

EVALUATION OF HYPERTENSION*

CLASSIFICATION OF BLOOD PRESSURE (BP)

Category	Systolic BP mmHg		Diastolic BP mmHg
Normal	<120	and	<80
Prehypertension	120–139	or	80–89
Hypertension, Stage 1	140–159	or	90–99
Hypertension, Stage 2	≥160	or	≥100

See Blood Pressure Measurement Techniques (below).

DIAGNOSTIC WORKUP OF HYPERTENSION

- Assess risk factors and comorbidities.
- Reveal identifiable causes of hypertension.
- Assess presence of target organ damage.
- Conduct history and physical examination.
- Do ECG.
- Obtain laboratory tests: urinalysis, blood glucose, hematocrit and lipid panel, serum potassium, creatinine, and calcium.
- Optional:* urinary albumin/creatinine ratio.

ASSESS FOR MAJOR CARDIOVASCULAR DISEASE (CVD) RISK FACTORS

- Hypertension
- Obesity (body mass index ≥ 30 kg/m²)
- Dyslipidemia
- Diabetes mellitus
- Cigarette smoking
- Physical inactivity
- Microalbuminuria, estimated GFR <60 mL/min
- Age (>55 for men, >65 for women)
- Family history of premature CVD (men age <55, women age <65)

ASSESS FOR IDENTIFIABLE CAUSES OF HYPERTENSION

- Sleep apnea
- Drug induced/related
- Chronic kidney disease
- Primary aldosteronism
- Renovascular disease
- Cushing's syndrome or steroid therapy
- Pheochromocytoma
- Coarctation of aorta
- Thyroid/parathyroid disease

BLOOD PRESSURE MEASUREMENT TECHNIQUES

Method	Notes
In-office	Two readings, 5 minutes apart, sitting in chair. Confirm elevated reading in other arm.
Ambulatory BP monitoring	Indicated for evaluation of "white coat hypertension." Absence of 10–20% BP decrease during sleep may indicate increased CVD risk.
Patient self-check	Provides information on response to therapy. May help improve adherence to therapy and is useful for evaluating "white coat hypertension."

NOTES

*For Adults age 18 years and older. Adapted from the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) 5/03 (NIH Publication No. 03-5231).

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Refer to Treatment of Hypertension chart also located in this section.