



Editorial

Hypertension: Simplified or complicated by JNC 8

Dr. Hakim Irfan Showkat

Sher-I-Kashmir Institute of Medical Sciences,
Srinagar, Jammu and Kashmir, India.

Editor-in-chief: WJIM,

E-mail: docirfanshahi512@gmail.com,

Tel: +91-9419028326



High blood pressure affects approximately one in three adults in the Americas, Europe, some Asian countries and Australia, and one billion people worldwide."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), (jama.jamanetwork.com)" published Dec.18 by *JAMA: The Journal of the American Medical Association*, outlines nine specific recommendations for initiating and modifying pharmacotherapy for patients with elevated blood pressure (BP).

We are concerned that relaxing the recommendations may expose more persons to the problem of inadequately controlled blood pressure," AHA President

A condensed version of the guideline's nine recommendations follows:

- In the general population ages 60 and older, pharmacologic treatment to lower BP should be initiated at a systolic blood pressure (SBP) of 150 mmHg or higher or a diastolic blood pressure (DBP) of 90 mmHg or higher. Patients should be treated to a goal SBP lower than 150 mmHg and a goal DBP lower than 90 mmHg. If treatment results in lower achieved SBP and is not associated with adverse effects, treatment does not need to be adjusted.
- In the general population younger than age 60, initiate pharmacologic treatment at a DBP of 90 mmHg or higher or an SBP of 140 mmHg or higher and treat to goals below these respective thresholds.
- In the population ages 18 years or older with diabetes or CKD, initiate pharmacologic treatment at an SBP of 140 mmHg or higher or a DBP of 90 mmHg or higher and treat to goals below these respective thresholds.
- In the general nonblack population, including those with diabetes, initial treatment should include a thiazide-type diuretic, calcium channel blocker (CCB), angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB).
- In the general black population, including those with diabetes, initial treatment should include a thiazide-type diuretic or a CCB.
- In the population ages 18 or older with CKD and hypertension, initial (or add-on) treatment should include an ACE inhibitor or an ARB to improve kidney outcomes. This applies to all patients in this population regardless of race or diabetes status.
- Finally, the main objective of hypertension treatment is to attain and maintain goal BP. If goal BP is not reached within a month of initiating treatment, increase the dose of the initial drug or add a second drug from one of these four classes. The clinician should continue to assess BP and adjust the treatment regimen until goal BP is reached. If goal BP cannot be reached with two drugs, add and titrate a third drug from the list provided.

This final recommendation includes a caveat that ACE inhibitors and ARBs should not be used concomitantly. If goal BP cannot be reached using the above-named drugs because of a contraindication or the need to use more than three such drugs to reach goal BP, antihypertensive drugs from other classes may be used. Referral may be indicated for patients in whom goal BP cannot be reached using the above strategy or to manage complicated patients for whom additional clinical consultation is needed.

The American Heart Association (AHA) and the American College of Cardiology (ACC) did not review the new guidelines, but the AHA has expressed reservations about the panel's conclusions. "We are concerned that relaxing the recommendations may expose more persons to the problem of inadequately controlled blood pressure," said AHA president-elect Dr. Elliott Antman, a cardiologist at Brigham and Women's Hospital and a professor at Harvard Medical School in Boston.

In the end the primary care physicians have their fingers crossed because to be liberal in controlling the blood pressure may be complicated than as most of the specialists feel but in the very outset we cannot be harsh to disbelieve the expert committee. We continue with the recommendations and follow the patients closely till we will get the answers.

REFERENCES

New ASH-ISH Hypertension Guidelines Offer Practical, Clinical Information for Doctor and Patient Around the Globe.
Posted on 23/01/2014

James PA, Oparil S, Carter BL, Oparil S, Cushman WC, Dennison-Himmelfar C, Handler J, Lackland DT, LeFevre ML, MacKenzie TD, Ogedegbe O, Smith SC, Svetkey LP, Taler SJ, Townsend RR, Wright JT, Narva AS, Ortiz E (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). *JAMA*. 2014;311(5):507-520. doi:10.1001/jama.2013.284427.