

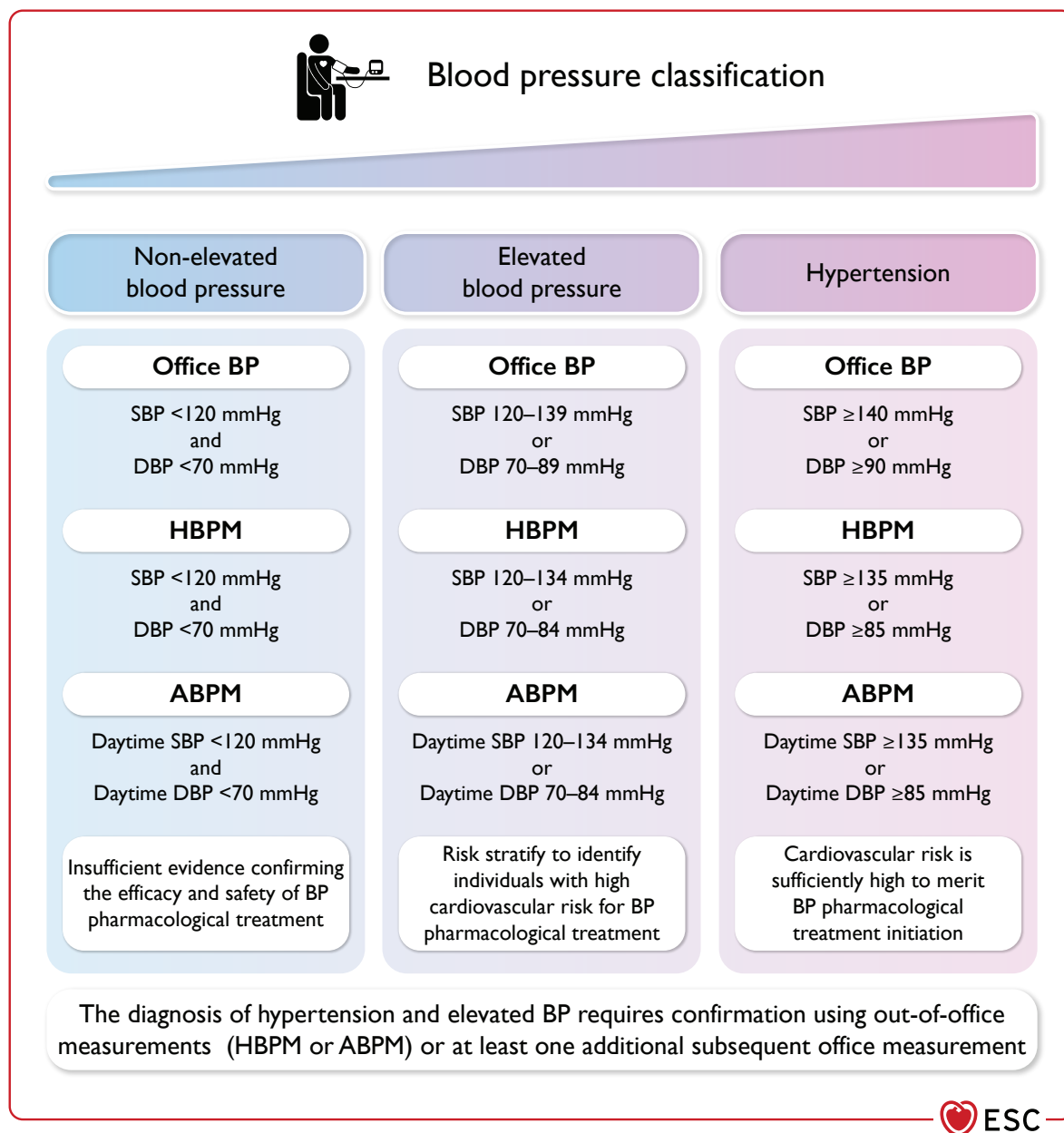


Figure 6 Blood pressure categories. ABPM, ambulatory blood pressure monitoring; BP, blood pressure; DBP, diastolic blood pressure; HBPM, home blood pressure monitoring; SBP, systolic blood pressure. We note that the respective non-daytime ABPM thresholds for elevated BP and hypertension diagnosis are listed in Section 5 (Table 5).

hypertension diagnosis. As the efficacy of BP lowering on preventing CVD events extends down to a systolic BP of 120 mmHg and a diastolic BP of 70 mmHg,^{116,135,136,146} patients with elevated BP and increased CVD risk can also derive benefit from BP-lowering treatment.^{124,145}

The heterogeneity in CVD risk among adults with elevated BP is larger than in those with hypertension, as such patients tend to be younger, and their absolute CVD risk depends more on the prevalence of concomitant CVD risk factors.^{123,147} Consequently, formally estimating the patient's CVD risk, encapsulating demographics and other CVD risk factors, is recommended to guide BP-lowering treatment decisions among patients with elevated BP.^{148–151}

6.3. Predicting cardiovascular disease risk

Certain conditions on their own are associated with sufficient CVD risk such that patients with elevated BP alongside these conditions can be considered for BP-lowering therapy (Figure 7). These include moderate or severe chronic kidney disease (CKD),¹⁵² established clinical CVD (coronary heart disease, cerebrovascular disease, peripheral arterial disease, or heart failure)^{153–158} concomitant HMOD (see Figure 7; Section 7; Supplementary data online, Table S1),^{31,159} diabetes mellitus, and familial hypercholesterolaemia (probable or definite).^{160–163} Regarding diabetes, some adults aged <60 years with type 2 diabetes and elevated BP have 10-year CVD risk of <10%. Accordingly, the diabetes-specific