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## تشخيص ارتفاع ضغط الدم ؟ jnc 8 إرشادات

0 ratings0% found this document useful (0 votes)165 viewsThe JNC 8 guidelines provide recommendations for treatment of hypertension based on age and patient population: - For those aged 60 and older, treatment should begin when blood pressure reac...0%0% found this document useful, undefined Skip to main content As a library, NLM provides access to scientific literature. Inclusion in an NLM database does not imply endorsement of, or agreement with, the contents by NLM or the National Institutes of Health. Learn more: PMC Disclaimer | PMC Copyright Notice ACC American College of Cardiology ACCOMPLISH Avoiding Cardiovascular Events Through Combination Therapy in Patients Living With Systolic Hypertension AHA American Heart Association ASH American Society of Hypertension CDC Centers for Disease Control ESC European Society of Cardiology ESH European Society of Hypertension HYVET Hypertension in the Very Elderly Trial INVEST International Verapamil SR Trandolapril Study ISH International Society of Hypertension JNC Joint National Committee NHLBI National Heart, Lung, and Blood Institute NICE National Institute for Clinical Excellence NIH National Institutes of Health SHEP Systolic Hypertension in the Elderly Program Syst-Eur Systolic Hypertension in Europe Trial VALUE Valsartan Antihypertensive Long-Term Use Evaluation This issue of The Journal of Clinical Hypertension focuses on recent hypertension guidelines and how they might affect the clinical practice of hypertension. The original stimulus for this special issue of the Journal was the anticipated arrival of the JNC 8 report about 2 years ago, but due to the longer-than-expected time to produce that document it appeared recently as one of 4 sets of guidelines on hypertension published within the past few months.1, 2, 3, 4 Appropriately, most of the commentaries in this issue about JNC 8 and the other guidelines represent opinions by experts in the field who themselves have been contributors to hypertension guidelines, either in the United States or elsewhere. A key difference among the guideline statements is in their target audiences. The primary intention of JNC 8 was to put forward strict evidence-based recommendations focusing on thresholds for defining and treating hypertension and the selection of antihypertensive drug classes. Likewise, the recent guidelines of the European Society of Hypertension and the European Society of Cardiology, although broader in scope, provided recommendations that were based on available evidence.3 The recent joint guidelines of ASH/ISH, although utilizing the same major sources of evidence as the JNC 8 and European publications, also considered a wider range of research articles that could support a more complete and practical guidance for practitioners in the community.2 However, beyond these different structures, the comparisons in Table 1 show some interesting and important differences among the guidelines, some related to the definitions of hypertension and others to the choices of therapeutic agents.1, 2, 3, 4, 5 These differences will be discussed in the commentaries that follow in this issue of the Journal. Comparison of Hypertension Guidelines 2011-2014 NICE 20115 ESH/ESC 20133 ASH/ISH 20142 AHA/ACC/CDC 20134 2014 Hypertension Guidelines, US JNC 81 Definition of hypertension  $\geq 140/90$  and daytime ambulatory BP (or home BP)  $\geq 135/85 \geq 140/90 \geq 140/90 \geq 140/90$  Not addressed Drug therapy in low-risk patients after nonpharmacologic treatment  $\geq 160/100$  or daytime ambulatory BP  $\geq 150/95 \geq 140/90 \geq 140/90 \geq 140/90$