

## 1: jnc 8 hypertension guidelines - PubMed - NCBI

*No No Yes No Black JNC 8 Hypertension Guideline Algorithm Lifestyle changes: â€¢ Smoking Cessation â€¢ Control blood glucose and lipids â€¢ Diet.*

Hypertension is a major independent risk factor for coronary artery disease, stroke, heart failure, and renal failure. This new guideline was characterized by a systematic review of the literature with an emphasis on randomized, controlled clinical trials. The guideline attempted to answer 3 key questions. In adults with HTN, do attempts to reach specified BP goals with antihypertensive pharmacologic therapy lead to improvements in health outcomes? In adults with HTN, do various antihypertensive drugs or drug classes differ in regard to specific health outcomes? Grading was performed on the basis of the strength of the available evidence used to make the recommendation: Below are the 9 recommendations. A corollary recommendation is that patients whose achieved SBP on pharmacologic therapy is lower than the new guideline recommendation can be continued at that level of therapy, if well tolerated Grade E. On the basis of available evidence, the recommendation for patients aged 30 to 59 years is strong Grade A. For those between the ages of 18 and 29, the recommendation is on the basis of expert opinion Grade E. Initial drug therapy for nonblack patients including diabetic patients should include a thiazide-type diuretic, a calcium channel blocker, an angiotensin-converting enzyme ACE inhibitor, or an angiotensin receptor blocker Grade B. Initial drug therapy for black patients should include a thiazide-type diuretic or a calcium channel blocker. This includes patients with diabetes mellitus Grade B; for diabetic black patients, Grade C. For patients 18 years and older with chronic kidney disease, initial or additional therapy should include an ACE inhibitor or angiotensin receptor blocker, regardless of race or diabetic status Grade B. An algorithm for managing patients who do not achieve control within one month is recommended. If the goal is not achieved, increase the dose of the initial drug or add a 2nd drug from one of the classes in recommendation 6. A 3rd drug should be added if the goal is not achieved with 2 drugs. Drugs from other classes can be used if the target is not achieved with the recommended classes, or if there is a contraindication to one of the recommended drug classes. ACE inhibitors should not be combined with angiotensin receptor blockers in the same patient. An increase in the systolic threshold for treatment of patients older than 60 years was thought by some of the members of the committee to lack support by the available data and to result, possibly, in suboptimal treatment of patients at increased risk of cardiovascular events. In tailoring medical therapy for HTN, clinicians should use their best judgment with the available evidence in determining reasonable BP goals. Residual lifetime risk for developing hypertension in middle-aged women and men: The Framingham Heart Study. Comparative quantification of mortality and burden of disease attributable to selected risk factors. Global burden of disease and risk factors. Oxford University Press; Forecasting the future of cardiovascular disease in the United States: Seventh report of the Joint National Committee on prevention, detection, evaluation, and treatment of high blood pressure. Refocusing the agenda on cardiovascular guidelines: Institute of Medicine of the National Academies. Evidence supporting a systolic blood pressure goal of less than mmHg in patients aged 60 years or older: Target blood pressure for treatment of isolated systolic hypertension in the elderly:

## 2: JNC 8 Update on Hypertension Guidelines - [www.enganchecubano.com](http://www.enganchecubano.com) - PDF Free Download

*JNC 8 Hypertension Guideline Algorithm. Initial Drugs of Choice for Hypertension Adult aged ≥ 18 years with HTN ≠ ACE inhibitor (ACEI).*

Page, PharmD, RPh Compared with previous hypertension treatment guidelines, the Joint National Committee JNC 8 guidelines advise higher blood pressure goals and less use of several types of antihypertensive medications. Patients will be asking about the new JNC 8 hypertension guidelines, which were published in the Journal of the American Medical Association on December 18, The new guidelines also introduce new recommendations designed to promote safer use of angiotensin converting enzyme ACE inhibitors and angiotensin receptor blockers ARBs. Important changes from the JNC 7 guidelines<sup>2</sup> include the following: Several medications are now designated as later-line alternatives, including the following: The guidelines were informed by results of 5 key trials: Results showed a reduction in cerebrovascular events, heart failure, and overall mortality in patients treated to the DBP target level. In younger patients without major comorbidities, elevated DBP is a more important cardiovascular risk factor than is elevated SBP. The JNC 8 panelists are not the first guideline authors to recognize this relationship. However, in patients 60 years and older SBP control remains the most important factor. The shift to a DBP-based goal may mean younger patients will be prescribed fewer medications if diagnosed with hypertension; this may improve adherence and minimize adverse events associated with low SBP, such as sexual dysfunction. However, in an exception to this goal level, the guidelines suggest that patients with chronic kidney disease or albuminuria 70 years or older should receive treatment based on comorbidities, frailty, and other patient-specific factors. Follow-up The JNC 8 guideline authors simplified a complicated recommendation for followup in patients with hypertension. The JNC 7 panel recommended that after an initial high blood pressure reading, followup with a confirmatory blood pressure reading should occur within 7 days to 2 months, depending on how high the initial reading was and whether or not the patient had kidney disease or end-organ damage as a result of hypertension. Under JNC 8, in all cases, goal blood pressure targets should be reached within a month of starting treatment either by increasing the dose of an initial drug or by using a combination of medications. The JNC 8 panel does not recommend first-line therapy with beta-blockers and alpha-blockers due to 1 trial that showed a higher rate of cardiovascular events with use of beta-blockers compared with use of an ARB, and another trial in which alpha-blockers resulted in inferior cardiovascular outcomes compared with use of a diuretic. In addition, a lack of evidence comparing the 4 first-line therapies with carvedilol, nebivolol, clonidine, hydralazine, reserpine, furosemide, spironolactone, and other similar medications precludes use of any medications other than ACE inhibitors, ARBs, CCBs, and thiazide-type diuretics in the vast majority of patients. Before receiving alpha-blockers, betablockers, or any of several miscellaneous agents, under the JNC 8 guidelines, patients would receive a dosage adjustment and combinations of the 4 first-line therapies. Caution is warranted in patients who are already stable on these therapies. As a result, the JNC 8 panelists recommend that all patients with chronic kidney disease and hypertension, regardless of ethnic background, should receive treatment with an ACE inhibitor or ARB to protect kidney function, either as initial therapy or add-on therapy. One exception to the use of ACE inhibitors or ARBs in protection of kidney function applies to patients over the age of 75 years. This combination has not been shown to improve outcomes. Despite the fact that the 2 medications work at different points in the renin-angiotensin-aldosterone system, other combinations of medications are better options, and the simultaneous use of ACEIs and ARBs is not supported by evidence. Lifestyle interventions include use of the Dietary Approaches to Stop Hypertension DASH eating plan, weight loss, reduction in sodium intake to less than 2. In addition, to delay development of hypertension, improve the blood pressure lowering effect of existing medication, and decrease cardiovascular risk, alcohol intake should be limited to 2 drinks daily in men and 1 drink daily in women. Note that 1 drink constitutes 12 ounces of beer, 5 ounces of wine, or 1. Quitting smoking also reduces cardiovascular risk. Conclusion The JNC 8 guidelines move away from the assumption that lower blood pressure levels will improve outcomes regardless of the type of agent used to achieve the lower level. Instead, the JNC 8 guidelines encourage use of agents

with the best evidence of reducing cardiovascular risk. In addition, the guidelines may lead to less use of antihypertensive medications in younger patients, which will produce equivalent outcomes in terms of cardiovascular events with less potential for adverse events that limit adherence. This story first appeared online in Pharmacy Times on January 6, The JNC 7 hypertension guidelines.

### 3: Clinical Practice Guidelines

*1 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).*

### 4: The JNC 8 Hypertension Guidelines: An In-Depth Guide

*JNC8 Hypertension Guidelines Booklet (pdf version of the laminated card) JNC 8 Guidelines for the Management of Hypertension in Adults, reviewed on AAFP.*

### 5: JNC 8 Hypertension Guidelines | Time of Care

*Compared with previous hypertension treatment guidelines, the JNC 8 guidelines advise higher blood pressure goals and less use of several types of antihypertensive medications. Patients will be asking about the new Joint National Committee (JNC 8) hypertension guidelines, which were published in the.*

### 6: A Review of the JNC 8 Blood Pressure Guideline

*No No Yes No Black JNC 8 Hypertension Guideline Algorithm Lifestyle changes: â€¢ Smoking Cessation â€¢ Control blood glucose and lipids â€¢ Diet 9 Eat healthy (i.e., DASH diet) 9 Moderate alcohol consumption 9 Reduce sodium intake to no more than 2, mg/day â€¢ Physical activity 9 Moderate-to-vigorous activity days a week averaging 40 min per session.*

### 7: Blood Pressure Management in Adults (JNC 8 and ACEP Policy)

*Other guidelines, such as those of the European Society of Cardiology, recommended a higher threshold for treatment (SBP â‰¥90 mmHg) of patients older than 80 years. 12 In response to JNC 8, the American Heart Association and the American College of Cardiology, in association with the American Society of Hypertension, are in the process of.*

### 8: Hypertension - Medicine bibliographies - Cite This For Me

*The guideline is an update of the "Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure" (JNC 7), published in*

*Margaret Naumburg and the Walden School Blythe Hinitz Corrosion and corrosion control 4th edition revie Reading and creative writing Gullivers Travels (Websters Portuguese Thesaurus Edition) Kb6nu general study guide Introduction: A crime without a scene Starlight surprise The Korean War and Me Aggie Grey of Samoa The art of chip carving David daiches volume 2 Producing the musical Charles W. Dryden Anna and the french kiss english Public key cryptography applications and attacks Economic survey 2016-17 english Telecommunications Internetworking Engineering mechanics 1 statics Pocket atlas of sectional anatomy vol 2 Trends in Food Engineering (Food Preservation Technology Series) Starke international law 11th edition Single variable calculus stewart 6th edition Amazing Blonde Woman Sullivans Music Trivia Minimum essentials of English LOVING A YOUNGER MAN Cutting and sewing guide Meade Frierson, administrator. The Warlock of Firetop Mountain Pioneer history of Milwaukee The Intrusive Word Century of debt crises in Latin America In Place of the Self Becoming non-judgmental Stephen king Carrie novel 1978: Master and ambassador of Twin Lakes A Letter Addressed to the Rev. R. W. Jelf, Canon of Christ Church: In Explanation of No. 90 in . Essay on the law of contracts Nikon d4 quick guide Shakespeare and the theatre of wonder*