

# TARGET:BP™



Top Take-Home Messages from:

**2025 AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/  
PCNA/SGIM Guideline for the Prevention, Detection, Evaluation, and Management  
of High Blood Pressure in Adults**

**A Report of the American College of Cardiology/American Heart Association Joint Committee  
on Clinical Practice Guidelines**

Developed in Collaboration With and Endorsed by American Academy of Physician Associates; American Association of Nurse Practitioners; American College of Clinical Pharmacy; American College of Preventive Medicine; American Geriatrics Society; American Medical Association; American Society of Preventive Cardiology; Association of Black Cardiologists; National Medical Association; Preventive Cardiovascular Nurses Association; and the Society of General Internal Medicine.

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1. High blood pressure is the most prevalent and modifiable risk factor for the development of cardiovascular diseases, including coronary artery disease, heart failure, atrial fibrillation, stroke, dementia, chronic kidney disease, and all-cause mortality. The overarching blood pressure treatment goal is <130/80 mm Hg for all adults, with additional considerations for those who require institutional care, have a limited predicted lifespan, or are pregnant.
2. Clinicians should collaborate with community leaders, health systems, and practices to implement screening of all adults in their communities and implement guideline-based recommendations regarding prevention and management of high blood pressure to improve rates of blood pressure control.
3. Multidisciplinary team-based care is effective in assessing and addressing patient access to medications and other structural barriers to support individual patient needs and thereby reduce barriers to achieving hypertension control. Team members may include physicians, pharmacists, nurse practitioners, nurses, physician assistants/associates, dietitians, community health workers, and other health care professionals.
4. Blood pressure is classified by the following framework: normal blood pressure is defined as <120 mm Hg systolic and <80 mm Hg diastolic; elevated blood pressure as 120 to 129 mm Hg systolic and <80 mm Hg diastolic; stage 1 hypertension as 130 to 139 mm Hg systolic or 80 to 89 mm Hg diastolic; and stage 2 hypertension as ≥140 mm Hg systolic or ≥90 mm Hg diastolic.
5. For all adults, lifestyle changes, including maintaining or achieving a healthy weight, following a heart healthy eating pattern (such as DASH [Dietary Approaches to Stop Hypertension]), reducing sodium intake, increasing dietary potassium intake, adopting a moderate physical activity program, managing stress, and reducing or eliminating alcohol intake are strongly recommended to prevent or treat elevated blood pressure and hypertension.

(continued)

6. Initiation of medication therapy to lower blood pressure in addition to lifestyle interventions is recommended for all adults with average blood pressure  $\geq 140/90$  mm Hg and/or for selected adults with average blood pressure  $\geq 130/80$  mm Hg who have clinical cardiovascular disease, previous stroke, diabetes, chronic kidney disease, or increased 10-year predicted cardiovascular risk of  $\geq 7.5\%$  defined by PREVENT™ (Predicting Risk of CVD EVENTS).
7. In adults with average blood pressure  $\geq 130/80$  mm Hg and at lower 10-year cardiovascular disease risk defined by PREVENT of  $< 7.5\%$ , initiation of medication therapy to lower blood pressure is recommended if average blood pressure remains  $\geq 130/80$  mm Hg after an initial 3- to 6-month trial of lifestyle modification.
8. For all adults with stage 2 hypertension, the initiation of antihypertensive drug therapy with 2 first-line agents of different classes in a single-pill, fixed-dose combination is preferred over 2 separate pills to improve adherence and reduce time to achieve blood pressure control.
9. Home blood pressure monitoring combined with frequent interactions with multidisciplinary team members using standardized measurement and treatment protocols and home measurement protocols is an important integrated tool to improve rates of blood pressure control. Reliance on cuffless devices, including smartwatches, for accurate blood pressure measurements should be avoided until these devices demonstrate greater precision and reliability.
10. Severe hypertension in nonpregnant individuals, defined as blood pressure  $> 180/120$  mm Hg, without evidence of acute target organ damage, should be evaluated and treated in the outpatient setting with initiation, reinstitution, or intensification of oral antihypertensive medications in a timely manner.

**Citation:**

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To download the full text of the new guideline please visit:

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