

JNC8 Recommendations: Changes in Diagnosis and Treatment of Hypertension

In 2014 the Joint National Committee released their article ([Eight Annual Report](#)) on treatment of hypertension. They took a rigorous, evidence-based approach to recommend treatment thresholds, goals, and medications in the management of hypertension in adults. We have summarized the recommendations made in order to facilitate your incorporation of these into your practice. A clinical decision algorithm is also posted here for your reference.

Threshold to Treat Criteria: The threshold of blood pressure for patients older than 60 years is now 150/90 mm Hg for treatment. For patients under 60 years, the treatment goal is less than 140/90 mm Hg. For patients who have kidney disease and diabetes, the treatment goal is 140/90 mm Hg.

Changes in Treatment Criteria: In the general nonblack population thiazide diuretics, calcium-channel blocker, or angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs) are considered first line. Beta blockers continue not to be recommended.

In the general black population, thiazides or calcium-channel blockers are recommended as first line, and ACE inhibitors and ARBs are not advised. In the kidney disease population, an ACE inhibitor or ARB is recommended.

Follow up Recommendations: For patients who don't reach goal BP within a month of treatment, increase the dose of the initial drug or add a second drug from one of the classes in recommendation 6 (thiazide-type diuretic, CCB, ACEI, or ARB). Continue to assess BP and adjust the treatment regimen until goal BP is reached. If goal BP cannot be reached with 2 drugs, add and titrate a third drug from the list provided. Do not use an ACEI and an ARB together in the same patient.

2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8)

