

高血圧の分類

Table 6. Categories of BP in Adults*

BP Category	SBP		DBP
Normal	<120 mm Hg	and	<80 mm Hg
Elevated	120–129 mm Hg	and	<80 mm Hg
Hypertension			
Stage 1	130–139 mm Hg	or	80–89 mm Hg
Stage 2	≥140 mm Hg	or	≥90 mm Hg

*Individuals with SBP and DBP in 2 categories should be designated to the higher BP category.

BP indicates blood pressure (based on an average of ≥2 careful readings obtained on ≥2 occasions, as detailed in Section 4); DBP, diastolic blood pressure; and SBP systolic blood pressure.

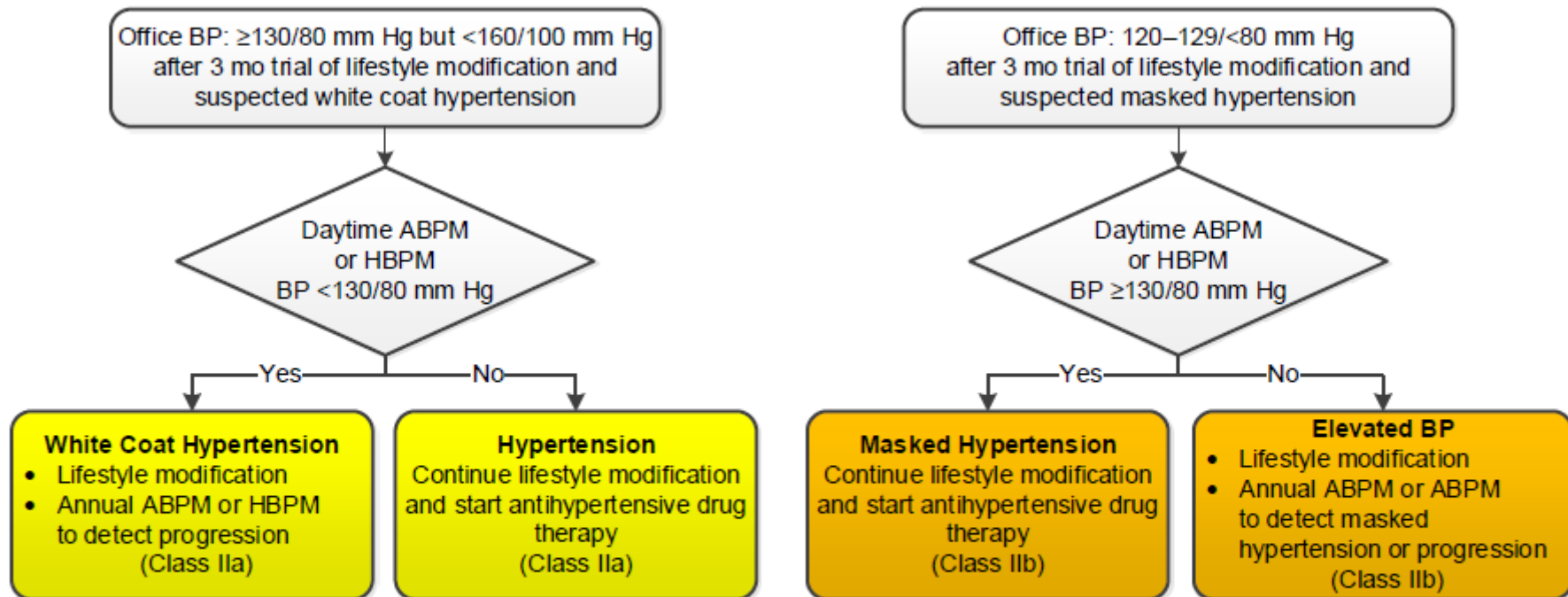
24時間血圧計では125以上が高血圧症
130以上が治療対象

Table 11. Corresponding Values of SBP/DBP for Clinic, HBPM, Daytime, Nighttime, and 24-Hour ABPM Measurements

Clinic	HBPM	Daytime ABPM	Nighttime ABPM	24-Hour ABPM
120/80	120/80	120/80	100/65	115/75
130/80	130/80	130/80	110/65	125/75
140/90	135/85	135/85	120/70	130/80
160/100	145/90	145/90	140/85	145/90

ABPM indicates ambulatory blood pressure monitoring; BP, blood pressure; DBP diastolic blood pressure; HBPM, home blood pressure monitoring; and SBP, systolic blood pressure.

Figure 1. Detection of White Coat Hypertension or Masked Hypertension in Patients Not on Drug Therapy

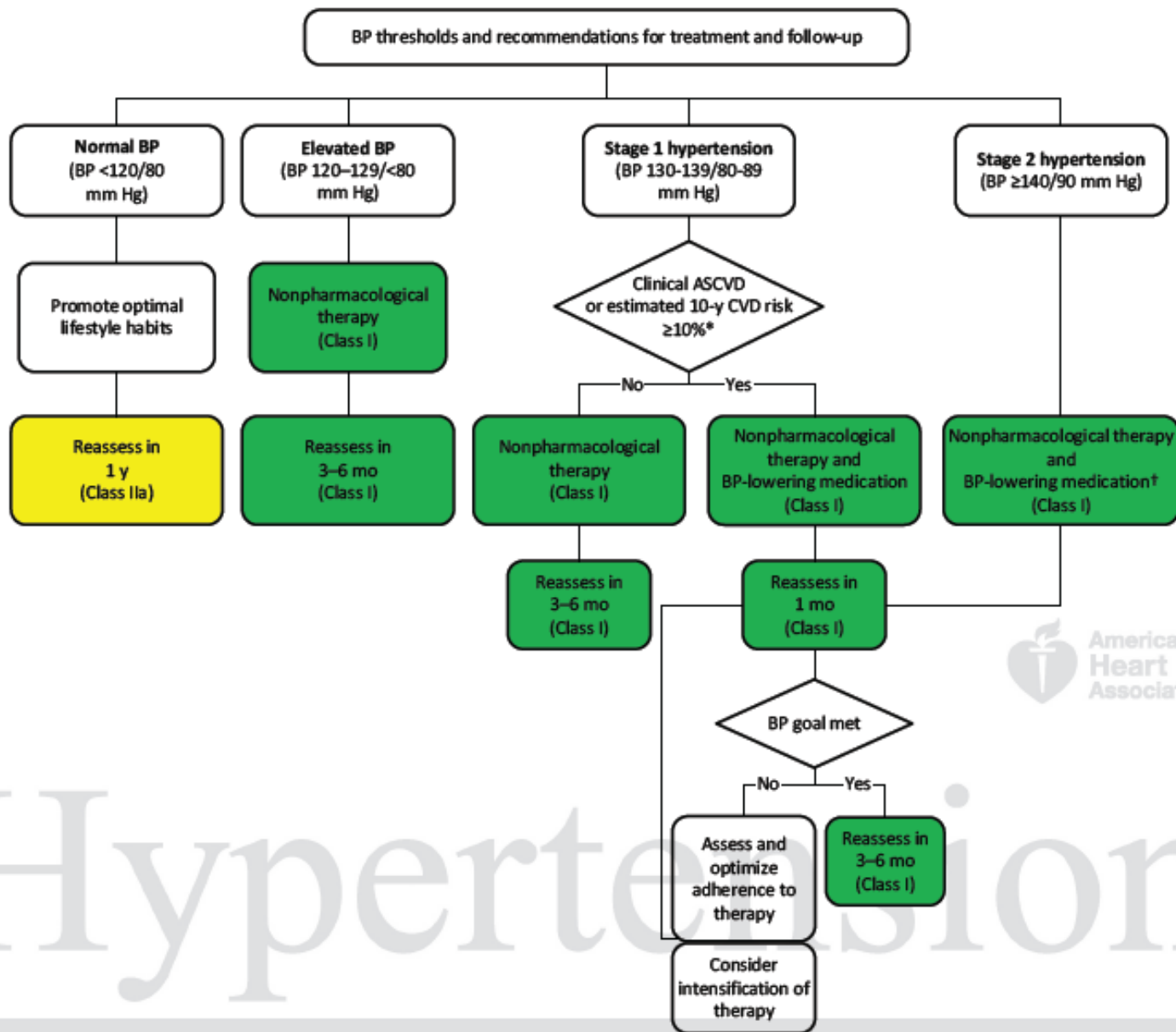


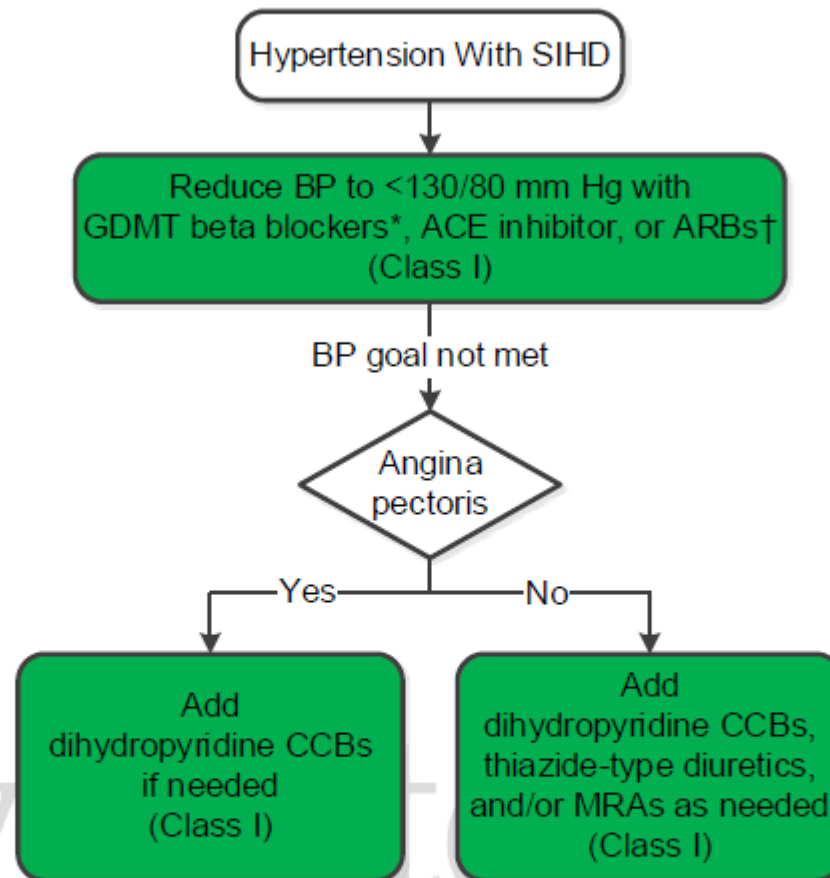
Colors correspond to Class of Recommendation in Table 1.

ABPM indicates ambulatory blood pressure monitoring; BP, blood pressure; and HBPM, home blood pressure monitoring.

3か月の経過観察後に家庭血圧か24時間血圧計で130以上が治療対象

Figure 4. Blood Pressure (BP) Thresholds and Recommendations for Treatment and Follow-Up





Colors correspond to Class of Recommendation in Table 1.

*GDMT beta blockers for BP control or relief of angina include carvedilol, metoprolol tartrate, metoprolol succinate, nadolol, bisoprolol, propranolol, and timolol. Avoid beta blockers with intrinsic sympathomimetic activity. The beta blocker atenolol should not be used because it is less effective than placebo in reducing cardiovascular events.

†If needed for BP control.

ACE indicates angiotensin-converting enzyme; ARB, angiotensin receptor blocker; BP, blood pressure; CCB, calcium channel blocker; GDMT, guideline-directed management and therapy; and SIHD, stable ischemic heart disease.

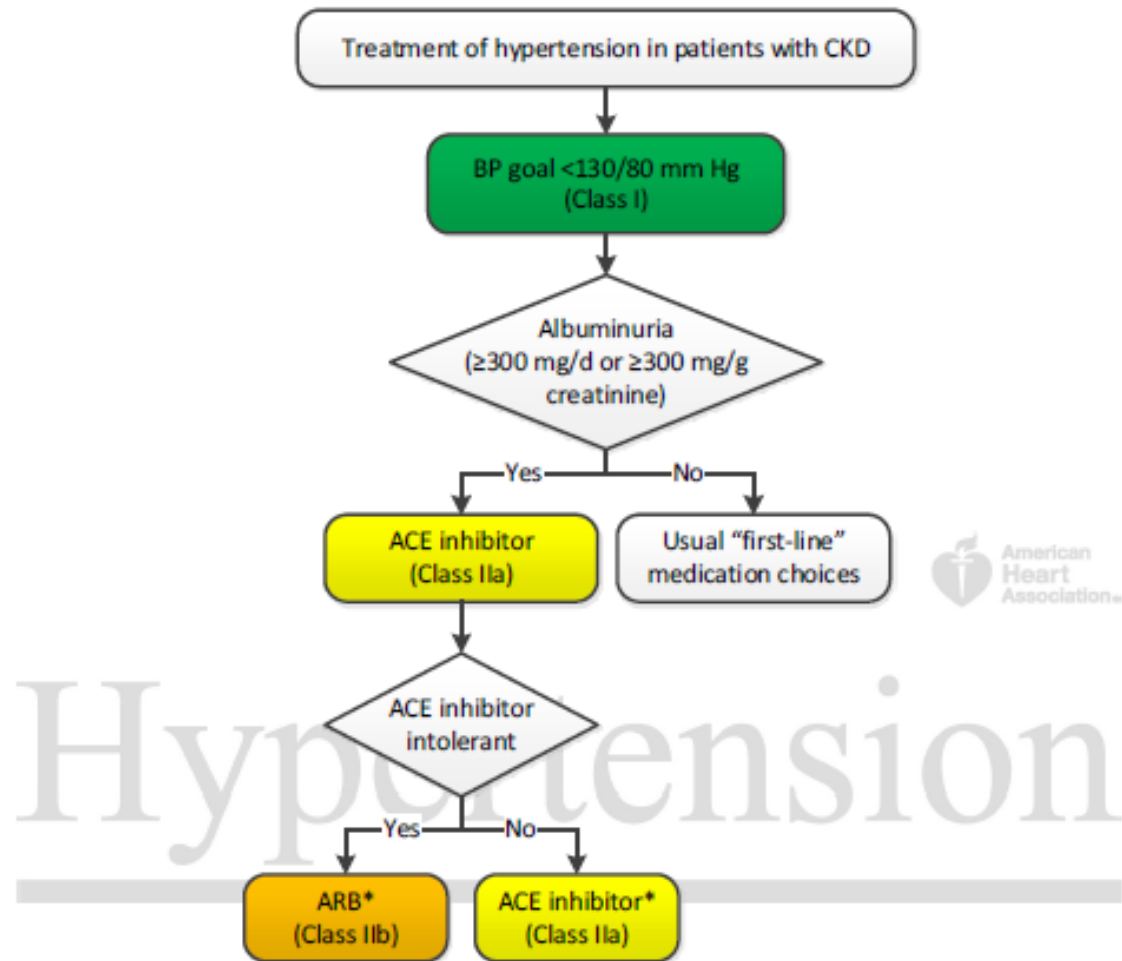
安定した狭心症にβブロッカーを用いるならアーチストかメインテートが無難か
ノルバスクなどのCCBは必要なら追加

9.2.1. Heart Failure With Reduced Ejection Fraction

Recommendations for Treatment of Hypertension in Patients With HFrEF		
References that support recommendations are summarized in Online Data Supplement 34.		
COR	LOE	Recommendation
I	C-EO	1. Adults with HFrEF and hypertension should be prescribed GDMT (2) titrated to attain a BP of less than 130/80 mm Hg.
III: No Benefit	B-R	2. Nondihydropyridine CCBs are not recommended in the treatment of hypertension in adults with HFrEF (1).

心不全で高血圧がある場合は降圧薬でβブロッカーは漸増して用いる。
ワソランやヘルベッサは用いない。

Figure 6. Management of Hypertension in Patients With CKD



Colors correspond to Class of Recommendation in Table 1.

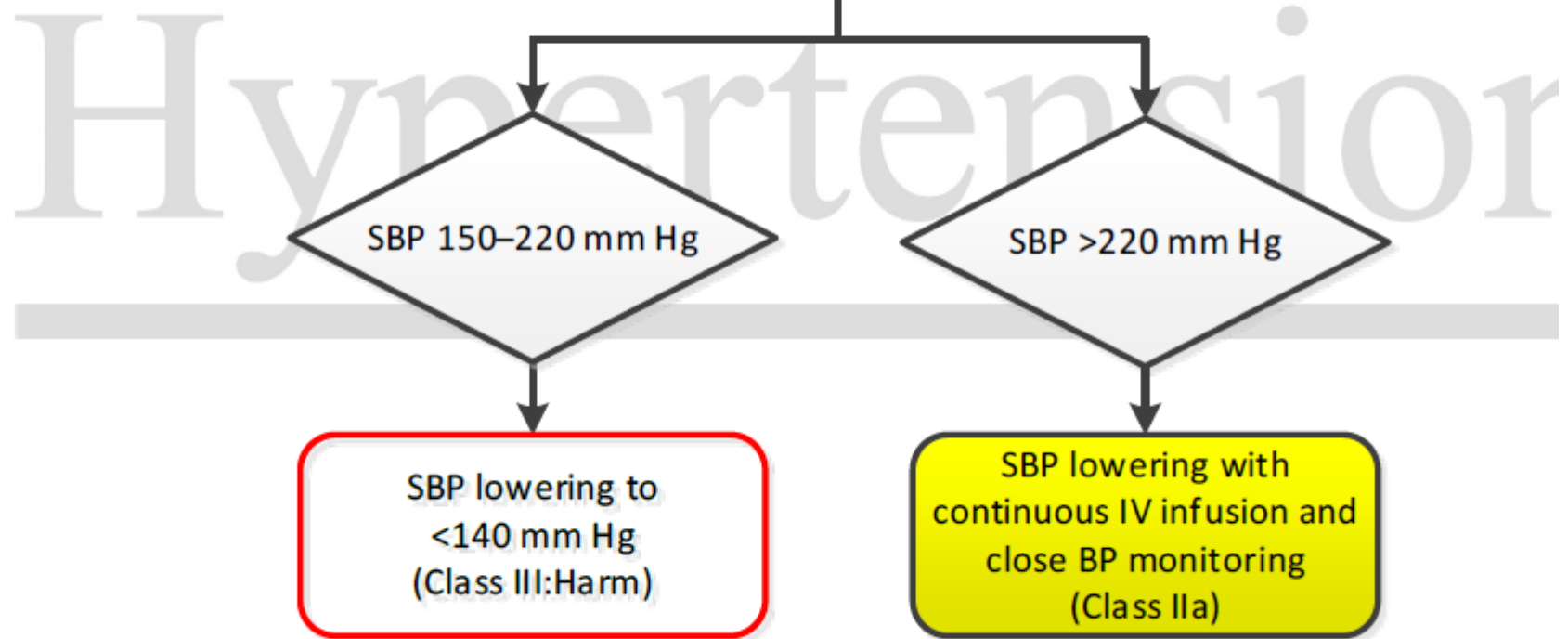
*CKD stage 3 or higher or stage 1 or 2 with albuminuria ≥ 300 mg/d or ≥ 300 mg/g creatinine.

ACE indicates angiotensin-converting enzyme; ARB, angiotensin receptor blocker; BP blood pressure; and CKD, chronic kidney disease.

慢性腎臓疾患に対する降圧剤

尿蛋白が300mg/日以下ならACE-IかARBを用いてよい。300mg以上は慎重に

Figure 7. Management of Hypertension in Patients With Acute ICH

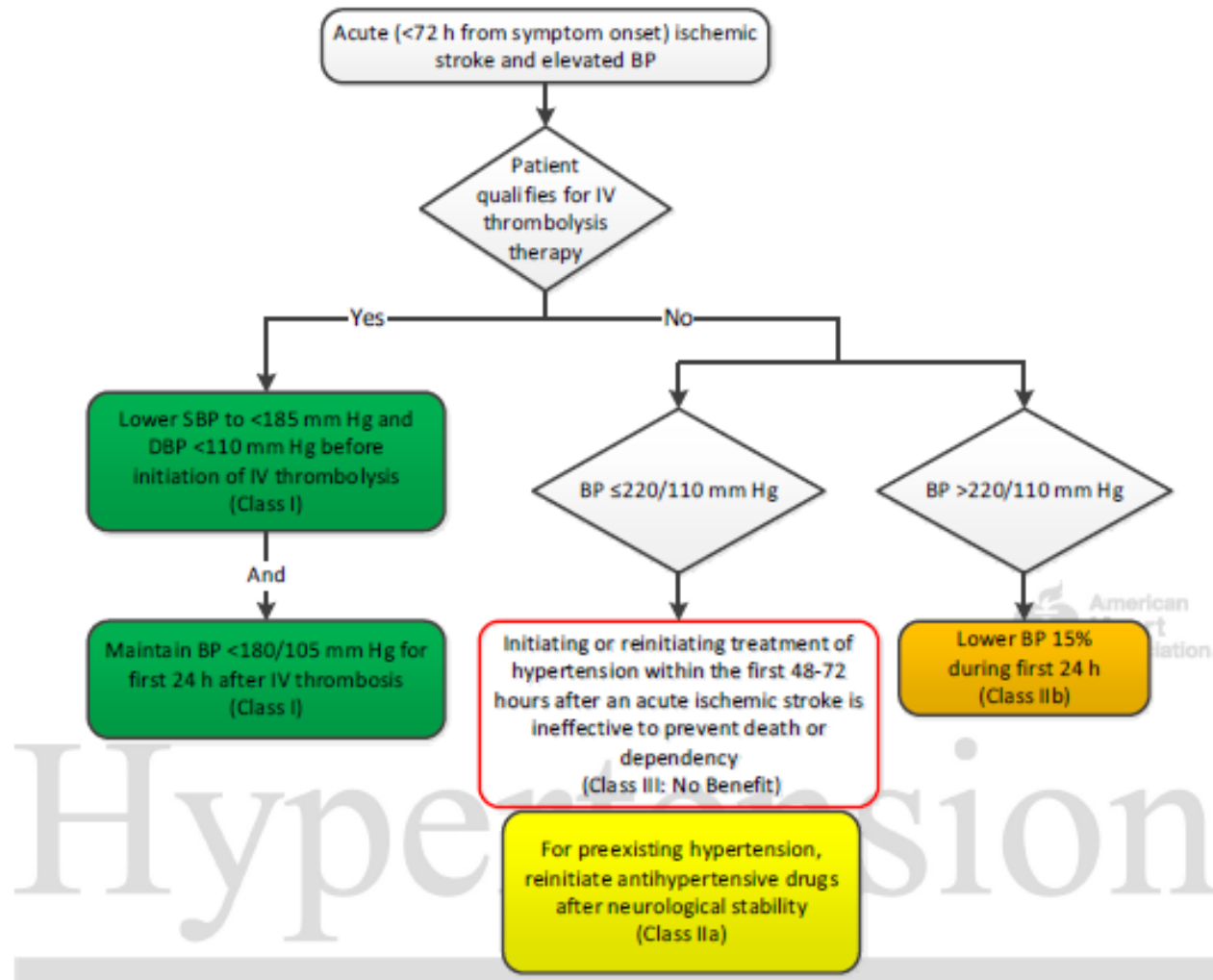


Colors correspond to Class of Recommendation in Table 1.

BP indicates blood pressure; ICH, intracerebral hemorrhage; IV, intravenous; and SBP, systolic blood pressure.

急性脳出血の場合

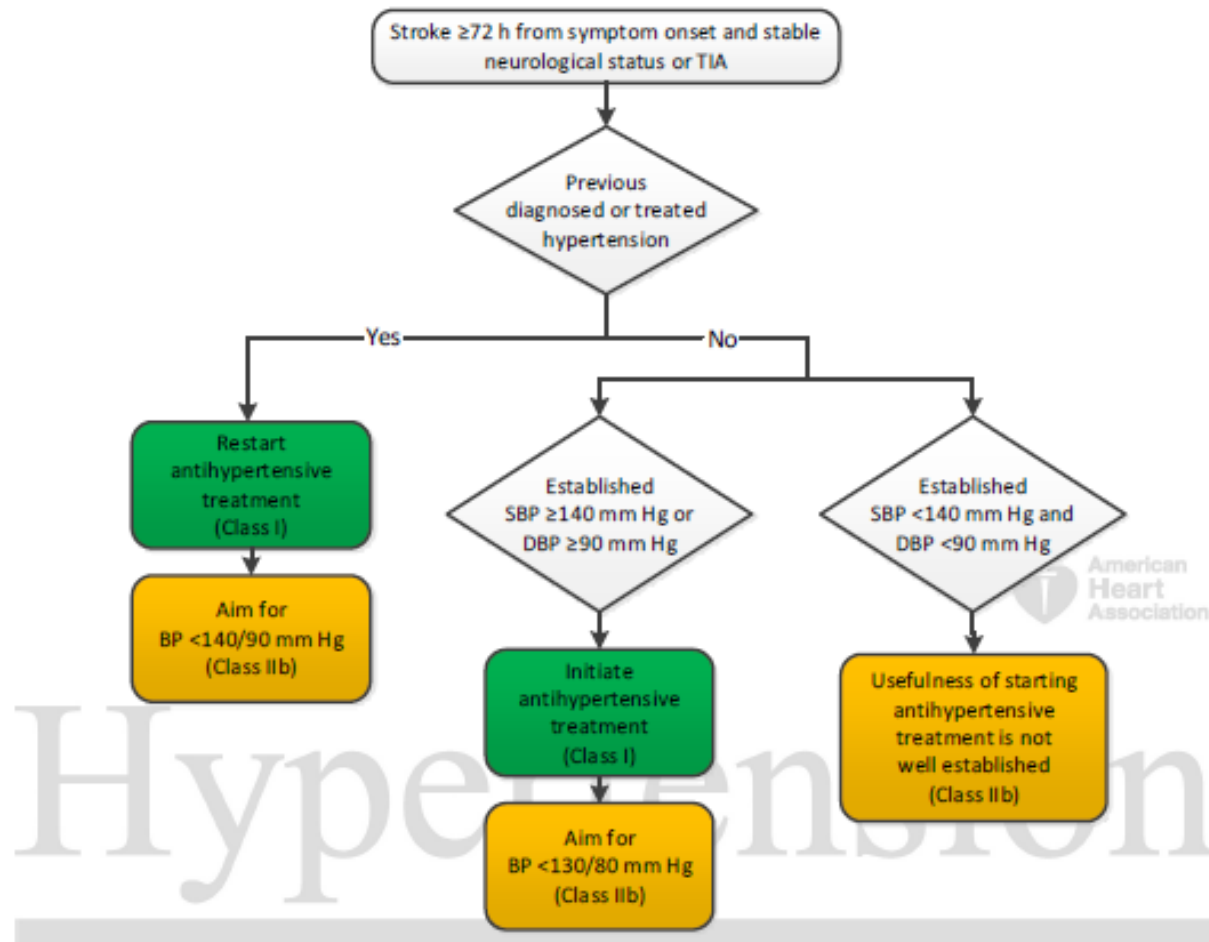
Figure 8. Management of Hypertension in Patients With Acute Ischemic Stroke



Colors correspond to Class of Recommendation in Table 1.

BP indicates blood pressure; DBP, diastolic blood pressure; IV, intravenous; and SBP, systolic blood pressure.

Figure 9. Management of Hypertension in Patients With a Previous History of Stroke (Secondary Stroke Prevention)



Colors correspond to Class of Recommendation in Table 1.

DBP indicates diastolic blood pressure; SBP, systolic blood pressure; and TIA, transient ischemic attack.

脳梗塞既往の場合

9.6. Diabetes Mellitus

Recommendations for Treatment of Hypertension in Patients With DM

References that support recommendations are summarized in Online Data Supplements 46 and 47 and Systematic Review Report.

COR	LOE	Recommendations
I	SBP: B-R ^{SR} DBP: C-EO	1. In adults with DM and hypertension, antihypertensive drug treatment should be initiated at a BP of 130/80 mm Hg or higher with a treatment goal of less than 130/80 mm Hg (1-8).
I	A ^{SR}	2. In adults with DM and hypertension, all first-line classes of antihypertensive agents (i.e., diuretics, ACE inhibitors, ARBs, and CCBs) are useful and effective (1, 9, 10).
IIb	B-NR	3. In adults with DM and hypertension, ACE inhibitors or ARBs may be considered in the presence of albuminuria (11, 12).

SR indicates systematic review.

糖尿病の場合

9.9. Valvular Heart Disease

Recommendations for Treatment of Hypertension in Patients With Valvular Heart Disease

References that support recommendations are summarized in Online Data Supplements 49 and 50.

COR	LOE	Recommendation
I	B-NR	1. In adults with asymptomatic aortic stenosis, hypertension should be treated with pharmacotherapy, starting at a low dose and gradually titrating upward as needed (1-4).
Ila	C-LD	2. In patients with chronic aortic insufficiency, treatment of systolic hypertension with agents that do not slow the heart rate (i.e., avoid beta blockers) is reasonable (5, 6).

9.10. Aortic Disease

Recommendation for Management of Hypertension in Patients With Aortic Disease		
COR	LOE	Recommendation
I	C-EO	1. Beta blockers are recommended as the preferred antihypertensive agents in patients with hypertension and thoracic aortic disease (1, 2).

10.2.2. Pregnancy

Recommendations for Treatment of Hypertension in Pregnancy		
References that support recommendations are summarized in Online Data Supplement 53.		
COR	LOE	Recommendations
I	C-LD	1. Women with hypertension who become pregnant, or are planning to become pregnant, should be transitioned to methyldopa, nifedipine, and/or labetalol (1) during pregnancy (2-6).
III: Harm	C-LD	2. Women with hypertension who become pregnant should not be treated with ACE inhibitors, ARBs, or direct renin inhibitors (4-6).