

# Hypertension Pharmacotherapy Review

The following is a summary of pharmacotherapy recommendations for **nonpregnant** adults, primarily from the **2025** AHA/ACC et al. Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults.

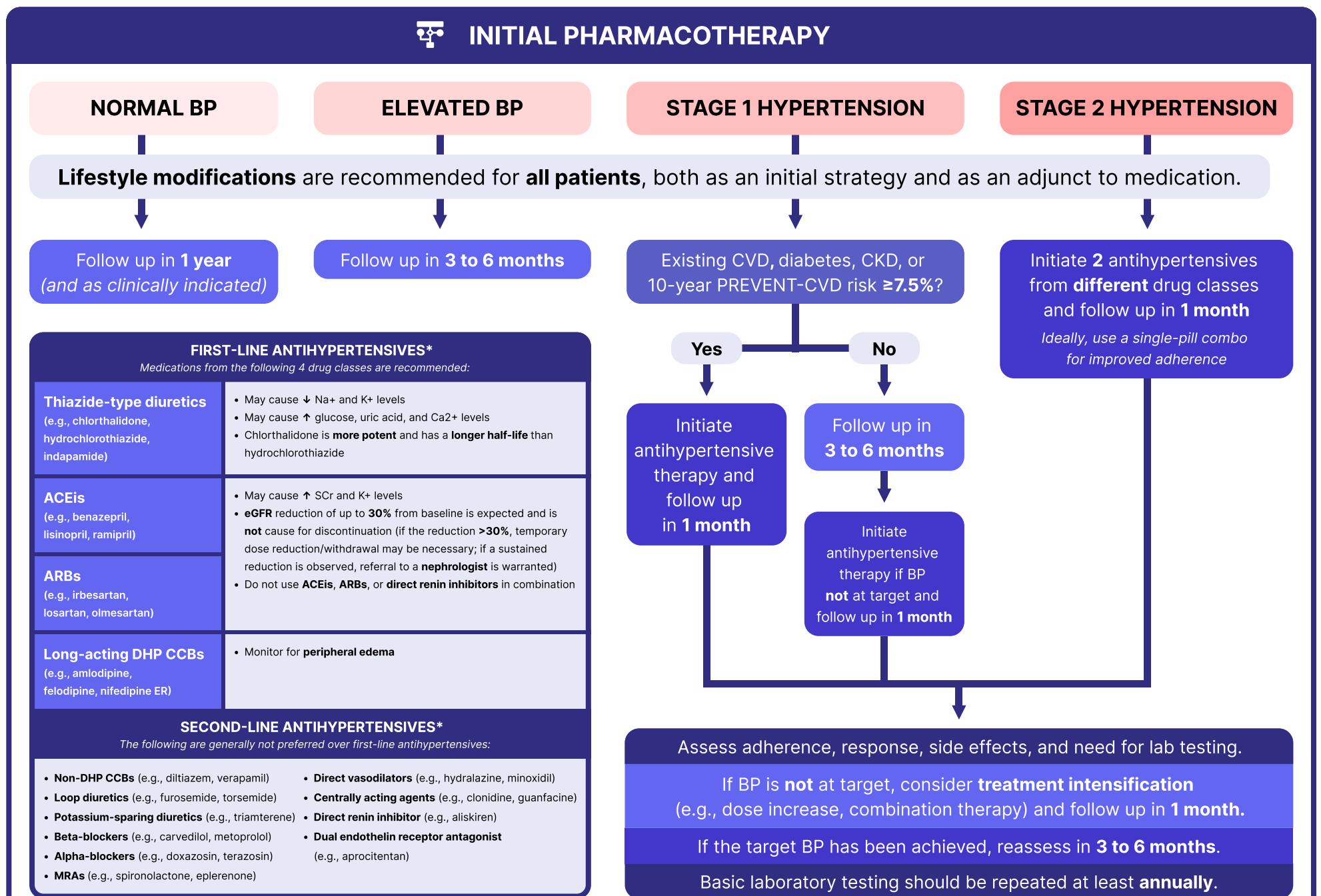
*Note: This review only covers outpatient treatment of primary hypertension. The treatment of secondary hypertension is not addressed.*

| BLOOD PRESSURE CATEGORIES |            |        |            |
|---------------------------|------------|--------|------------|
| CATEGORY                  | SBP (mmHg) | AND/OR | DBP (mmHg) |
| NORMAL                    | <120       | AND    | <80        |
| ELEVATED                  | 120 to 129 | AND    | <80        |
| STAGE 1 HYPERTENSION      | 130 to 139 | OR     | 80 to 89   |
| STAGE 2 HYPERTENSION      | ≥140       | OR     | ≥90        |

A **hypertension** diagnosis must be **confirmed** by taking the average of **≥2** BP measurements using proper technique and obtained on **≥2** separate occasions.

| LABORATORY TESTING   |   |
|--|---|
| Following a diagnosis of <b>hypertension</b> , the following tests should be performed to determine the patient's cardiovascular risk and guide selection of therapy:                        |   |
| <ul style="list-style-type: none"> <li>Complete blood count</li> <li>Sodium, potassium, and calcium levels</li> <li>SCr with eGFR (using CKD-EPI equation)</li> <li>Lipid profile</li> </ul> | <ul style="list-style-type: none"> <li>Fasting blood glucose or A1C</li> <li>Thyroid-stimulating hormone (TSH)</li> <li>Urinalysis and UACR</li> <li>Electrocardiogram (ECG)</li> </ul> |

| HYPERTENSION TREATMENT GOALS   |  |
|--|--|
| For most adults with <b>hypertension</b> , the goal is to achieve and maintain a target BP of at least <b>&lt;130/80 mmHg</b> (ideally <b>&lt;120/80 mmHg</b> ). |  |
| A less strict target BP may be reasonable for certain patients (e.g., older adults with hypertension and frailty or limited life expectancy).                    |  |



\*When selecting antihypertensive therapy, consider the patient's **comorbidities**, antihypertensive side effect profile, dosing frequency, and preference. Patients with certain comorbidities (e.g., CKD, HF) should receive standard treatment **specific** to that comorbidity and additional antihypertensives as needed to achieve the target BP.

*Note: The 2025 guideline does **not** include **race-/ethnicity-based** recommendations for selecting antihypertensive therapy. This is a notable **difference** from the previous guidelines, which preferentially recommended CCBs or thiazide-type diuretics over ACEis and ARBs for initial therapy in Black patients with hypertension without HF or CKD. Rather than **race**, the selection of antihypertensive therapy should be guided by comorbidities, cardiovascular risk, and other patient-specific factors.*

ACEis: angiotensin-converting enzyme inhibitors    CKD: chronic kidney disease    DBP: diastolic blood pressure    HF: heart failure    SBP: systolic blood pressure  
 ARBs: angiotensin receptor blockers    CVD: cardiovascular disease    DHP CCBs: dihydropyridine calcium channel blockers    MRAs: mineralocorticoid receptor antagonists    UACR: urine albumin-to-creatinine ratio

References available at [pyrls.com](https://pyrls.com)

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