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More Americans Meet Criteria for High Blood Pressure Under New Guidelines

By William Cornwell

Nearly half of all Americans¹ have high blood pressure—a condition called hypertension.

Hypertension is the No. 1 risk factor for heart disease and stroke. In addition, hypertension increases risk of dementia and cognitive decline. Heart disease, stroke and dementia are among the top six leading causes of death in the U.S.² Unfortunately, only 1 in 4 people with a history of high blood pressure have this condition under control.

In August 2025, the American Heart Association and the American College of Cardiology released new guidelines³ on prevention and management of

hypertension, based on a comprehensive analysis of literature published over the past 10 years.

In this article, cardiologist Dr. William Cornwell of the University of Colorado Anschutz Medical Campus explains what the new guidelines mean and how to manage blood pressure.

What Are the Primary Takeaways of the New Guidelines?

The most recent guidelines prior to this new statement were in 2017.⁴ Since that time, the medical community has learned a lot about hypertension and the best way

¹ High Blood Pressure Facts. CDC. <https://www.cdc.gov/high-blood-pressure/data-research/facts-stats/index.html>

² Leading Causes of Death. CDC. <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

³ 2025 Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Joint Committee on

Clinical Practice Guidelines. *Circulation*, Aug. 14, 2025. <https://doi.org/10.1161/CIR.0000000000001356>

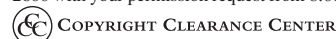
⁴ 2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. <https://doi.org/10.1161/HYP.0000000000000065>

See HIGH BLOOD PRESSURE, page 23

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HIGH BLOOD PRESSURE, from page 24

to control it. The new guidelines provide a great deal of new information.

First, the definition of hypertension has changed. The criteria are more strict, and the target blood pressures are lower than in the past.

The criteria depend on the values of the “systolic” and the “diastolic” pressure.⁵ Systolic blood pressure, the top number, represents the pressure in the blood vessels when the heart is squeezing blood into the body. Diastolic blood pressure, the bottom number, is the pressure in the blood vessels when the heart is relaxing. Both numbers are important when determining the severity of hypertension and how it is most appropriately managed.

The new guidelines have removed the category of “prehypertension,” which was defined by a systolic pressure of 120-139 millimeters of mercury (mm Hg), or a diastolic pressure of 80-99 mm Hg. Now, patients are categorized as having “elevated blood pressure” if their blood pressure is 120-129 over less than 80 mm Hg, or stage 1 hypertension if they are 130-139/80-89.

A reading of 140/90 or more is considered stage 2 hypertension, and a reading of 180/120 or greater is a hypertensive crisis. In essence, the bar has been lowered, and this change may impact millions of Americans.⁶

People need to ask their doctors if they have hypertension based on these new criteria and whether or not they should be treated. It is also very important for patients to get advice from their doctors about lifestyle habits that they can incorporate into their daily routine, like diet, exercise and healthy sleep habits to help lower blood pressure.

In addition, the guidelines encourage providers to use a risk calculator, called

⁵ Which blood pressure number is important? Harvard Health Publishing, July 24, 2024. <https://www.health.harvard.edu/staying-healthy/which-blood-pressure-number-is-important>

⁶ Debate on the 2025 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: New Blood Pressure Targets, Lower Is Better—And Possible. Lauder, Lucas, et al. *Hypertension*, Vol. 82, No. 19. <https://doi.org/10.1161/HYPERTENSIONAHA.125.25466>

PREVENT—short for Predicting Risk of Cardiovascular Disease EVENTS—to determine a patient’s overall risk of cardiovascular disease and heart failure.⁷ This tool represents a significant advance in personalizing medical care, since it incorporates risk factors unique to the individual, allowing for a tailored approach to medical care.

What Is the Link Between Alcohol Intake and High Blood Pressure?

The guidelines encourage people to limit alcohol intake because alcohol increases blood pressure.

A 2023 meta-analysis of seven studies with nearly 20,000 people showed that systolic blood pressure will increase by about 1mmHg for every 10 grams of alcohol consumed.⁸ A standard beer contains about 14 grams of alcohol, so regular alcohol consumption may increase blood pressure by several points over time. For people who have been drinking an excessive amount of alcohol but stop, their blood pressure may come back down.⁹

That might not sound like much, but when combined with other unhealthy and risky behaviors, like sedentary behavior, excessive weight, inadequate sleep, psychological stress and smoking, the risk factors start to add up quickly. Together, they can very quickly increase the risk of heart disease, stroke and dementia.¹⁰

The new guidelines encourage patients to reduce or eliminate alcohol consumption entirely compared with the old guidelines. For people who do want to drink alcohol, the new guidelines recommend

⁷ The American Heart Association PREVENT™ Online Calculator. American Heart Association. <https://professional.heart.org/en/guidelines-and-statements/prevent-risk-calculator/prevent-calculator>

⁸ Alcohol Intake and Blood Pressure Levels: A Dose-Response Meta-Analysis of Nonexperimental Cohort Studies. Di Federico, Silvia, et al. *Hypertension*, Vol. 80, No. 10. <https://doi.org/10.1161/HYPERTENSIONAHA.123.21224>

⁹ Effect of Alcohol Abstinence on Blood Pressure : Assessment by 24-Hour Ambulatory Blood Pressure Monitoring. Aguilera, Maria Teresa, et al. *Hypertension*, Vol. 33, No. 2. <https://doi.org/10.1161/01.HYP.33.2.653>

¹⁰ 2025 Heart Disease and Stroke Statistics: A Report of US and Global Data From the American Heart Association. Martin, Seth S., et al. *Circulation* Vol. 151, No 8. <https://doi.org/10.1161/CIR.0000000000001303>

that men should drink no more than two drinks per day, and women should drink no more than one drink per day.

What Other Lifestyle Factors Did The New Report Focus On?

The new guidelines also emphasize the fact that diet can have a major impact on blood pressure. They recommend that all adults—with or without hypertension—consume less than 2,300 milligrams of salt, or approximately 1 teaspoon, per day, and more ideally, less than 1,500 milligrams per day. For a comparison, the average American eats more than 3,300 milligrams of salt per day¹¹. Patients may also consider potassium-based salt substitutes to further lower blood pressure.

The guidelines recommend a specific diet called the DASH diet,¹² short for Dietary Approaches to Stop Hypertension, for patients with or without hypertension to prevent or treat elevated blood pressure. The DASH diet emphasizes fruits, vegetables, low-fat or non-fat dairy and whole grains. This diet may lead to a reduction in blood pressure by up about 10 mm Hg.¹³

The guidelines also emphasize the need to increase physical activity.¹⁴ On average, for every additional 30 minutes of aerobic exercise a person gets per week, systolic blood pressure decreases by 2 mm Hg and diastolic blood pressure drops by 1 mm Hg, with the largest reduction occurring at 150 minutes of dynamic exercise per week.

Regular exercise also helps you live longer and reduces the risk of cardiovascular disease, stroke and dementia.

What Are the Main Preventive Strategies In the Report?

The PREVENT risk calculator that the new guidelines recommend incorporates several factors, including demographics, cholesterol levels, medical history and blood pressure, to determine risk.

¹¹ About Sodium and Health. CDC. <https://www.cdc.gov/salt/about/index.html>

¹² DASH (Dietary Approaches to Stop Hypertension) Eating Plan. NIH National Heart, Lung, and Blood Institute. <https://www.nhlbi.nih.gov/education/dash-eating-plan>

¹³ *Supra*, Note 3.

¹⁴ *Id.*

See HIGH BLOOD PRESSURE, page 21

This risk calculator is free and available online¹⁵ to the general public. The PREVENT calculator may be a helpful tool for all Americans since it reliably provides patients and providers with an assessment of overall risk assessment. But it is particularly helpful for people with multiple chronic conditions, like hypertension, high cholesterol, overweight/obesity or diabetes.

The American Heart Association recommends eight essential health

¹⁵ *Supra*, Note 7.

behaviors¹⁶ for controlling blood pressure and reducing risk of cardiovascular disease overall. These include healthy diet, regular exercise, stopping or avoiding smoking, sleeping seven to nine hours per night, and controlling weight, cholesterol, blood sugar and blood pressure.

Will the New Guidelines Change How Doctors Address High Blood Pressure?

One of the greatest advances with these new guidelines is the personalized approach to medical care through the use of the PREVENT calculator.

¹⁶ Life's Essential 8™. American Heart Association. <https://www.heart.org/en/healthy-living/healthy-lifestyle/lifes-essential-8>

The guidelines recommend that doctors encourage their patients to check blood pressure at home to better understand the fluctuations in pressure that occur throughout the day.

Finally, the guidelines encourage physicians to be more aggressive about treating blood pressure. This may be an important change since uncontrolled blood pressure is a major risk factor for eventual development of heart disease and stroke.

William Cornwell is Associate Professor of Cardiology, University of Colorado Anschutz Medical Campus. This article is published under a creative commons license from The Conversation. ■