2025 ACC/ AHA High Blood Pressure Guidelines

San Francisco Health Plan℠

Key Updates from 2025 ACC/AHA Guidelines

- **Hypertension is the leading risk factor** for the **development of cardiovascular diseases (CVD)** including coronary artery disease, heart failure, atrial fibrillation, stroke, dementia, chronic kidney disease (CKD), and all-cause mortality.
- As stronger evidence recognizes hypertension as a modifiable risk factor for **cognitive impairment and dementia**, optimal blood pressure and early detection should be prioritized to reduce long-term neurocognitive risk.
- **Potassium-based salt substitutes** can be useful to prevent or treat high blood pressure.
- Use the PREVENT-CVD outcome-specific equation in place of the previously recommended pooled cohort equations (PCE) when estimating CVD risk to guide treatment decisions.
- Recommend antihypertensive medications to lower blood pressure when **SBP ≥130 mm Hg and DBP ≥80 mm Hg** for adults with hypertension without clinical CVD but with **diabetes, CKD, or at increased 10-year CVD risk (≥7.5% using PREVENT)**.
- An angiotensin-converting enzyme inhibitor **(ACEi) or** angiotensin II receptor blocker **(ARB)** is recommended for adults with hypertension and **diabetes** or **CKD**.
- **Screening for primary aldosteronism** is recommended regardless of presence of **hypokalemia** for adults with **resistant hypertension**.

AMERICAN COLLEGE of CARDIOLOGY

American Heart Association.

The **2025 American College of Cardiology (ACC) and American Heart Association (AHA) provided updated recommendations for pharmacologic treatment of hypertension**. The guideline reinforces the importance of early detection, accurate blood pressure management, cardiovascular risk assessment, and timely treatment initiation to reduce long-term cardiovascular, renal, and cognitive morbidity and mortality. **Hypertension remains one of the most prevalent and modifiable risk factors for cardiovascular disease among adults.** The updated guideline continues to define hypertension as blood pressure ≥130/80 mm Hg and emphasizes achieving a treatment target of <130 mm Hg systolic for most adults, when tolerated.

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 ≥7.5%) or persistent blood pressure elevation (≥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.

Lifestyle modification remains foundational across all blood pressure categories and includes **sodium reduction, weight management, regular physical activity, moderation of alcohol intake, and promotion of adequate sleep and stress reduction.**

If you have questions, please contact us at **415-547-7828 ext. 7085** or fax at **415-547-7819**

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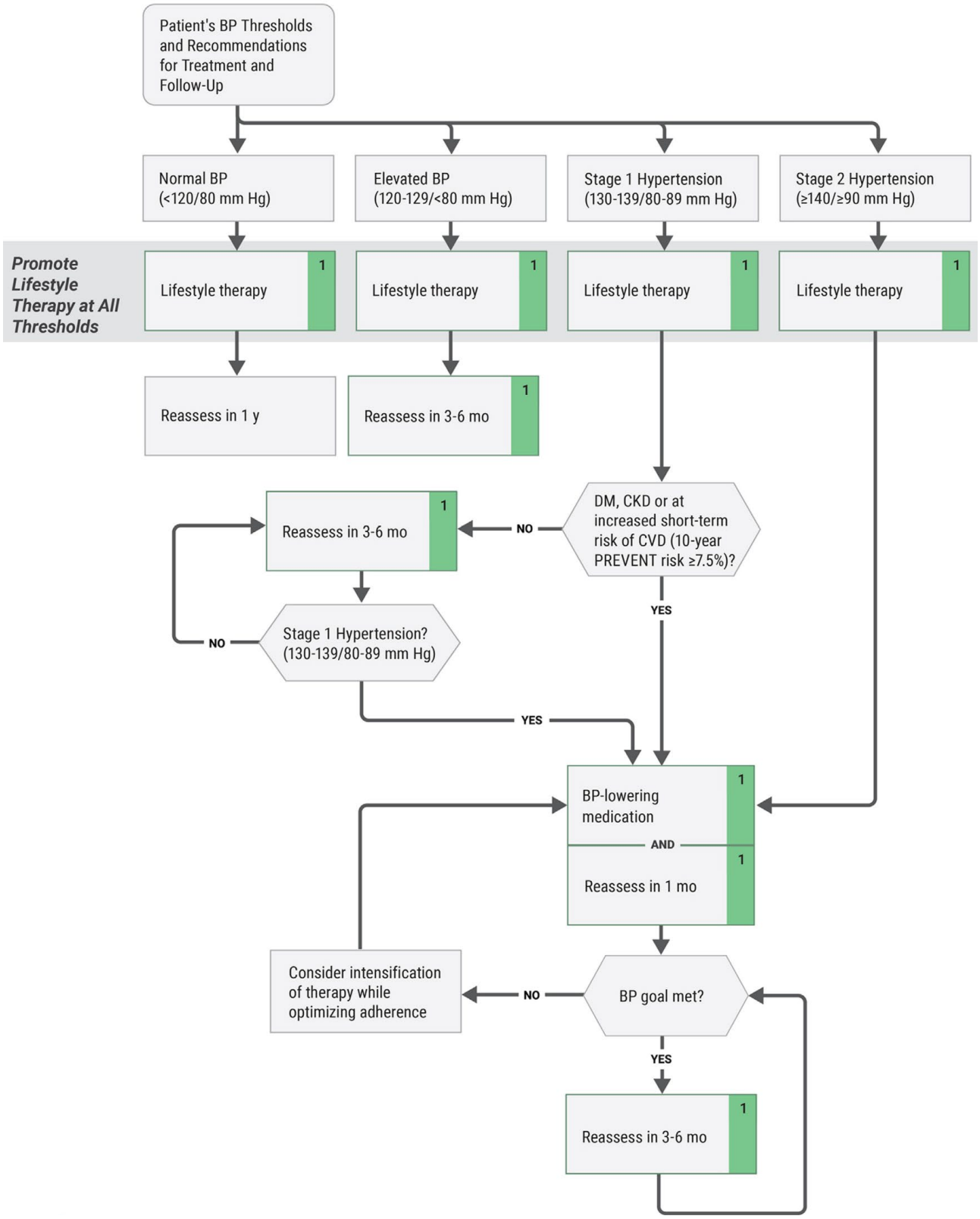
Blood Pressure Thresholds and Recommendations for Treatment and Follow-Up



Antihypertensive Agents Recommended for First-Line Therapy

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CLASS	DRUG	COMMENTS
Thiazide-type diuretics	Chlorthalidone, hydrochlorothiazide, indapamide	• Chlorthalidone has a longer half-life and is more potent than hydrochlorothiazide on a mg-to-mg basis. • Monitor for hyponatremia and hypokalemia, increased glucose, uric acid, and calcium levels. • Monitor patients with history of acute gout unless patient is on uric acid-lowering therapy.
ACEi	Benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril	• Do not use in combination with ARB or direct renin inhibitor. • There is an increased risk of hyperkalemia, especially in patients with CKD or in those on K+ supplements or K+-sparing drugs. • There is a risk of acute renal failure in patients with severe bilateral renal artery stenosis. • Do not use if patient has history of angioedema with ACEi. • Avoid use in pregnancy.
ARBs	Azilsartan, candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan	• Do not use in combination with ACEi or direct renin inhibitor. • There is an increased risk of hyperkalemia in CKD or in those on K+ supplements or K+-sparing drugs. • There is a risk of acute renal failure in patients with severe bilateral renal artery stenosis. • Do not use if patient has history of angioedema with ARBs. Patients with a history of angioedema with an ACE inhibitor can receive an ARB beginning 6 weeks after ACE inhibitor is discontinued. • Avoid use in pregnancy.
CCB — dihydropyridines	Amlodipine, felodipine, isradipine, nicardipine SR, nicardipine LA, nisoldipine	• Associated with dose-related lower extremity edema, which is more common in women than men.

Resources

Member education handout about blood pressure can be found at SFHP website: sfhp.org/health-wellness/health-education-library

References

1. Jones DW, Ferdinand KC, Taler SJ, et al. 2025 AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGIM Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *PubMed*. 2025;152(11). doi:https://doi.org/10.1161/cir.0000000000001356
2. Top 10 Things to Know About the New AHA/ACC High Blood Pressure Guideline. www.heart.org. Published July 30, 2025. https://www.heart.org/en/health-topics/high-blood-pressure/the-facts-about-high-blood-pressure/high-bp-top-10