**Predicted cardiovascular risk and blood pressure for Americans with diabetes, chronic kidney disease, and ≥65 years of age**

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**Main idea:**

Secondary analyses of randomized controlled trials have found that the absolute CVD risk reduction with antihypertensive medication is greater for adults with higher CVD risk (see Section 8.1.1, first paragraph). Based on these data, the 2017 ACC/AHA BP guideline recommends using CVD risk and BP levels to guide the decision to initiate antihypertensive medication. The guideline states that the vast majority of adults with diabetes, chronic kidney disease, or ≥65 years of age have a 10-year CVD risk ≥10%, placing them in the high risk category and are recommended the initiation of antihypertensive drug therapy with SBP ≥ 130 mm Hg or DBP ≥ 80 mm Hg\* (see Section 9.3, 9.6, and 10.3.1 of ACC/AHA guidelines: treatment recommendations paragraph). However, data from NHANES show that a substantial proportion of US adults with stage 1 hypertension and diabetes or chronic kidney disease do not have a 10-year predicted CVD risk ≥10%. Therefore, when considering whether to initiate or intensify treatment to lower BP for an adult patient with stage 1 hypertension, physicians who aim to direct these treatments to those at higher risk for CVD should calculate CVD risk for patients with diabetes or chronic kidney disease rather than assuming it is high, particularly for adults aged 40 to 55 years. For adults with diabetes or chronic kidney disease whose 10-year predicted CVD risk is < 10%, treatment to lower BP may still provide substantial reduction in lifetime risk for CVD and prevention of complications associated with diabetes or chronic kidney disease.

\* For adults aged ≥65 years DBP is not used.