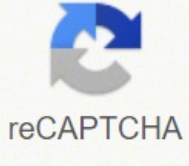




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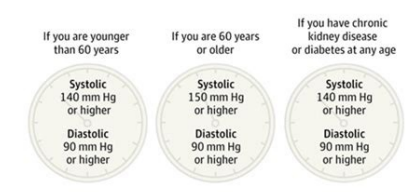
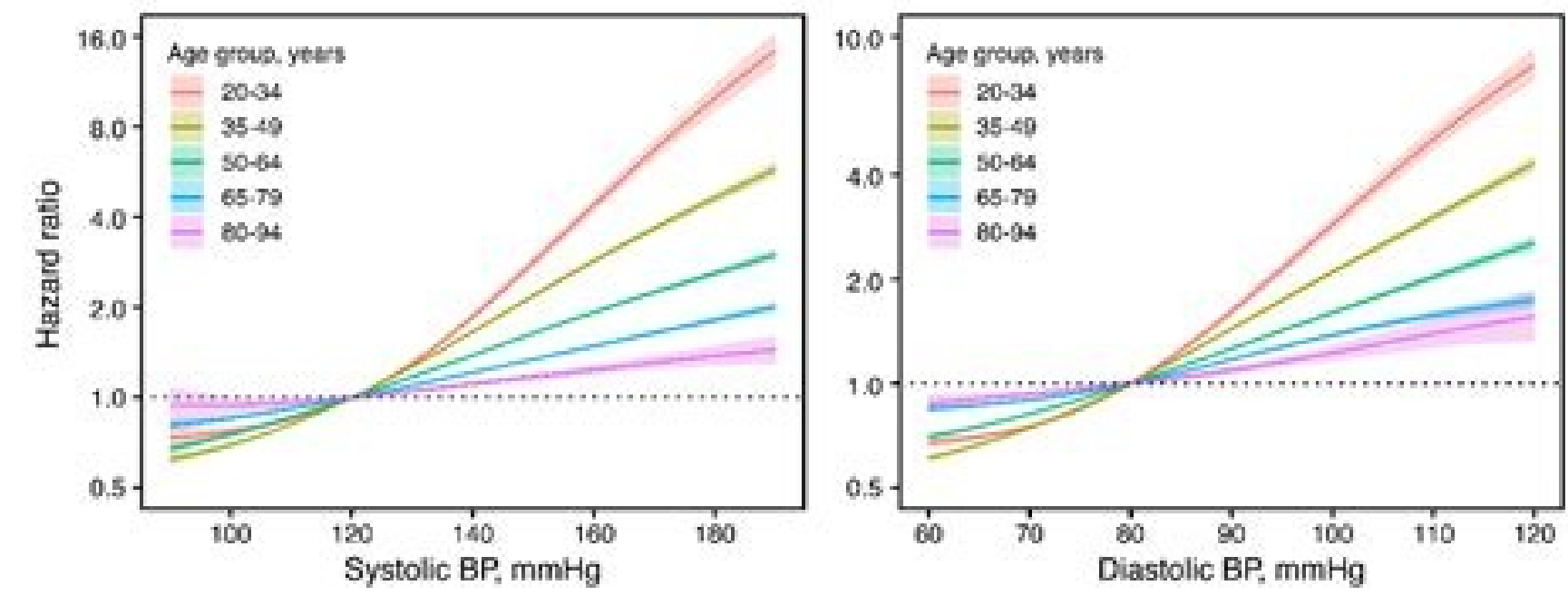


Table. Blood Pressure Treatment Thresholds and Goals During Pharmacological Therapy in Adults With Hypertension According to Clinical Conditions

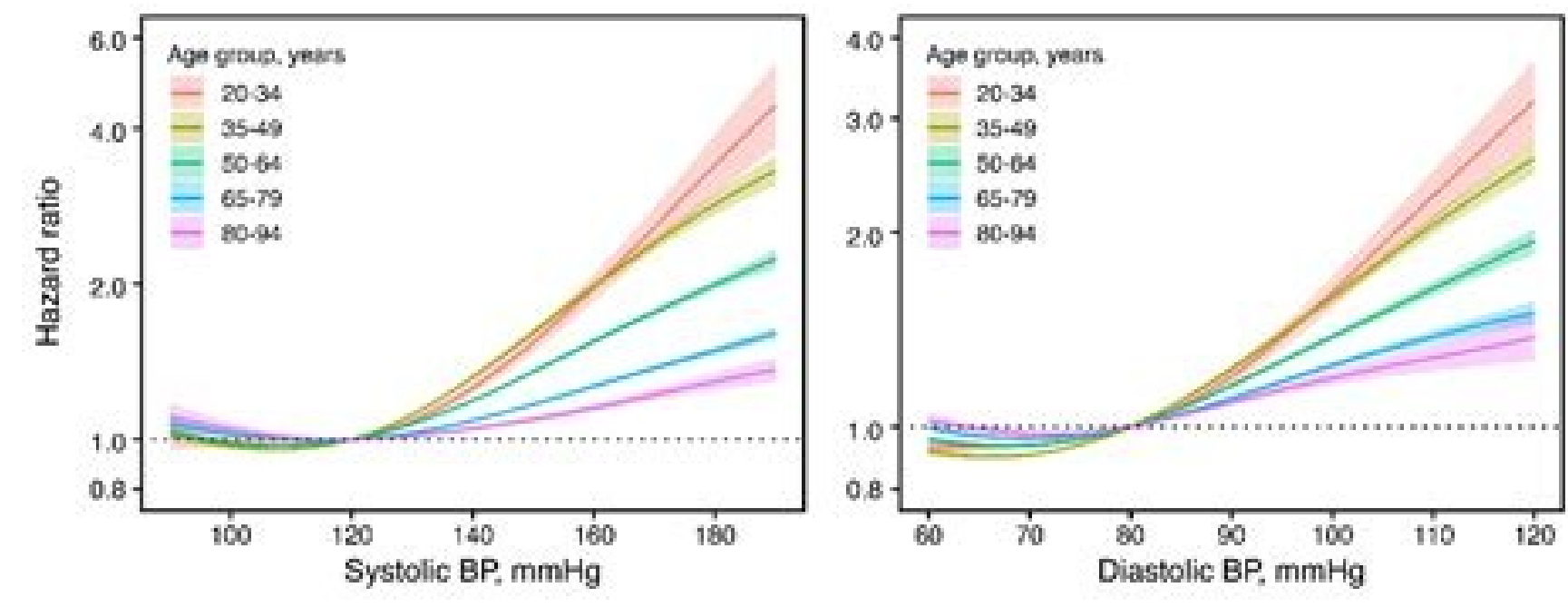
Clinical Condition(s)	BP Threshold, mm Hg		BP Goal, mm Hg	
	SBP	DBP	SBP	DBP
General				
Stage 1 hypertension with clinical CVD or 10-y ASCVD risk of $\geq 10\%$	≥ 130	≥ 80	<130	<80
Stage 2 hypertension (independent of clinical CVD and 10-y ASCVD risk)	≥ 140	≥ 90	<130	<80
Older adults (≥ 65 y; noninstitutionalized, ambulatory, community-living)	≥ 130	NA	<130	NA
Comorbidities				
Diabetes	≥ 130	≥ 80	<130	<80
Chronic kidney disease	≥ 130	≥ 80	<130	<80
Stable ischemic heart disease	≥ 130	≥ 80	<130	<80
Heart failure	≥ 130	≥ 80	<130	<80
Peripheral arterial disease	≥ 130	≥ 80	<130	<80
Secondary stroke prevention	≥ 140	≥ 90	<130	<80

Abbreviations: ASCVD, atherosclerotic cardiovascular disease; BP, blood pressure; CVD, cardiovascular disease; DBP, diastolic blood pressure; NA, not applicable; SBP, systolic blood pressure.

CVD hospitalization

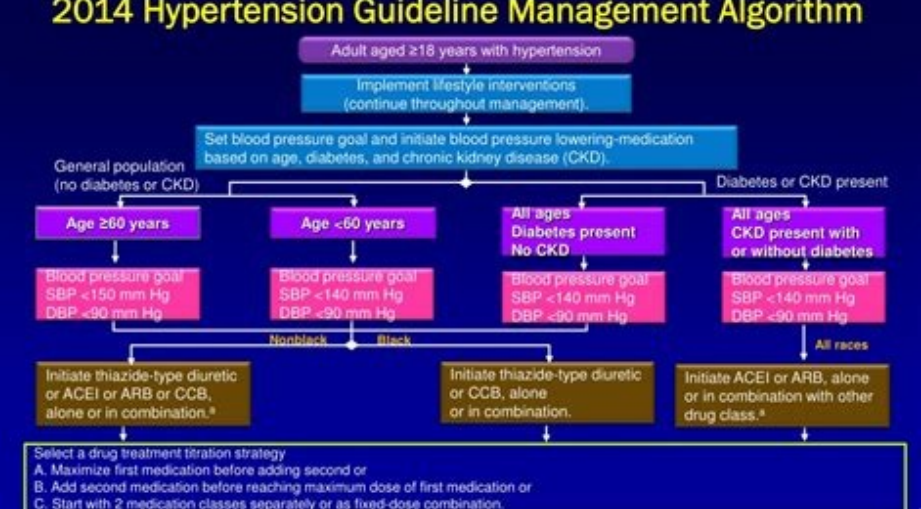


All-cause death



NEW BLOOD PRESSURE GUIDELINES

Category	SBP	DBP
Normal	<120	<80
Elevated	120-129	80-89
Stage 1 Hypertension	130-139	80-89
Stage 2 Hypertension	≥ 140	≥ 90



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Analgesic therapy in postperitic neuralgia: a quantitative systematic review. Inhibitors of ECE and ARB Sarsartan (Atacand) or Valsartan (Diovan) are equally effective. effective. NEVER. 2012; 308 (9): 871- 872.11. If persistent hypertension ³ not controlled with a beta-blocker, ECE inhibitor and aldosterone antagonist, a thiazide or thiazide diuretic similar to thiazide may be added. The arterial blood pressure target of 140/90 mmHg is reasonable in hemodin^Amically stable patients with ACS, and a target of 130/80 mmHg is appropriate at the time of hospital discharge. There are no contraindications for the use of antiplatelets or anticoagulants in patients with hypertension³ n. 2014; 371 (16): 1526-1533.12. Accessed on 4 September 2015.3. Moore Ra, Wiffen PJ, Derry S, Toelle T, Rice as. Aldosterone receptor antagonists should be avoided in men with a serum creatinine level of 2.5 mg per dl (221 A@A 1/4 mol per l) or m^Aoes, in women with a serum creatinine level of 2 mg per dl (177 A@A 1/4 mol per l) or m^Aoes, and in patients with a serum potassium level of 5 meq per l (5 mmol per l) or m^Aoes. This guide uses the best available evidence to make recommendations on the reduction ³ arterial blood pressure and CAD management³ n and its variable manifestations. In patients with CAD and hypertension³ arterial blood pressure target of less than 140/90 mmHg is reasonable for the ³ n secondary prevention of cardiovascular events. PLOS MED. In older patients with hypertension³ n and wide pulse pressures, the reduction ³ the blood pressure ³ systolic³ can lead to a very low diastolic blood pressure³ (less than 60 mm hg) Gabapentin dosage ³ for neuropathic pain: evidence from randomized controlled placebo-only trials. Differences in the presentation ³ analysis reports in internal documents of the company compared to published test reports: comparisons in industry-sponsored trials in uses outside the Gabapentin label. Jewell, Ph.D. . not published: Circulation ³ n. A MEDICAL MADOFF: Anestesia ³ logo Fake Faind Data in 21 studios. HemptenTail K, Nurmikko TJ, Johnson RW, RP PREVIOUS, ROZ COMO. A lower target of 130/80 mm Hg may be acceptable in some these patients with prior myocardial infarction (MI), stroke, or transient ischemic attack, or equivalent to the risk of coronary artery disease (carotid artery disease, peripheral artery disease, abdominal aortic aneurysm), arterial pressure and high diastolic blood pressure, blood pressure should be reduced slowly. Administration of an intravenous beta-blocker (esmolol [Brevibloc]) may be considered if the patient has severe hypertension or ongoing ischemia. However, in patients with severe uncontrolled hypertension who are taking these medications, blood pressure should be lowered immediately to reduce the risk of haemorrhagic stroke.HYPERTENSIVE TREATMENT IN CHMS PATIENTS Most patients with CHMS take these medications. Acute coronary syndrome (ACS) respond well to standard treatment regimens to control hypertension. 2009;361 (20):1963a 1971a7. Steinman MA, Bero LA, Chren MM, Landefeld CS, Rodwin MA, Abramson JD. N Engl J Med. Pharmacological management of neuropathic pain in adults in non-specialized settings. configuration.

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