based strategies are vital for

- Reaching **underserved populations**
- Promoting **early detection and prevention**
- Enhancing **adherence to lifestyle and medication plans**
- Reducing **health disparities** in hypertension outcomes
- A great example is the **Move with the Mayor Initiative** by the National Forum for Heart Disease and Stroke Prevention

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Integration of the Social Determinants of Health is Key in BP Control

By integrating the SDOH into hypertension care, the guideline aims to:

- Improve **access to medications and healthy lifestyle resources**
- Enhance **adherence to treatment**
- Reduce **health disparities** in cardiovascular outcomes

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PUTTING THE GUIDELINES INTO ACTION: IMPLEMENTATION STRATEGIES

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The Current Research/Evidence-based Guideline to Practice Time Gap

- Now reduced to 15 years from 2000 when it was 17 years!
- The average time from publication to implementation of five cancer control EBPs (e.g., mammography, colorectal cancer screening)
-Kahn, Chambers & Neta, 2021
- It will only take a 150 more years to close the gap!
- *The gap between what we know and what we do is lethal!*
- We also need to de-implement what isn't working or based on best evidence



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Key Implementation Strategies

- Institute multi-disciplinary team-based care, including physicians, pharmacists, nurse practitioners, nurses and community health workers
- Collaborate with community leaders and organizations to conduct screening, provide education, increase awareness, and implement prevention and treatment strategies
- Encourage home blood pressure monitoring with validated devices and frequent team interaction; cuffless devices, such as smart watches, are not yet reliable enough for clinical use
- Use single-pill combinations to improve compliance

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Character-builders in Clinical Practice

Low Rates of Blood Pressure Control

Despite available treatments, many still fail to reach target BP levels (<130/80 mm Hg)

Underdiagnosis of Secondary Causes (e.g., hyperaldosteronism)

Resource Constraints (hypertension care is underfunded)

Limited Use of Team-Based Care

Gaps in Translational Research

Promising Areas Have Not Yet Created Practical Tools (e.g., genetics, gut microbiome)

Technology Limits

Motivating Behavior Change in People: Use Evidence Plus Emotional Story

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New Year's Resolutions
for 2009 ~~2011~~ ~~2012~~ ~~2014~~ ~~2015~~

1. Lose weight again ^{more}
2. Get fit next year
3. Give up alcohol ^{and cigarettes} less
4. Stand up to boss ^{Find job}
5. Be nicer to my wife ^{Try to} ^{ex-}
6. Sort out junk in shed ^{life}

*Make Today Your January 1 for
Your Own Personal CV Health
and Enacting the New
BP Guideline*

*Inch by Inch, It's a Cinch
Yard by Yard, It's Hard!*

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