Transcript Details
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Highlights of the Latest Hypertension Guidelines

Dr. Yancy:
Hi. This is Clyde Yancy, professor and chief of cardiology at Northwestern University Feinberg School of Medicine here at AHA Scientific Sessions 2025. Again, a fabulous meeting.

In my role as a former president and national spokesperson, I enjoy going through the program and looking for those things that I think are really top of mind newsworthy, and important to convey to the listener, to the viewer, to the users, to the clinician.

With that exercise in place, let me tell you that the release of the new hypertension guidelines is in fact newsworthy. They actually came out in August, but now that we have them, they are spectacular. And at this meeting, we're celebrating those guidelines because for the first time, we can re-envision the way we think about hypertension. It's no longer the dull, boring, ordinary condition, but there's excitement.

Let me explain why there's excitement. There are at least 3 reasons why we're excited. The first reason is that we have a much more precise way of understanding in whom it is that needs immediate antihypertensive therapy and in whom it is that would benefit from lifestyle reduction. How many patients say, “Please don't give me more pills”? We know that if you're at low risk, we use the PREVENT calculator, a risk threshold less than 7.5%, we can really work with you for at least 6 months using lifestyle to try to control blood pressure. That's really good news, and it's very gratifying for patients to know that we're not prescribing therapies right away.

However, if the blood pressure is elevated and the risk profile is greater than 7.5%, in addition to lifestyle, we actually want to start therapy.

The other important thing is that we've done away with all the quibbling about what's the threshold: 130/80. Let's just celebrate that we have one number in our mind: 130/80. We want everyone's blood pressure, every adult, to have a blood pressure less than 130/80.

The other thing we're celebrating is that we have a little bit more direction now about how we should approach therapy. We really believe that combination tablets are ideal—not polypills—combination tablets, helping us to introduce more than one drug class in the same pill, hopefully advancing adherence and improving the efficacy or the effectiveness of the intervention.

For the first time ever, we're prompting the use, in those that have resistant hypertension, of renal denervation. It's come far in the last 20 years; now it has a guideline recommendation. That's a brand-new consideration as well.

Now, in addition to all of these statements about the new guidelines, there are exciting new therapies. There are small therapeutic nucleic acid therapies that target aldosterone. There are new therapies to target aldosterone synthase. There are dual endothelin antagonists. We have a portfolio now of new therapies way beyond what we've always used to help us better refine our treatment protocols and get patients to a point of control of blood pressure.

And then finally, why is all this necessary? This spectacular emphasis now on the cardiometabolic space and the CKM syndrome lets us understand how important it is to really achieve excellent control of blood pressure, because it not only manages the risk with regard to heart disease and stroke but also with the entire assortment of issues that come out of the CKM syndrome—chronic kidney disease,

even heart failure, even preserving cognitive health.

So a lot of new information, a lot of new excitement about the treatment of hypertension. Take a look at the guidelines. I think you'll see that my comments are validated. It's a new day for hypertension.