

Hypertension Goals in Adults

Modified August 2025

Clinical scenario	Start pharmacotherapy (at)... ^b 	Goal ^{a,b,c} 
Patients without comorbidities and without older age		
Patients with BP 130-139/80-89 mm Hg with 10-year CV risk <7.5%. ¹	after a three- to six month trial of lifestyle interventions alone (AHA/ACC) ¹	SBP <130 mm Hg, with encouragement to achieve SBP <120 mm Hg. Consider a DBP target <80 mm Hg. (AHA/ACA) ¹
Patients with BP ≥140/90 mm Hg with 10-year CV risk <7.5%. ¹	immediately (AHA/ACC) ¹	
Patients <75 years of age (Hypertension Canada) ²	140/90 mm Hg (Hypertension Canada) ²	SBP <130 mm Hg (Hypertension Canada) ²
Patients with BP ≥160/100 mm Hg (Int Soc HTN) ³	immediately (Int Soc HTN) ³	See footnote d (Int Soc HTN). ³
Patients with BP 140-159/90-99 mm Hg (Int Soc HTN) ³	after a three- to six-month trial of lifestyle interventions alone (Int Soc HTN) ³	See footnote d (Int Soc HTN) ³
Patients <60 years of age (JNC8) ⁴	140/90 mm Hg (JNC8) ⁴	<140/90 mmHg (JNC8) ⁴
Cardiovascular Disease		
Clinical CV disease (e.g., CAD, cerebrovascular disease, heart failure, PAD) ^{1,2}	<ul style="list-style-type: none"> • 130/80 mm Hg (AHA/ACC)¹ • SBP 130 to 139 mm Hg (Hypertension Canada)² • 140/90 mmHg (Int Soc HTN)³ 	<ul style="list-style-type: none"> • CAD:<130/80 mm Hg (if elderly, <140/80 mm Hg [Int Soc HTN])^{3,10} • SBP <130 mm Hg (Hypertension Canada)²
Secondary stroke prevention	<ul style="list-style-type: none"> • 130/80 mm Hg (AHA/ACC)¹ • 140/90 mm Hg (Int Soc HTN)³ 	<ul style="list-style-type: none"> • <130/80 mm Hg (AHA/ACC; Int Soc HTN)^{1,3} • <140/80 in elderly patients (Int Soc HTN)³
Cardiovascular Risk		
10-year atherosclerotic CV risk ≥7.5% (AHA/ACC) ¹	130/80 mm Hg (AHA/ACC) ¹	<130/80 mm Hg, with encouragement to achieve SBP <120 mm Hg (AHA/ACC) ¹
10-year Framingham Risk Score ≥20% (Hypertension Canada) ²	SBP 130 to 139 mm Hg (Hypertension Canada) ²	SBP <130 mm Hg (Hypertension Canada) ²
Heart Failure		
Heart failure	<ul style="list-style-type: none"> • 130/80 mm Hg (AHA/ACC)¹ • SBP 130 to 139 mm Hg (Hypertension Canada)² • 140/90 mm Hg (Int Soc HTN)³ 	<ul style="list-style-type: none"> • <130/80 mm Hg but >120/70 mm Hg (Int Soc HTN)³ • SBP <130 mm Hg (Hypertension Canada)²
Diabetes		
Diabetes	<ul style="list-style-type: none"> • 130/80 mm Hg (AHA/ACC)¹ • SBP 130 to 139 mm Hg (Hypertension Canada)² • 140/90 mmHg (Int Soc HTN; JNC8)^{3,4} 	<ul style="list-style-type: none"> • 130/80 mm Hg (AHA/ACC; Diabetes Canada; ADA)^{1,7,8} AHA/ACC: can encourage achievement of SBP <120 mm Hg).¹ • SBP <130 mm Hg (Hypertension Canada)² • <140/90 mm Hg (JNC8)⁴ • See footnote d (Int Soc HTN)³
Kidney Insufficiency		
CKD (e.g., eGFR <60 mL/min/1.73 m ² or albuminuria [≥30 mg albumin/g creatinine (Canada: ≥3 mg/mmol)] ^{1,2,4}	<ul style="list-style-type: none"> • 130/80 mm Hg (AHA/ACC)¹ • SBP 130 to 139 mm Hg (Hypertension Canada)² • 140/90 mmHg (Int Soc HTN; JNC8)^{3,4} 	<ul style="list-style-type: none"> • SBP <130 mm Hg (AHA/ACC; Hypertension Canada)^{1,2} • <140/90 mm Hg (JNC8)⁴ • <130/80 mm Hg (if elderly, <140/80 mm Hg [Int Soc HTN])³
Older Age (also see comorbidities, above)		
≥75 years of age (Hypertension Canada) ²	SBP 130 to 139 mm Hg (Hypertension Canada) ²	SBP <130 mm Hg (Hypertension Canada) ²
≥60 years of age (JNC8) ⁴	150/90 mm Hg (JNC8) ⁴	150/90 mm Hg (JNC8) ⁴

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Footnotes

a. Individualizing BP Goals: Consider factors such as life expectancy, frailty, independence, comorbidities, and patient goals in older adults.¹
Age. Age itself does not preclude a lower goal; almost 30% of the patients randomized to intensive treatment in SPRINT were 75 years of age or older.⁹
Comorbidities. The higher the baseline CV risk, the greater the absolute benefit from lower goals.^{7,9} As SBP decreases, so does CV risk.¹
Intensive Targets. Some patients will benefit from a SBP <120 mm Hg, particularly those with high CV risk.¹ Although SPRINT showed benefit of a SBP target of <120 mm Hg vs a target of <140 mm Hg, most patients in trials targeting a SBP <120 mm Hg were not able to reach this goal.² Also, in clinical trials, BP measurements are ~5 to 10 mm Hg below those measured in practice.² Intensive control increases the risk of syncope, falls, electrolyte disturbances, and kidney injury.²

b. Hypertension goals may differ among guidelines. AHA/ACC guidelines considered results of studies of intensive targets (SPRINT, ACCORD, SPS-3, and meta-analyses.¹ Hypertension Canada considered studies of intensive targets, plus input from clinicians and patients.² A DBP goal was not specified in the Canadian guidelines because patients with SBP <130 mm Hg have low CV risk if DBP is 70 to 90 mm Hg.² At the time of JNC8, there were no studies proving a clear benefit of targets lower than 140 mm Hg.⁴

c. The American Academy of Family Practice recommends a target of <140/90 mm Hg for most patients, to reduce all-cause and CV mortality.⁵ Using shared decision-making, consider a target of <135/85 mm Hg to further reduce MI risk.⁵ These recommendations were based largely on the results of a meta-analysis [Evidence Level A-2].⁶

d. Int Soc HTN: at minimum reduce BP by at least 20/10 mm Hg, ideally to <140/90 mm Hg.³ If <65 years of age, optimally target <130/80 mm Hg (but >120/70 mm Hg). If ≥65 years of age, target <140/90 mm Hg if tolerated, but consider frailty, function, and treatment tolerability.³

Abbreviations: ADA = American Diabetes Association; ACC = American College of Cardiology; AHA = American Heart Association; CAD = coronary artery disease; CV = cardiovascular; DBP = diastolic blood pressure; HTN = hypertension; Int Soc HTN = International Society of Hypertension; MI = myocardial infarction; PAD = peripheral artery disease; SBP = systolic blood pressure

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