Hypertension Treatment Guideline

MVP Health Care®, as part of a continuing Quality Improvement Program, has adopted the 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults. Report from the Panel Members Appointed to the Eighth Joint National Committee (JNC8). A copy of the JNC 8 can be found on the Internet at the address listed below: http://jama.jamanetwork.com/article.aspx?articleid=1791497

Statistics – Morbidity & Mortality

- Approximately one-third of U.S. adults have hypertension.¹
- Hypertension is a risk factor for stroke and heart disease which are leading causes of death in the United States. High blood pressure was a primary or contributing cause of death for 348,000 Americans in 2009.
- Only about half (47%) of people with high blood pressure have their condition under control.

Key Messages

Treat to blood pressure target levels:
- <140/90 mm Hg for ages < 60
- < 150/90 mm Hg for ages ≥ 60 years with no diabetes and no kidney disease

Lifestyle modifications such as healthy diet, weight control, and regular exercise have the potential to improve blood pressure control.

Initial antihypertensive treatment:
- In general, non-black population, including those with diabetes, initial antihypertensive treatment should include a thiazide-type diuretic, calcium channel blocker (CCB), angiotensin-converting enzyme inhibitor (ACEI), or angiotensin receptor blocker (ARB).
- In the general black population, including those with diabetes, initial antihypertensive treatment should include a thiazide-type diuretic or CCB.
- In the population aged ≥ 18 years with CKD (including all CKD patients with hypertension regardless of race or diabetes status), initial (or add-on) antihypertensive treatment should include an ACEI or ARB to improve kidney outcomes.
This guideline is not intended to replace the role of the physician’s clinical judgment in the management of medical services, it is an educational guideline provided to assist in the delivery of good medical care. All treatment decisions are ultimately based on the physician’s clinical assessment and judgment. Where medication recommendations are made, please refer to each health plan’s formulary for coverage considerations.

MVP updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Practitioners are alerted via the web site, and by written notices from the plan via fax or newsletter. A print copy of the clinical guideline can be requested by calling the MVP Quality Improvement Department at (800) 777-4793 extension 1-2247.