Hypertension is the most common disease seen among adults in a primary care practice, and is a leading preventable cause for other serious morbidity and mortality.

The latest guideline on the management of high blood pressure in adults issued by the Eighth Joint National Committee (JNC 8) presents evidence-based recommendations on thresholds for pharmacologic intervention, medications for treatment initiation, and therapeutic goals.

In contrast to the JNC 7 guidelines, JNC 8 was developed based on a rigorous, systematic review of randomized controlled trials. JNC 8 makes new recommendations on thresholds for initiating antihypertensive medication, supports the use of broadened options for initiating therapy rather than favoring a thiazide-type diuretic, gives specific medication recommendations for a more limited number of subgroups (black patients and patients with chronic kidney disease or diabetes), and does not recommend β-blockers for any subgroup.

JNC 8 also recommends similar treatment goals for all hypertensive populations, regardless of comorbidities, except when evidence supports a different recommendation for a particular subgroup.

Recommended goals are to lower SBP and DBP below the levels at which medication should be initiated. Modification of the initial approach is recommended if the goal is not reached after a 1-month trial, either by increasing the dose or by adding a medication from a different class. A third drug from another class should be added as needed to reach goal BP, but an ACEI and ARB should not be used together.

While not making a specific recommendation on lifestyle modifications, the JNC 8 panel members also noted that the potential benefits of a healthy diet, weight control and regular exercise cannot be overemphasized, and they supported the recommendations of the 2013 Lifestyle Work Group of the American College of Cardiology/American Heart Association task force on practice guidelines.

The group also stressed the importance of using clinical judgment for individual patients when applying the recommendations.

The report was first published online in JAMA on December 18, 2013, and later in print [JAMA. 2014;311(5):507-520].

To find one-page downloadable forms of this clinical guideline and others, visit Medical Economics on the web: MedicalEconomics.com/clinical perspectives

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**BP thresholds for initiating pharmacologic treatment**
- In the general population ≥60 years: SBP ≥150 mm Hg or DBP ≥90 mm Hg
- In younger persons (<60 years) or in any adults with diabetes or chronic kidney disease (CKD): SBP ≥140 mm Hg or DBP ≥90 mm Hg

**Medications for initiating antihypertensive therapy**
- In the general nonblack population: a thiazide-type diuretic, calcium channel blocker (CCB), angiotensin-converting enzyme inhibitor (ACEI), or angiotensin receptor blocker (ARB)
- In black patients: a thiazide-type diuretic or CCB