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

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**Main idea:**

The 2017 ACC/AHA BP guideline states that the absolute CVD risk reduction with antihypertensive medication is greater for adults with higher CVD risk (see Section 8.1.1, first paragraph). The guideline also 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 high 10-year predicted risk for CVD. While adults with diabetes and chronic kidney disease have higher risk on average compared to those without diabetes or chronic kidney disease, nationally representative survey data do not indicate that the vast majority of adults with these conditions have a 10-year CVD risk ≥10%. Therefore, when considering whether to initiate or intensify treatment to lower BP, physicians who aim to direct these treatments to adults at higher risk for CVD should calculate CVD risk for adults with diabetes or chronic kidney disease rather than assuming it is high, particularly among adults aged 40 to 55 years.

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