

130が新たな高値(2017 AHA)

高血圧が14年ぶりに再定義された

High blood pressure redefined for the first time in 14 years

高血圧は140/90ではなく、130/80の時点で生活習慣改善や一部の患者においては薬物治療により早期に治療されるべきである、との初めての包括的な高血圧新ガイドラインが、10年以上ぶりに2017 American Heart Association Scientific Sessions で発表された。新ガイドラインでは、高血圧前症のカテゴリーを取り除いた。これにより、より多くの人々が高血圧と診断され生活習慣改善に関する指導を受けることになる一方で、薬を処方される患者は少し増加するのみであろう。新ガイドラインの影響は、若年層において最大であろうと考えられている。このガイドラインはHypertension および Journal of the American College of Cardiology に掲載された。

Full Text

High blood pressure should be treated earlier with lifestyle changes and in some patients with medication – at 130/80 mm Hg rather than 140/90 – according to the first comprehensive new high blood pressure guidelines in more than a decade. The guidelines are being published by the American Heart Association (AHA) and the American College of Cardiology (ACC) for detection, prevention, management and treatment of high blood pressure.

The guidelines were presented at the Association's 2017 Scientific Sessions conference in Anaheim, the premier global cardiovascular science meeting for the exchange of the latest advances in cardiovascular science for researchers and clinicians.

Although the new guidelines will increase the number of people diagnosed with hypertension, there will only be a small increase in the number who will require antihypertensive medication, authors said. These guidelines, the first update to offer comprehensive guidance to doctors on managing adults with hypertension since 2003, are designed to help people address the potentially deadly condition much earlier.

The new guidelines stress the importance of using proper technique to measure blood pressure. Blood pressure levels should be based on an average of two to three readings on at least two different occasions, the authors said.

Hypertension accounts for the second largest number of preventable heart disease and stroke deaths, second only to smoking. It's known as the "silent killer" because often there are no symptoms, despite its role in significantly increasing the risk for heart disease and stroke.

Paul K. Whelton, M.B., M.D., M.Sc., lead author of the guidelines published in the American Heart Association journal, Hypertension and the Journal of the American College of Cardiology, noted the dangers of blood pressure levels between 130-139/80-89 mm Hg.

"You've already doubled your risk of cardiovascular complications compared to those with a normal level of blood pressure," he said. "We want to be straight with people – if you already have a doubling of risk, you need to know about it. It doesn't mean you need medication, but it's a yellow light that you need to be lowering your blood pressure, mainly with non-drug approaches."

Blood pressure categories in the new guideline are:

- Normal: Less than 120/80 mm Hg;
- Elevated: Systolic between 120-129 and diastolic less than 80;
- Stage 1: Systolic between 130-139 or diastolic between 80-89;
- Stage 2: Systolic at least 140 or diastolic at least 90 mm Hg;
- Hypertensive crisis: Top number over 180 and/or bottom number over 120, with patients needing prompt changes in medication if there are no other indications of problems, or immediate hospitalization if there are signs of organ damage.

The new guidelines eliminate the category of prehypertension, which was used for blood pressures with systolic reading between 120-139 mm Hg or a diastolic between 80-89 mm Hg. People with those readings now will be categorized as having either Elevated (120-129 and less than 80) or Stage 1 hypertension (130-139 or 80-89).

Previous guidelines classified 140/90 mm Hg as Stage 1 hypertension. This level is classified as Stage 2 hypertension under the new guidelines.

The impact of the new guidelines is expected to be greatest among younger people. The prevalence of high blood pressure is expected to triple among men under age 45, and double among women under 45 according to the report.

Damage to blood vessels begins soon after blood pressure is elevated, said Whelton, who is the Show Chwan professor of global public health at Tulane University School of Public Health and Tropical Medicine and School of Medicine in New Orleans. "If you're only going to focus on events, that ignores the process when it's beginning. Risk is already going up as you get into your 40s."

The guidelines stress the importance of home blood pressure monitoring using validated devices and appropriate training of healthcare providers to reveal "white-coat hypertension," which occurs when pressure is elevated in a medical setting but not in everyday life. Home readings can also identify "masked hypertension," when pressure is normal in a medical setting but elevated at home, thus necessitating treatment with lifestyle and possibly medications.

"People with white-coat hypertension do not seem to have the same elevation in risk as someone with true sustained high blood pressure," Whelton said. "Masked hypertension is more sinister and very important to recognize because these people seem to have a similar risk as those with sustained high blood pressure."

Other changes in the new guideline include:

- Only prescribing medication for Stage 1 hypertension if a patient has already had a cardiovascular event such as a myocardial infarction or stroke, or is at high risk of MI or stroke based on age, the presence of diabetes mellitus, chronic kidney disease or calculation of atherosclerotic risk (using the same risk calculator used in evaluating high cholesterol).
- Recognizing that many people will need two or more types of medications to control their blood pressure, and that people may take their pills more consistently if multiple medications are combined into a single pill.
- Identifying socioeconomic status and psychosocial stress as risk factors for high blood pressure that should be considered in a patient's plan of care.

The new guidelines were developed by the American Heart Association, American College of Cardiology and nine other health professional organizations. They were written by a panel of 21 scientists and health experts who reviewed more than 900 published studies. The guidelines underwent a careful systematic review and approval process. Each recommendation is classified by the strength (class) of the recommendation followed by the level of evidence supporting the recommendation. Recommendations are classified I or II, with class III indicating no benefit or harm. The level of evidence signifies the quality of evidence. Levels A, B, and C-LD denote evidence gathered from scientific studies, while level C-EO contains evidence from expert opinion.

The new guidelines are the successor to the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC7), issued in 2003 and overseen by the National Heart, Lung, and Blood Institute (NHLBI). In 2013, the NHLBI asked the AHA and ACC to continue the management of guideline preparation for hypertension and other cardiovascular risk factors.

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