

"Prehypertension" Added As New Classification for At Risk Adults

A DGReview of :["The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure"](#)
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Individuals aged 18 years and over with blood pressure ranging from 120/80 to 139/89 mm Hg belong to a new category designated as "prehypertension," a high-risk precursor to hypertension, according to the Joint National Committee 7 report.

An updated blood pressure categorisation is a part of new guidelines for the prevention and treatment of hypertension, recently released by the National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health (NIH).

Approximately 50 million U.S. adults are believed to have hypertension, a number expected to climb as the population ages.

According to the report, adults at the upper end of the prehypertension blood pressure range (130/80 to 139/89 mm Hg) are twice as likely to progress to hypertension than those with lower blood pressure levels.

The reporting panel of experts recommended lifestyle modification for patients with prehypertension. Therapeutic behaviour changes identified as critical in the

prevention of high blood pressure included reducing dietary fat and sodium, increasing exercise, and limiting alcohol consumption.

Other changes were made to the blood pressure classification system. While stage 1 hypertension (blood pressure range 140/90 to 159/99 mm Hg) remained a category, therapeutic recommendations were altered, identifying thiazide-type diuretics as treatment of choice for uncomplicated cases.

The focus on diuretics for initial treatment of stage 1 hypertension is primarily associated with recently published results of the Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT), suggesting that diuretics are as or more effective than other single drug therapies in the treatment of hypertension.

Former stages 2 and 3 hypertension were combined as stage 2, including patients with blood pressure above 160/100 mm Hg. Multi-drug therapy is recommended for these patients, in which a diuretic is combined with an ACE inhibitor, angiotensin-receptor blocker, beta-blocker, or calcium channel blocker.

Public health, community, and school programs were identified as opportunities to promote public awareness and encourage healthy lifestyle behaviours. "The JNC 7 endorses the American Public Health Association resolution that the food manufacturers and restaurants reduce sodium in the food supply by 50% during the next decade," the report stated.

JAMA 2003;289:19:2560-2571. [*"The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure"*](#)