

Medi-Cal DUR article summary:

Updated Guidance for the Treatment of High Blood Pressure – February 2026

The Department of Health Care Services (DHCS) released an [article](#) summarizing recommendations from the 2025 ACC/AHA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults, focusing on diagnosis, treatment goals, medication strategies, and adherence to improve cardiovascular outcomes.

High blood pressure (HBP) remains a leading modifiable risk factor for cardiovascular disease (CVD), diabetes, and chronic kidney disease. Although effective treatment of high blood pressure significantly lowers the risk of major cardiovascular events (MACE) and overall mortality, appropriate prescribing and adherence to antihypertensive therapy in the United States remain below 50%.

Lifestyle modification is foundational for all patients with HBP. Recommended interventions include adherence to the DASH (Dietary Approaches to Stop Hypertension) eating plan, regular physical activity, sodium reduction, and limiting or avoiding alcohol.

Pharmacologic therapy is recommended for patients with Stage 2 hypertension and for those with Stage 1 hypertension who have elevated CVD risk (those with diabetes, chronic kidney disease, estimated 10-year CVD risk $\geq 7.5\%$) or persistent blood pressure elevation ($\geq 130/80$ mm Hg) despite 3-6 months of lifestyle modifications. For assessment of 10-year CVD risk, the 2025 ACC/AHA Guideline recommends using the PREVENT-CVD outcome-specific equation instead of the previously recommended pooled cohort equations (PCE). The general treatment goal for most adults is $<130/80$ mm Hg with encouragement to achieve SBP <120 mm Hg when feasible to reduce cardiovascular morbidity and mortality.

First-line antihypertensive agents include ACEIs, ARBs, long-acting DHP CCBs, and thiazide diuretics. For many patients, initiation with two first-line agents, preferably as a single-pill combination tablet, is recommended to improve blood pressure control and adherence.

Providers should individualize therapy based on comorbidities, tolerability, drug interactions, and patient preference. Ongoing monitoring, home blood pressure measurement, and adherence support are essential to achieving sustained blood pressure control.

For more information, see the [DHCS article](#).