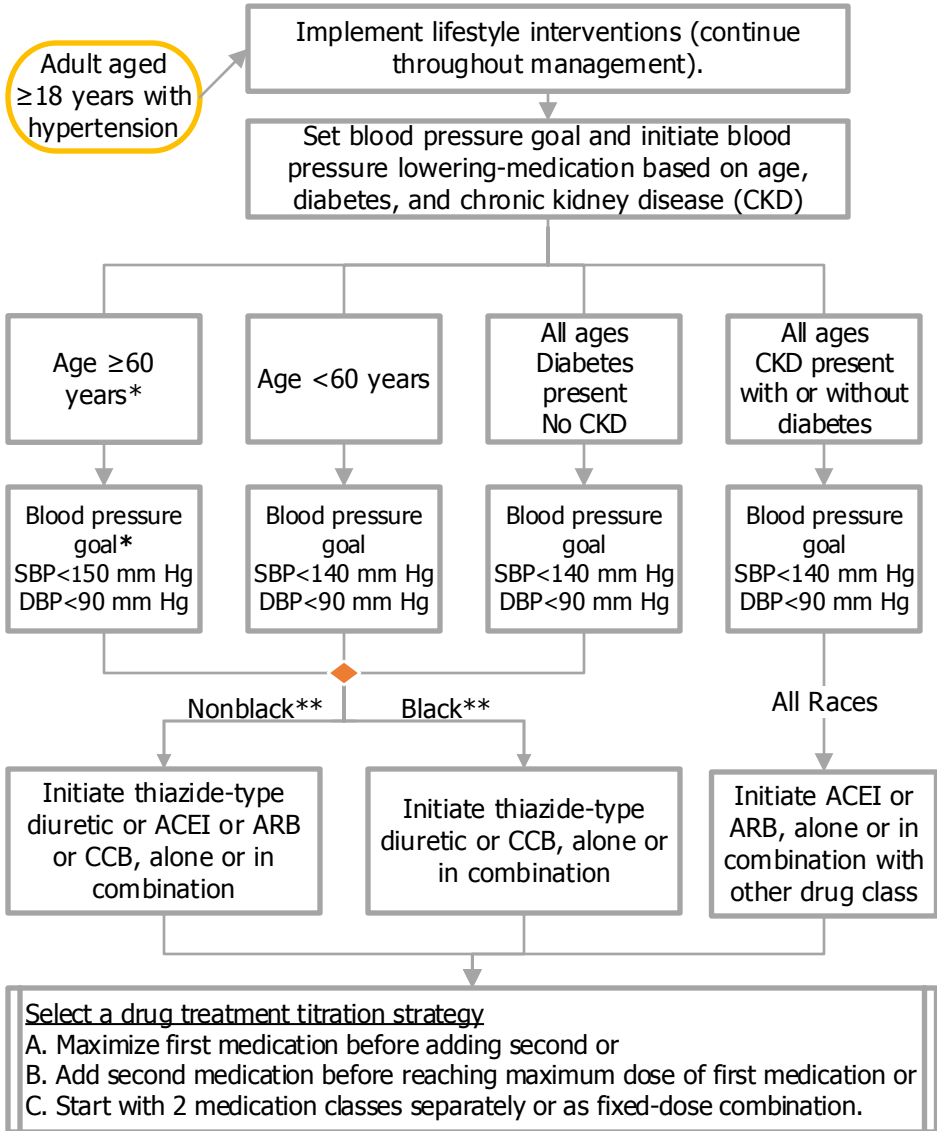


# JNC-8 Hypertension Medication Algorithm 2014

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<sup>1</sup>James PA, Oparil S, Carter BL, Cushman WC, Dennison-Himmelfarb C, Handler J, Lackland DT, LeFevre ML, MacKenzie TD, Ogedegbe O, Smith SC Jr, Svetkey LP, Taler SJ, Townsend RR, Wright JT Jr, Narva AS, Ortiz E. 2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). JAMA. 2014 Feb 5;311(5):507-20. doi: 10.1001/jama.2013.284427.

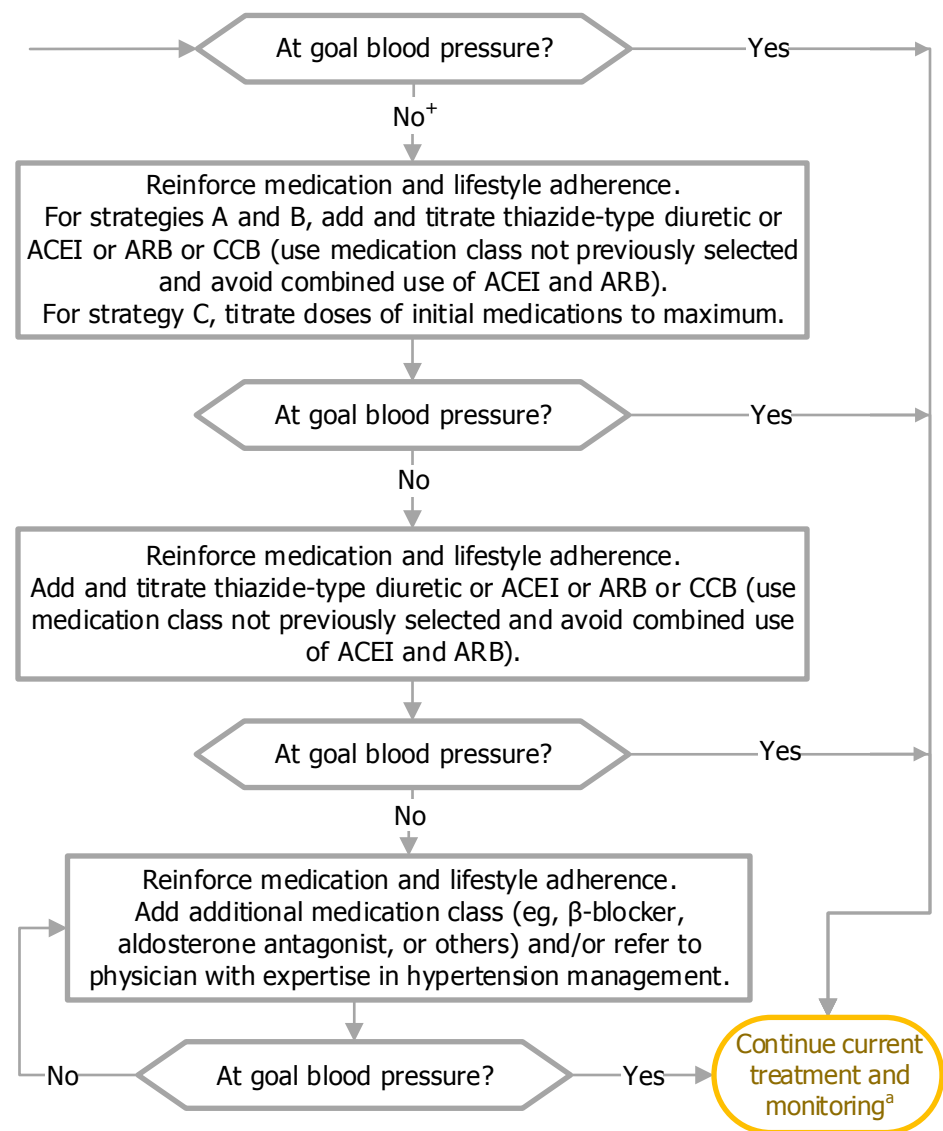
**\*While the Eighth Joint National Committee currently uses a goal of <150/90 for adults age 60 and older, this recommendation is undergoing discussion and refinement by multiple national organizations (AHA, ACC, CDC, etc.) based on evolving evidence..<sup>2,3</sup>**

\*\*In the general black population, including those with diabetes, initial antihypertensive treatment should include a thiazide-type diuretic or CCB. (For general black population: Moderate Recommendation –Grade B; for black patients with diabetes: Weak Recommendation – Grade C)<sup>1</sup>

SBP indicates systolic blood pressure; DBP, diastolic blood pressure; ACEI, angiotensin-converting enzyme; ARB, angiotensin receptor blocker; and CCB, calcium channel blocker.

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<sup>2</sup>Go AS, Bauman MA, Coleman King SM, Fonarow GC, Lawrence W, Williams KA, et al; American Heart Association. An effective approach to high blood pressure control: a science advisory from the American Heart Association, the American College of Cardiology, and the Centers for Disease Control and Prevention. Hypertension. 2014;63:878-85. [PMID: 24243703] doi:10.1161/HYP.000.000000000003

<sup>3</sup>Bangalore S, Gong, Y, Cooper-DeHoff R, Pepine C, Messerli F. 2014 Eighth Joint National Committee Panel Recommendations for Blood Pressure Targets Revisited: Results from the INVEST Study. Journal of the American College of Cardiology. 2014; 64(8): 784-793.

<sup>+</sup>Recheck for goal within one month per JNC-8 Recommendation 9<sup>1</sup>

<sup>a</sup>If blood pressure fails to be maintained at goal, re-enter the algorithm where appropriate based on the current individual therapeutic plan.