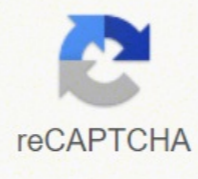




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Table 3 Classification of office blood pressure^a and definitions of hypertension grade^b

Category	Systolic (mmHg)		Diastolic (mmHg)
Optimal	<120	and	<80
Normal	120–129	and/or	80–84
High normal	130–139	and/or	85–89
Grade 1 hypertension	140–159	and/or	90–99
Grade 2 hypertension	160–179	and/or	100–109
Grade 3 hypertension	≥180	and/or	≥110
Isolated systolic hypertension ^b	≥140	and	<90

BP = blood pressure; SBP = systolic blood pressure.
^aBP category is defined according to seated clinic BP and by the highest level of BP, whether systolic or diastolic.
^bIsolated systolic hypertension is graded 1, 2, or 3 according to SBP values in the ranges indicated.

When to start drug Rx ?

Recommendations	Class ^a	Level ^b	Ref. ^c
Prompt initiation of drug treatment is recommended in individuals with grade 2 and 3 hypertension with any level of CV risk, a few weeks after or simultaneously with initiation of lifestyle changes.	I	A	260, 265, 264
Lowering BP with drugs is also recommended when total CV risk is high because of OD, diabetes, CVD or CKD, even when hypertension is in the grade 1 range.	I	B	260, 264
Initiation of antihypertensive drug treatment should also be considered in grade 1 hypertensive patients at low to moderate risk, when BP is within this range at several repeated visits or elevated by ambulatory BP criteria, and remains within this range despite a reasonable period of time with lifestyle measures.	IIa	B	266, 267
In elderly hypertensive patients drug treatment is recommended when SBP is ≥160 mmHg.	I	A	141, 265
Antihypertensive drug treatment may also be considered in the elderly (at least when younger than 80 years) when SBP is in the 140–159 mmHg range, provided that antihypertensive treatment is well tolerated.	IIb	C	-
Unless the necessary evidence is obtained it is not recommended to initiate antihypertensive drug therapy at high normal BP.	III	A	265
Lack of evidence does also not allow recommending to initiate antihypertensive drug therapy in young individuals with isolated elevation of brachial SBP, but these individuals should be followed closely with lifestyle recommendations.	III	A	142



Category	SBP (mmHg)	DBP (mmHg)
Office BP	140	90
Ambulatory BP	135	85
Daytime (or awake) mean	135	85
Night-time (or asleep) mean	120	70
24-hour mean	130	80
Home BP mean	135	85

BP = blood pressure; SBP = systolic blood pressure; DBP = diastolic blood pressure.
^aClass is determined according to the highest level of BP, whether systolic or diastolic.

Changes in recommendations	
2013	2018
Diagnosis Office BP is recommended for screening and diagnosis of hypertension.	Diagnosis It is recommended to base the diagnosis of hypertension on: <ul style="list-style-type: none"> Repeated office BP measurements; or Out-of-office BP measurement with ABPM and/or HSBPM if logistically and economically feasible.
Treatment thresholds High-normal BP (130–139/85–89 mmHg): Unless the necessary evidence is obtained, it is not recommended to initiate antihypertensive drug therapy at high-normal BP.	Treatment thresholds High-normal BP (130–139/85–89 mmHg): Drug treatment may be considered when CV risk is very high due to established CVD, especially CAD.
Treatment thresholds Treatment of low-risk grade 1 hypertension: Initiation of antihypertensive drug treatment should also be considered in grade 1 hypertensive patients at low-to-moderate-risk, when BP is within this range at several repeated visits or elevated by ambulatory BP criteria, and remains within this range despite a reasonable period of time with lifestyle measures.	Treatment thresholds Treatment of low-risk grade 1 hypertension: In patients with grade 1 hypertension at low-to-moderate-risk and without evidence of HMOD, BP-lowering drug treatment is recommended if the patient remains hypertensive after a period of lifestyle intervention.
Treatment thresholds Older patients Antihypertensive drug treatment may be considered in the elderly (at least when younger than 80 years) when SBP is in the 140–159 mmHg range, provided that antihypertensive treatment is well tolerated.	Treatment thresholds Older patients BP-lowering drug treatment and lifestyle intervention is recommended in fit older patients (>65 years but not >80 years) when SBP is in the grade 1 range (140–159 mmHg), provided that treatment is well tolerated.
BP treatment targets An SBP goal of <140 mmHg is recommended.	BP treatment targets <ul style="list-style-type: none"> It is recommended that the first objective of treatment should be to lower BP to <140/90 mmHg in all patients and, provided that the treatment is well tolerated, treated BP values should be targeted to 130/80 mmHg or lower in most patients. In patients <65 years it is recommended that SBP should be lowered to a BP range of 120–129 mmHg in most patients.

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