

Table 1: Comparison of key points in 3 current hypertension guidelines

	CAN ²⁰	JNC-VI ¹⁸	WHO/ISH ²¹
Periods of observation prior to diagnosis or intervention	<ul style="list-style-type: none"> If hypertensive urgency or emergency, diagnose and intervene at first visit If BP 140–180/90–105 mm Hg with target organ damage, diagnose after 3 visits If BP 140–180/90–105 mm Hg without target organ damage, diagnose after 5 visits in 6 mo 	<ul style="list-style-type: none"> If BP ≥ 180/110 mm Hg, diagnose and intervene after 2 visits within 1 wk If BP 160–179/100–109 mm Hg, diagnose and intervene after 2 visits within 1 mo If BP 140–159/90–99 mm Hg, diagnose after 2 visits within 2 mo If BP 130–139/85–89 mm Hg, check again in 1 yr 	<ul style="list-style-type: none"> “Multiple blood pressure measurements taken on several separate occasions.” No specific time thresholds before diagnosis, but time thresholds before intervening specified, as follows: <ul style="list-style-type: none"> If BP ≥ 180/110 mm Hg (or ≥ 140/90 mm Hg and multiple risk factors, renal disease or established atherosclerotic disease), intervene within a few d If BP 160–179/100–109 mm Hg (or 140–159/90–99 mm Hg with 1 or 2 risk factors), intervene after 3 mo If BP 150–159/95–99 mm Hg and no risk factors, intervene after 6 mo
Initial investigations	Complete blood count; serum sodium, potassium and creatinine; fasting lipids and glucose; electrocardiogram and urinalysis	Complete blood count; serum sodium, potassium and creatinine; fasting lipids and glucose; electrocardiogram and urinalysis	Serum potassium and creatinine; fasting lipids and glucose; electrocardiogram and urinalysis
Role of lifestyle advice	3–6-mo trial in all patients, unless hypertensive urgency or emergency	6–12-mo trial in all patients with BP < 160/100 mm Hg	3–12-mo trial in all patients, including those who require drug treatment
Drug treatment thresholds			
1. No target organ damage or risk factors	1. BP ≥ 160/100 mm Hg (or ≥ 160/105 mm Hg if ≥ 60 yr)*	1. BP ≥ 140/90 mm Hg*	1. BP ≥ 150/95 mm Hg*
2. With risk factors (other than diabetes mellitus)	2. BP ≥ 160/90 mm Hg	2. BP ≥ 140/90 mm Hg*	2. BP ≥ 140/90 mm Hg*
3. With target organ damage	3. BP ≥ 160/90 mm Hg	3. BP ≥ 130/85 mm Hg	3. BP ≥ 140/90 mm Hg
4. With diabetes mellitus or renal disease	4. BP ≥ 140/90 mm Hg	4. BP ≥ 130/85 mm Hg	4. BP ≥ 130/85 mm Hg
Choice of initial drugs			
1. Subjects < 60 yr	1. Thiazides, β-blockers or ACEIs	1. Diuretics or β-blockers	1. All available drug classes
2. Subjects ≥ 60 yr	2. Thiazides, long-acting CCBs • Comorbidities should “strongly influence” treatment decisions	2. Thiazides, β-blocker/ thiazide combinations or long-acting CCBs • Unless there are “compelling indications for specific agents in certain clinical conditions”	2. Diuretics or CCBs • Choice should be influenced by cost, patient preferences and concomitant conditions
Treatment targets	DBP < 90 mm Hg, SBP < 140 mm Hg (lower in patients with diabetes mellitus or renal disease)	DBP < 90 mm Hg, SBP < 140 mm Hg (lower in patients with diabetes mellitus or renal disease)	DBP < 90 mm Hg, SBP < 140 mm Hg (lower in patients with diabetes mellitus or renal disease)

Note: CAN = 1999 Canadian Recommendations for the Management of Hypertension,²⁰ JNC-VI = The Sixth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure,¹⁸ WHO/ISH = 1999 World Health Organization–International Society of Hypertension Guidelines for the Management of Hypertension,²¹ BP = blood pressure, ACEI = angiotensin-converting-enzyme inhibitor, CCB = calcium channel blocker, DBP = diastolic blood pressure, SBP = systolic blood pressure.

*After trial of lifestyle modifications (specific length of trial varies in guidelines by severity of blood pressure elevations and concomitant risk factors/conditions).

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