CLINICAL PRACTICE GUIDELINES

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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Recommandation AHA/ACC 2025 -1

- L'objectif global du traitement de l'hypertension artérielle est de parvenir à une pression artérielle inférieure à 130/80 mm Hg pour tous les adultes, avec des précautions supplémentaires pour les personnes qui nécessitent des soins en institutions, dont l'espérance de vie est limitée ou qui sont enceintes.

Recommandation AHA/ACC - 2

- Les professionnels de santé doivent collaborer avec les responsables communautaires, les établissements de santé et les cabinets médicaux afin de mettre en place un dépistage de l'hypertension artérielle chez tous les adultes de leur entourage et d'appliquer les recommandations fondées sur les lignes directrices en matière de prévention et de prise en charge de l'hypertension artérielle afin d'améliorer les taux de contrôle de la pression artérielle.

Recommandation AHA/ACC 2025 - 3

- Pour tous les adultes, il est recommandé pour prévenir ou traiter l'hypertension artérielle :

- le maintien ou l'atteinte d'un poids de forme,
- l'adoption d'une alimentation saine pour le cœur (telle que le régime DASH [Dietary Approaches to Stop Hypertension]),
- la réduction de l'apport en sodium,
- l'augmentation de l'apport en potassium,
- la pratique d'une activité physique modérée,
- la gestion du stress
- la réduction ou l'élimination de la consommation d'alcool,.

Recommandation AHA/ACC 2025 - 4

Il est recommandé d'instaurer un traitement médicamenteux antihypertenseur, en complément des modifications du mode de vie,

- chez tous les adultes

  avec une PA ≥ 140/90

- chez ceux souffrant d'une maladie cardiovasculaire clinique, ayant déjà subi un accident vasculaire cérébral, atteints de diabète, d'une maladie rénale chronique ou présentant un risque cardiovasculaire prédit sur 10 ans ≥ 7,5 %

  avec une PA ≥ 130/80

Recommandation AHA/ACC 2025 - 5

- Chez les adultes présentant une PA ≥ 130/80 et un risque cardiovasculaire sur 10 ans inférieur à7,5 % (selon le score PREVENT), l'instauration d’un traitement médicamenteux antihypertenseur est recommandée si la PA reste ≥ 130/80 après 3 à 6 mois de modification du mode de vie.

Recommandation AHA/ACC 2025 - 6

- La surveillance de la pression artérielle en automesure, associée à des interactions fréquentes avec des médecins ou des professionnels de santé appliquant des protocoles de traitement standardisés permet d'améliorer le contrôle de la PA. Il convient d'éviter de se fier à des montres connectées, tant que ces dispositifs n'auront pas démontré une plus grande précision et fiabilité.

Recommandation AHA/ACC 2025 - 7

- Pour tous les adultes avec une PA ≥ 140/90 en consultation et ayant eu confirmation de l’élévation de la PA en automesure ou MAPA :

il est préférable d'initier un traitement avec deux antihypertenseurs de classes différentes sous la forme d’une association à dose fixe (un seul comprimé) afin d'améliorer l'observance et de réduire le délai d’obtention du contrôle de la pression artérielle.

Causes of Secondary Hypertension

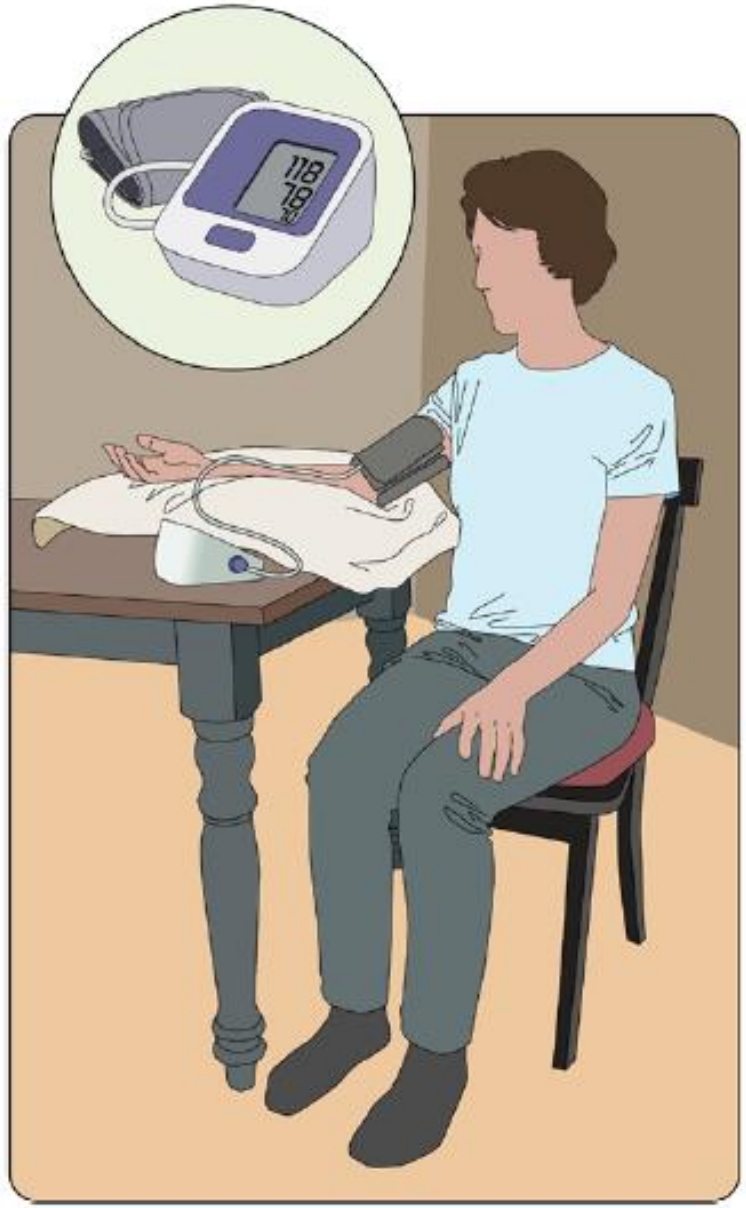
	Prevalence	Indications for Additional Testing	Physical Examination Findings
Primary aldosteronism[1–3,9,19]	5%-25%	Resistant hypertension; hypertension with hypokalemia (spontaneous or diuretic induced); hypertension and muscle cramps or weakness; hypertension and incidentally discovered adrenal mass; hypertension and obstructive sleep apnea; hypertension and family history of early-onset hypertension or stroke	Arrhythmias (with hypokalemia); especially AF
Drug or alcohol induced[11]	2%-20%	Sodium-containing antacids; antidepressants; nicotine (smoking); alcohol; NSAIDs; oral contraceptives; cyclosporine or tacrolimus; sympathomimetics (decongestants, anorectics); cocaine, amphetamines and other illicit drugs; neuropsychiatric agents; erythropoiesis-stimulating agents; cancer treatment (VEGF inhibitors, Bruton tyrosine kinase inhibitors and others), clonidine withdrawal; herbal agents (Ma Huang, ephedra)	Fine tremor, tachycardia, sweating (cocaine, ephedrine, MAO inhibitors); acute abdominal pain (cocaine)
Renovascular hypertension[10]	0.1%-5%	Resistant hypertension; hypertension of abrupt onset or worsening or increasingly difficult to control; flash pulmonary edema (atherosclerotic); early-onset hypertension, especially in women (fibromuscular hyperplasia)	Abdominal systolic-diastolic bruit; bruits over other arteries (carotid, femoral)

Cocaïne
Amphetamines
Other illicit drugs

Recommendations for ABPM and HBPM
Referenced studies that support the recommendations are summarized in the Evidence Table.

COR	LOE	Recommendations
1	A	1. In adults with suspected hypertension, out-of-office BP measurements by either ABPM or HBPM are recommended to confirm the diagnosis of hypertension.[1,2]
1	A	2. In adults who are taking antihypertensive medication, HBPM is recommended for monitoring the titration of BP-lowering medication, along with cointerventions such as patient education, telehealth counseling, and clinical interventions.[2–6]

Home Blood Pressure Monitoring



Device and blood pressure cuff

Use a blood pressure device that has been validated for accuracy. Check with your clinician or other members of your care team, and the following website for devices: www.validatebp.org.

Use the correct cuff size matched to the size of your arm.

Patient preparation

Avoid smoking, caffeinated beverages, or exercise within 30 minutes before blood pressure measurements.

Positioning of patient and cuff

Place the cuff on a bare arm, and your arm should be supported at heart level.

The bottom of the cuff should be placed directly above the bend of the elbow.

You should relax, and sit in a chair (feet on floor, legs uncrossed, and back supported) for at least 5 minutes.

Blood pressure measurement

While relaxing and measuring your blood pressure, please do not talk, use your phone, or watch TV.
You should take 2 readings 1 min apart twice a day (for a total of 4 readings):
2 readings in the morning after emptying your bladder (urinating) and before taking your medication and eating; and 2 readings at bedtime before sleep.

Check blood pressure for 3 days (minimum) to 7 days (preferred) before your appointment or interaction with your clinician.

Document your daily blood pressure measurements in writing or electronically.

Share your readings with the clinician taking care of you.

Table 7. Values of Systolic/Diastolic Blood Pressure for Ambulatory and Home Blood Pressure Monitoring Corresponding to Office Systolic/Diastolic Blood Pressure Levels

Office, mm Hg	HBPM, mm Hg	Daytime ABPM, mm Hg	Nighttime ABPM, mm Hg	24-Hour ABPM, mm Hg
120/80	120/80	120/80	100/65	115/75
130/80	130/80	130/80	110/65	125/75
140/90	135/85	135/85	120/70	130/80
160/100	145/90	145/90	140/85	145/90

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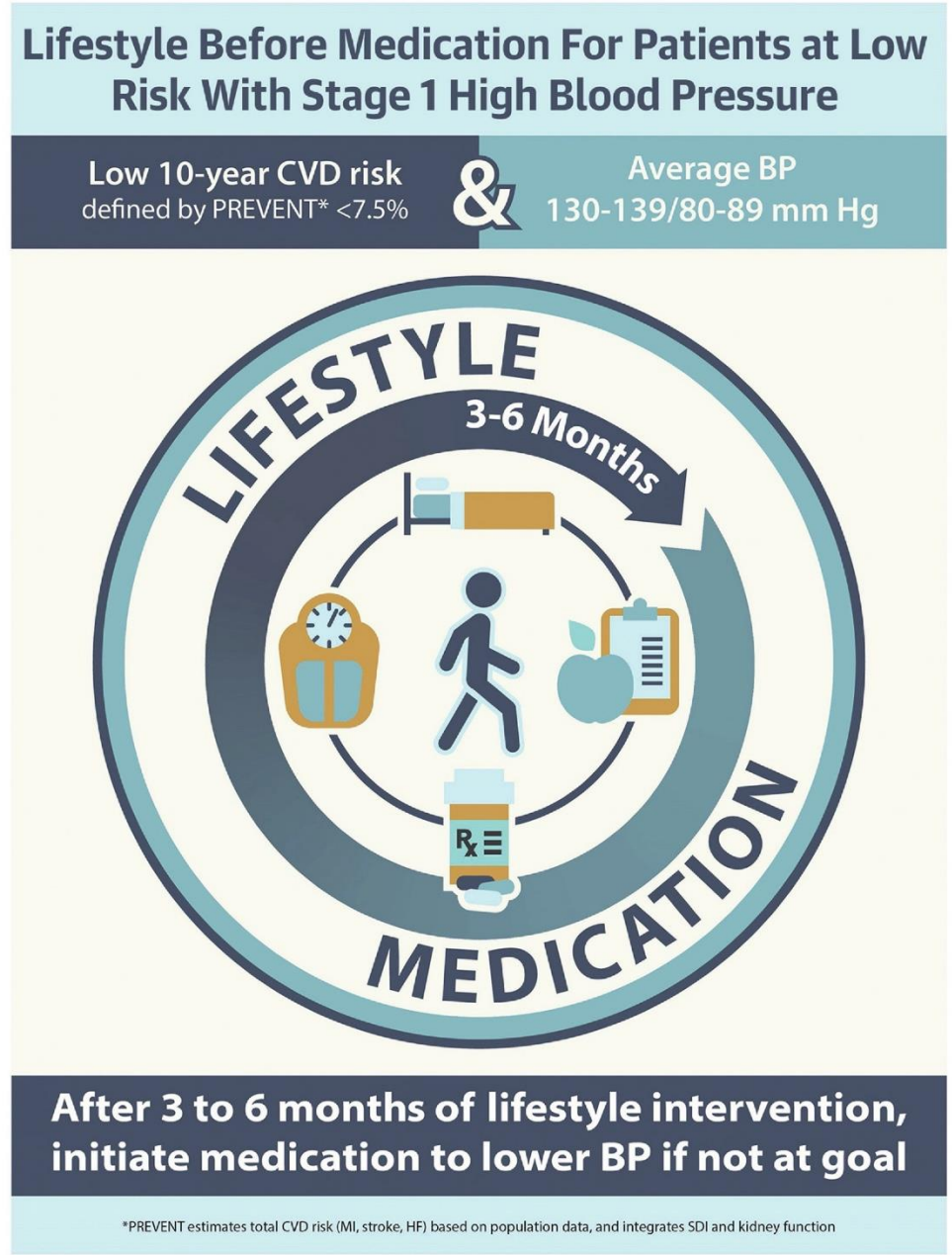
ABPM indicates ambulatory blood pressure monitoring; BP, blood pressure; DBP, diastolic blood pressure; HBPM, home blood pressure monitoring; and SBP, systolic blood pressure.

Table 8. Environmental, Behavioral, and Genetic Causes of Hypertension

Dietary Intake Factors	Nondietary Factors
Higher sodium intake	Genetic variants
Lower potassium intake	Overweight/obesity
Lower calcium/magnesium intake	Lower physical activity/fitness
Lower diet quality (lower intake of fruits/vegetables, plant proteins, fiber)	Sleep disturbances (related to duration, quality, regularity, and/or disordered breathing)
Alcohol intake	Psychosocial stressors
	Air pollution

CENTRAL ILLUSTRATION 2025 High Blood Pressure Guideline-at-a-Glance



Gulati M, et al. JACC. 2025;10.1016/j.jacc.2025.07.010