

As this is a *Reviewed, Amended* recommendation, the Work Group systematically reviewed evidence related to this recommendation identified in the evidence review conducted as part of this guideline update,[\[54,59\]](#) as well as considered evidence from the 2014 VA/DoD HTN CPG.[\[64-68\]](#) The Work Group determined the confidence in the quality of the evidence was high in support of intensive treatment of HTN in a general population of patients with diabetes. The benefits of treatment clearly outweigh the harms, though we do note that there is variance in acceptance of intensive treatment from providers and patients and many patients may not be willing to take multiple medications to achieve target SBP levels.

The evidence included in the SR conducted as part of this guideline update is primarily from patients with diabetes type 2 who are already on pharmacologic antihypertensive treatment. These patients typically are middle-aged or elderly (but under the age of 80 years). There is little evidence for pharmacologic treatment to a target SBP in patients with type 1 diabetes, adults under the age of 50, or the very old (over 80 years). Future research on any of these subgroups may provide additional evidence regarding appropriate blood pressure goals.

Recommendation

9. For patients 30 years and over, we recommend treating to a diastolic blood pressure goal of <90 mm Hg.

(Strong for | Reviewed, Amended)

Discussion

This recommendation is supported by strong clinical trial evidence demonstrating the benefits of treating HTN to a DBP goal of less than 90 mm Hg and was carried forward from the 2014 VA/DoD HTN CPG. Landmark studies, such as the Veterans Administration Cooperative Study Group on Antihypertensive Agents, the Hypertension Detection and Follow-up Program (HDFP), and the Medical Research Council (MRC) trial of treatment of mild HTN, all demonstrated substantial benefits in terms of reduced cardiovascular events by treating to a target DBP of less than 90 mm Hg.[\[69-73\]](#) Eligibility for these studies differed slightly, but all included patients 30 years of age or older. Based on the SR and meta-analysis by Saiz et al. (2018), lower target DBP goals showed no treatment benefit in mortality or cardiovascular morbidity.[\[55\]](#)

This recommendation may or may not apply to patients aged 18 to 29 as clinical trials did not include patients younger than 30. However, it is unlikely that clinical trials will address HTN treatment and optimal DBP targets in younger adults given the low prevalence of primary HTN in younger adults. The Work Group believes that younger adults with elevated DBP may also benefit from treatment.

The patient focus group revealed that some patients are resistant to taking medications, and lower targets generally require more medications and more clinical follow-up. Therefore, patients should find this recommendation acceptable. However, providers may note this recommendation differs from other recent HTN guidelines; therefore, our guidance may be confusing. The Work Group feels it is important to highlight for providers that there are no new RCTs providing evidence to lower the DBP target to less than 90 mm Hg (e.g., 80 mm Hg), and recommendations for a lower DBP target in other HTN guidelines are based on expert opinion. Both of these should give providers reassurance in this recommendation when