

Pharmacy Pearls

Adult Hypertension Management Update

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Highlights from the 2025 AHA/ACC Hypertension Guidelines

- 1. Lifestyle: New recommendations—moderate dietary K⁺ intake 3.5–5 g/day (Class 1) and use of K⁺-based salt substitutes (Class 2a)
 - a. Monitor potassium in those at high-risk for hyperkalemia
- 2. Initiate treatment based on PREVENT Risk Score and Hypertension Stage (see Figure 1)
- 3. **Initial Therapy:** Prefer single-pill combination (SPC) regimens (Table 1)
- 4. BP Targets: The general goal is <130/80 mm Hg; for adults with a PREVENT score ≥7.5%, consider a lower SBP target of <120 mm Hg, if tolerated
- 5. **Terminology Update:** "Hypertensive urgency" is now referred to as severe hypertension (BP >180/120 mmHg without acute target organ injury)
- 6. **Resistant Hypertension:** Screen for primary aldosteronism regardless of potassium level; continue most antihypertensives (except MRAs) prior to testing

Figure 1. Use of Risk-Based Thresholds for Initiation of BP Treatment in Adults Indication for initiation of Choice of initial monotherapy vs combination drug therapy antihypertension drug therapy Is the average BP ≥ 140/90 mm Hg? Initiation of two 1st line agents YES of different classes Ideally, in a single pill combination to improve adherence Does the patient have existing clinical CVD (CHD, stroke, HF)? NO Target BP <130/80 mm Hg, with goal SBP <120 mm Hg, if tolerated 130 to 139 or 80 to 89 mm Hg Is the patient at increased shortterm risk of CVD due to comorbidities of diabetes, or CKD? NO Is the patient at increased short-YES Initiation of a single 1st line agent term risk of CVD due to 10-year risk is reasonable. of CVD with PREVENT ≥7.5%? Dosing titration and sequential addition NO of other agents as needed YES Is the average systolic BP≥130 mm Hg or diastolic BP≥80 mm Hg after 3-6 months of lifestyle interventions attempts?

Initial Medication Selection for Treatment of Primary HTN

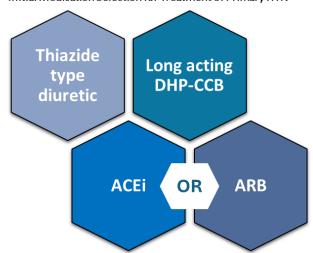


Table 1. Commercially Available Single-Pill Combinations

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Medication Class Combo	Medication Combination
ACEi or ARB	Benazepril + HCTZ
+ Thiazide-type diuretic	Enalapril + HCTZ
	Lisinopril + HCTZ
	Candesartan + HCTZ
	Irbesartan + HCTZ
	Losartan + HCTZ
	Olmesartan + HCTZ
	Valsartan + HCTZ
	Telmisartan + HCTZ
ACEi or ARB	Benazepril + amlodipine
+ DHP-CCB	Olmesartan + amlodipine
	Valsartan + amlodipine
	Telmisartan + amlodipine
MRA	Spironolactone + HCTZ
+ thiazide-type diuretic	
ARB	Olmesartan + amlodipine + HCTZ
+ DHP-CCB	
+ thiazide-type diuretic	Valentan i amladinina i IICT7
0 -11	Valsartan + amlodipine + HCTZ
β-blocker	Atenolol + chlorthalidone
+ thiazide-type diuretic	Bisoprolol + HCTZ
Potassium-sparing diuretic	Triamterene + HCTZ
+ thiazide-type diuretic	

Predicting Risk of Cardiovascular Disease EVENTS (PREVENT) Score

- Developed by the American Heart Association (2023) to estimate 10- and 30-year risk for total CVD, ASCVD, and heart failure
- Validated for adults 30-79 years without known CVD
- Optional inputs (UACR, HbA1c, SDI) allow personalized risk estimates
- Recognizes race as a social construct and is removed from the calculation

Link: https://professional.heart.org/en/guidelines-and-statements/prevent-calculator

Patients with Hypertension + Type 2 Diabetes

- Use an ACEi or ARB if eGFR < 60 mL/min/1.73 m² or albuminuria ≥ 30 mg/g
- Consider ACEi/ARB to slow kidney disease if albuminuria < 30 mg/g

All medication combinations listed are generically available. HCTZ: hydrochlorothiazide; MRA: mineralocorticoid receptor antagonist

This is not an exhaustive list of all combination products.