AAP issues new pediatric hypertension clinical practice guideline

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New blood pressure tables and streamlined recommendations are among the changes in new pediatric hypertension guidelines that can help pediatricians identify and address this generally asymptomatic and often-unrecognized chronic disease.


Pediatric hypertension, occurring in 2%-5% of all pediatric patients, is one of the top five chronic diseases in children and adolescents. The diagnosis is missed in up to 75% of pediatric patients in primary care settings, and appropriate medication initiation occurs much less frequently than is indicated, according to current guidelines.

Beginning in 2014, the multidisciplinary subcommittee, which included a parent representative, reviewed approximately 15,000 articles published since the prior guideline was issued.

Highlights of the new pediatric hypertension guideline include:

- development based on a strict evidence-based approach as recommended by the National Academy of Medicine and the NHLBI;
- replacement of the term "prehypertension" with "elevated blood pressure";
- new normative blood pressure tables based on children with normal weight;
- simplified screening table for identifying blood pressures needing further evaluation;
- simplified blood pressure classification in adolescents 13 years of age and older that aligns with forthcoming American Heart Association/American College of Cardiology adult blood pressure guidelines;
- a more limited recommendation to perform screening blood pressure measurement only at preventive care visits;
- streamlined recommendations on initial evaluation and management of abnormal blood pressures;
- expanded role for ambulatory blood pressure monitoring in both diagnosis and ongoing management of pediatric hypertension;
- more limited recommendation on when to perform an echocardiogram in the evaluation of newly diagnosed hypertensive pediatric patients (generally only before medication initiation);
- revised definition of left ventricular hypertrophy;
- revised treatment goals based on published evidence; and
- 30 evidence-based key action statements and an additional 27 clinical recommendations based on

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Dr. Flynn and Dr. Kaelber are among the co-authors of the clinical practice guideline and served as co-chairs of the subcommittee.