



2025 AHA/ACC High Blood Pressure Guideline: Hypertension and Brain Health

High blood pressure (BP) remains the leading modifiable risk factor for cardiovascular disease and is strongly linked to cognitive decline and dementia. Nearly half of U.S. adults have hypertension, yet control rates remain low. The **2025 guideline** emphasizes early, aggressive management to protect both heart and brain health.

Key Updates Related to Brain Health

- **Early Treatment to Preserve Cognition:** New evidence confirms that lower BP reduces the risk of cognitive decline and dementia. The guideline recommends **earlier initiation of therapy for stage 1 hypertension** if lifestyle changes fail within 3–6 months—even in lower risk adults.
- **Intensive BP Targets:** In adults with hypertension, a goal of <130 mm Hg SBP is recommended to prevent mild cognitive impairment and dementia. **Consider SBP <120 mm Hg when feasible** based on trials showing significant reductions in cardiovascular events and mortality.
- **Lifestyle and Medication:** **Achieving lower targets requires combined strategies:** a heart-healthy diet (low sodium, DASH- style), physical activity, weight management, and stress reduction. Medication should be initiated promptly when lifestyle alone is insufficient.
- **Risk Assessment:** Incorporates the **American Heart Association PREVENT™ equations**, which now combine cardiovascular, kidney, and metabolic health measures—helping to personalize treatment plans.
- **Monitoring and Team Based Care:** Home BP monitoring is strongly recommended; cuffless devices are not advised. **Multidisciplinary care is reinforced as a Class I recommendation** for improving long-term control.

Special Considerations

- **Pregnancy:** Close BP management before, during, and after pregnancy is recommended to reduce maternal and fetal complications.
- **Comorbidities:** Diabetes, CKD, and obesity require tailored approaches. In adults with hypertension who also have overweight or obesity with a BMI ≥ 27 kg/m², incretin mimetics (e.g., GLP-1 receptor agonists) when used for weight management may be effective as an adjunct to lower BP.

Take-Home Message

Lowering BP early and aggressively is not just about preventing heart attacks and strokes, it's a proven strategy to maintain brain health and reduce dementia risk. **Clinicians should aim for <130/80 mm Hg, consider <120 mm Hg when feasible**, and use team- based, patient-centered care to achieve these goals.

To improve blood pressure control nationwide, the American Heart Association has helped over 2,400 health care organizations through **Target: BP™**. With a wide array of resources available, including policy and procedure templates, self-monitored blood pressure guides, and guideline-driven resources, Target: BP™ can ensure organizations are well equipped to care for patients diagnosed with or at risk for high blood pressure.