

1. INTRODUCTION

1.1. Methodology and Evidence Review

The recommendations listed in this guideline are, whenever possible, evidence-based. An initial extensive evidence review, which included literature derived from research involving human subjects, published in English, and indexed in MEDLINE (through PubMed), EMBASE, the Cochrane Library, the Agency for Healthcare Research and Quality, and other selected databases relevant to this guideline published from February 2015, was performed from December 2023 to June 2024. Key search words included but were not limited to the following: ACC/AHA clinical practice guideline; antihypertensive agents; antihypertensive response; blood pressure; blood pressure control; blood pressure determination; blood pressure monitoring; cardiovascular disease; dosage; hypertension; risk factors; and time factors.

Additional relevant studies, which were published through January 2025 during the guideline writing process, were also considered by the writing committee and added to the evidence tables when appropriate. The [evidence tables](#) summarize the evidence used by the writing committee to formulate recommendations and are available online. References selected and published in the present document are representative and not all-inclusive.

1.2. Organization of the Writing Committee

The writing committee consisted of general/preventive cardiologists, interventional cardiologists, cardiac imaging experts, nephrologists, internists, a neurologist, a gerontologist, cardiovascular epidemiologists, advanced practice nurses, a clinical pharmacist, a physician associate, and a patient advocate. The writing committee included representatives from the AHA, ACC, Association of Black Cardiologists (ABC), American Academy of Physician Associates (AAPA), American College of Clinical Pharmacy (ACCP), Society of General Internal Medicine (SGIM), Preventive Cardiovascular Nurses Association (PCNA), American Medical Association (AMA), American Association of Nurse Practitioners (AANP), National Medical Association (NMA), American College of Preventive Medicine (ACPM), American Society of Preventive Cardiology (ASPC), and the American Geriatrics Society (AGS). [Appendix 1](#) of the current document lists writing committee members' comprehensive and relevant RWI.

On February 28, 2024, a writing committee member disclosed relationships with Amgen and Novartis, which were deemed to be relevant to the guideline. The member was removed before the guideline writing committee reviewed and approved the manuscript for submission to the Joint Committee, the AHA Science Advisory and

Coordinating Committee, the AHA Executive Committee, the ACC Clinical Policy and Approval Committee, the ACC Science and Quality Committee, and the collaborating organizations for consideration of endorsement.

1.3. Guideline Review and Approval

The Joint Committee appointed a peer review committee to review the document. The peer review committee comprised individuals nominated by the ACC, AHA, and the collaborating organizations. Reviewers' RWI information was distributed to the writing committee and is published in this document ([Appendix 2](#)). This document was approved for publication by the governing bodies of the ACC and the AHA and was endorsed by the ABC, AAPA, ACCP, SGIM, PCNA, AMA, AANP, NMA, ACPM, ASPC, and AGS.

1.4. Scope of the Guideline

This guideline is intended to be a resource for clinical and public health professionals. Clinicians should be advised that this guideline retires and replaces the previously published "2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults." This guideline does not provide recommendations on blood pressure (BP) prevention and management in patient populations with these conditions: chronic coronary disease (CCD), heart failure (HF), atrial fibrillation (AF), valvular heart disease, aortic disease (AD), or peripheral artery disease (PAD); these topics are the focus of other AHA/ACC guidelines as listed in [Table 2](#). The use of risk-based approaches to guide recommendations for initiation of antihypertensive therapy at varying BP thresholds remains the cornerstone of preventive care ([Section 5.2.1](#), "Initiation of Pharmacological BP Treatment in the Context of Overall CVD Risk"). The writing committee discussed and evaluated the optimal approach to estimate risk among adults without clinical cardiovascular disease (CVD) in contemporary clinical practice and compared available data using the pooled cohort equations (PCEs) and the PREVENT¹ (Predicting Risk of CVD EVENTS) equations regarding populations, outcomes, predictors, and model performance. The PCEs were derived from data on 20,338 White adults and 4,288 Black adults with baseline examinations dating from the 1960s to the 1990s. In contrast, PREVENT was derived from contemporary data from 3.2 million individuals with baseline examinations from 1992 to 2022 and included a diverse sample of racial and ethnic groups. The PCEs estimate risk for atherosclerotic cardiovascular disease (ASCVD) (eg, myocardial infarction [MI], stroke), whereas PREVENT estimates risk for total CVD (MI, stroke, and HF), which is especially relevant as trials evaluating antihypertensive therapies and BP thresholds have