

This fact sheet explains the Task Force's draft statement on screening for high blood pressure in adults. It also tells you how you can send comments about the draft statement to the Task Force. Comments may be submitted from December 23, 2014 to January 26, 2015. The Task Force welcomes your comments.

Screening for High Blood Pressure in Adults

The U.S. Preventive Services Task Force (Task Force) has issued a **draft** statement on *Screening for High Blood Pressure in Adults*.

This draft statement applies to adults ages 18 and older who have not already been diagnosed with high blood pressure.

The Task Force reviewed recent research studies on screening for high blood pressure in adults. The draft statement summarizes what the Task Force learned about

the potential benefits and harms of this screening: Adults should be screened for high blood pressure. If a blood pressure measurement taken in a medical setting shows that a patient has high blood pressure, additional monitoring should be done outside of that setting to confirm a diagnosis of high blood pressure. This monitoring should be done except in cases when it is clear that treatment should begin right away.

What is high blood pressure?

Blood pressure is the force of blood pushing against the walls of the arteries as the heart pumps blood around the body. High blood pressure is a condition where blood pressure rises and stays high for an extended time. High blood pressure can damage the body in many ways. The medical word for high blood pressure is hypertension.

Facts about High Blood Pressure

It is normal for blood pressure to rise and fall throughout the day. However, when blood pressure rises and stays high for a long time, a person has a condition called high blood pressure. High blood pressure is a serious condition that raises a person's risk for heart attack, stroke, and kidney and heart failure, which are leading causes of death in the United States, particularly among older Americans. Often, high blood pressure has no signs or symptoms.

Blood pressure is measured with two numbers. The first number is the systolic pressure, or the blood pressure when the heart is pumping blood. The second number is diastolic pressure, or the blood pressure when the heart is at rest between beats.

People at increased risk of developing high blood pressure include those with blood pressures that are at the high end of the normal range, African Americans, and those who are obese or overweight. In addition, people are more likely to develop high blood pressure as they get older.

Screening for High Blood Pressure

Measuring high blood pressure is often done by a healthcare professional during an office visit. The doctor or nurse wraps a blood pressure cuff around the person's upper arm, inflates the cuff, and listens to the heartbeat with a stethoscope placed against the inside of the elbow as the air is slowly let out of the cuff.

When blood pressure is measured, the numbers may be high for several reasons. The person may actually have the condition of high blood pressure. Or, it may be for another reason such as:

- Blood pressure can be affected by short-term factors like emotions, stress, pain, physical activity, or because of caffeine consumption or nicotine use.
- Some people may have high blood pressure only in a medical setting or in the presence of medical staff; this is called “white coat hypertension.”
- A person could have high blood pressure numbers because of a measurement error or because blood pressure was not taken enough times.

Because of this, if a person has a high blood pressure measurement in an office setting, the Task Force recommends that clinicians use another type of blood pressure monitoring—called 24-hour ambulatory blood pressure monitoring (ABPM)—to confirm whether the person actually has high blood pressure. This involves wearing a cuff attached to a small, portable machine that records blood pressure every half hour over a period of 24 to 48 hours. It takes many blood pressure measurements while a person is going through daily activities and during sleep. The Task Force found that this method gives a better picture of a person’s usual blood pressure. ABPM more accurately predicts the risk of important health conditions, such as stroke and heart attacks, than blood pressure screening in a medical setting.

The Task Force found that in some cases, ABPM is not needed because the person may need to begin blood pressure treatment immediately. These include people:

- Whose blood pressure is very high, or greater than 180/110 mm Hg.
- Who show signs that they have organ damage related to their blood vessels.
- Who have been diagnosed with high blood pressure caused by an underlying condition, such as kidney disease.

Blood pressure also can be measured outside of a medical setting by people using an inflatable cuff, strap, or other device to take their own blood pressure. This is called home blood pressure monitoring (HBPM). The Task Force found few studies that compared the effectiveness of HBPM and blood pressure screening in a medical setting.

After an initial screening, people ages 40 and older, and those who are at increased risk for high blood pressure, should be screened again each year. People ages 18 to 39 years with normal blood pressure who do not have other risk factors should be screened again every 3 to 5 years.

Potential Benefits and Harms

The Task Force found that screening for and treating high blood pressure has significant benefits. Screening and treatment can help prevent important health conditions like heart attacks and strokes. They also found that blood pressure screening has few harms.

The Draft Statement on Screening for High Blood Pressure Adults: What Does It Mean?

Here is the Task Force’s draft statement on screening for high blood pressure in adults. Recommendation statements have letter grades. The grades are based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. They are also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force recommends screening (**Grade A**), it is because it has more potential benefits than potential harms. The Notes explain key ideas.

Before you send comments to the Task Force, you may want to read the full [draft statement](#). The statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence report](#) provides more detail about the studies the Task Force reviewed.

- 1 The Task Force recommends **screening** for high blood pressure in adults age 18 years and older. **Ambulatory blood pressure monitoring** is recommended to confirm high blood pressure before the diagnosis of **hypertension**, except in cases for which immediate **initiation of therapy** is necessary. **Grade A**

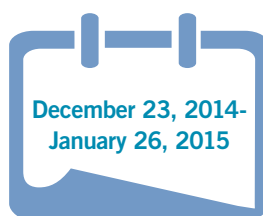
Notes

- 1 **screening**
Measuring a person's blood pressure.
- ambulatory blood pressure monitoring**
Measuring blood pressure with a cuff attached to a small, portable machine that records blood pressure many times over 24 to 48 hours.
- hypertension**
High blood pressure.
- initiation of therapy**
Beginning treatment. Treatment for high blood pressure may include medication and/or lifestyle changes, such as dietary changes, weight loss, stress management, and getting more exercise.

 **Click Here** to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received **between December 23, 2014 and January 26, 2015.**



All comments will be considered for use in writing final recommendations.

The Task Force is an independent, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, or preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a **draft recommendation statement**. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force Web site](#).

USPSTF Recommendation Grades

Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

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Health Topics: High Blood Pressure (National Heart, Lung, and Blood Institutes, National Institutes of Health)



High Blood Pressure (Centers for Disease Control and Prevention)