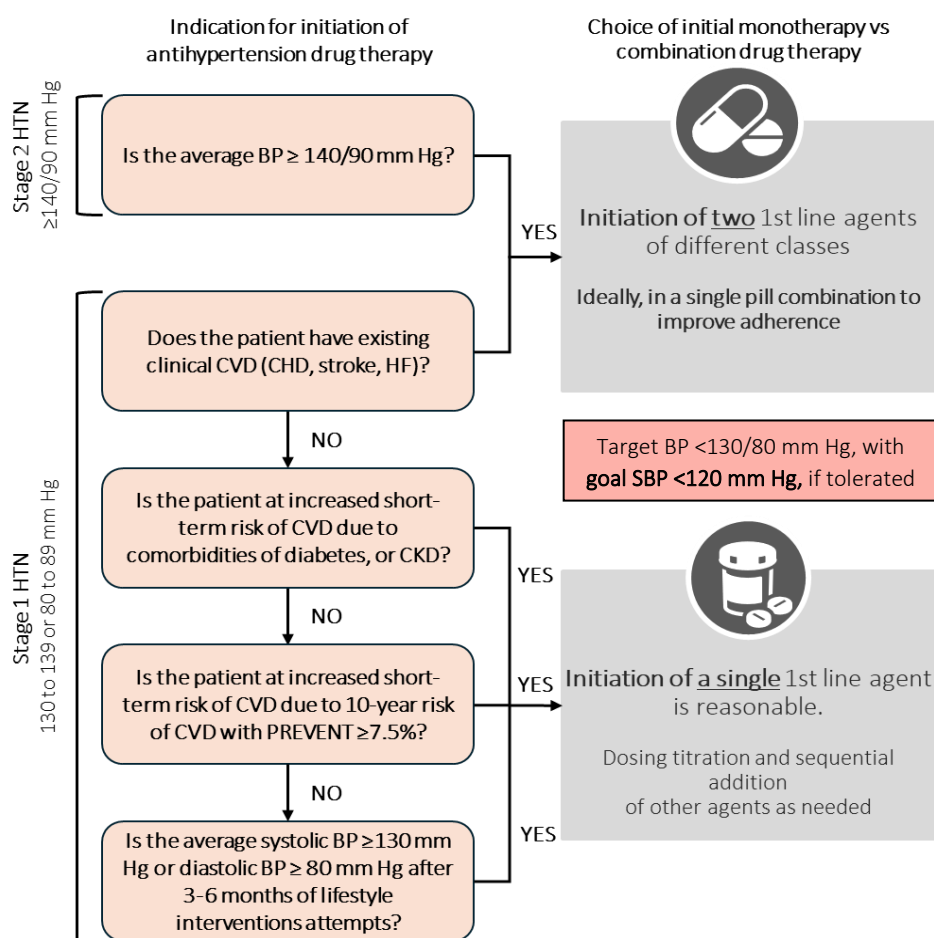


### Highlights from the 2025 AHA/ACC Hypertension Guidelines

- Lifestyle:** New recommendations—moderate dietary K<sup>+</sup> intake 3.5–5 g/day (Class 1) and use of K<sup>+</sup>-based salt substitutes (Class 2a)
  - Monitor potassium in those at high-risk for hyperkalemia
- Initiate treatment based on PREVENT Risk Score and Hypertension Stage (see Figure 1)**
- Initial Therapy:** Prefer single-pill combination (SPC) regimens (Table 1)
- 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
- Terminology Update:** “Hypertensive urgency” is now referred to as *severe hypertension* (BP >180/120 mmHg without acute target organ injury)
- 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



### Initial Medication Selection for Treatment of Primary HTN

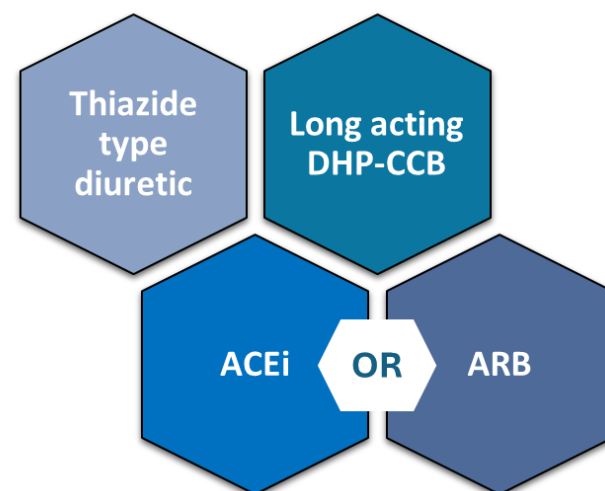


Table 1. Commercially Available Single-Pill Combinations

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

### 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 m<sup>2</sup> or albuminuria ≥ 30 mg/g
- Consider ACEi/ARB to slow kidney disease if albuminuria < 30 mg/g

This is not an exhaustive list of all combination products. All medication combinations listed are generically available. HCTZ: hydrochlorothiazide; MRA: mineralocorticoid receptor antagonist