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What Are the Differences Between Hypertension Guidelines?

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Hypertension guidelines have progressively shifted toward lower blood pressure (BP) thresholds; however, a fundamental yet under-recognized distinction lies in the separation between diagnostic thresholds and therapeutic thresholds. Major societies, including the American Heart Association/American College of Cardiology (AHA/ACC), European Society of Cardiology (ESC), European Society of Hypertension (ESH), Korean Society of Hypertension (KSH), Kidney Disease: Improving Global Outcomes (KDIGO), and Korean Society of Nephrology (KSN) adopt distinct frameworks for defining and managing hypertension. These differences are particularly relevant in chronic kidney disease (CKD), where treatment decisions often take precedence over diagnostic labeling. Across guidelines, BP thresholds show a consistent downward trend, but with important conceptual divergence. Diagnostic thresholds, which determine disease labeling, vary substantially: AHA/ACC defines hypertension at $\geq 130/80$ mmHg, whereas European and some Asian guidelines generally retain $\geq 140/90$ mmHg for office BP. In contrast, therapeutic thresholds are not uniformly aligned with diagnostic definitions. Pharmacologic treatment may be initiated below diagnostic thresholds in high-risk individuals, while some patients meeting diagnostic criteria may not require immediate drug therapy. Most notably, KDIGO and KSN guidelines do not define hypertension diagnostically, but instead provide treatment-oriented BP targets (e.g., systolic BP < 120 mmHg using standardized office BP measurement), reflecting a shift toward outcome-driven management informed by the SPRINT trial. While this approach reduces ambiguity and emphasizes actionable targets, it relies on strict measurement standardization and may limit generalizability. Measurement modality (office, home, or standardized office BP) further influences both diagnostic and therapeutic thresholds,

contributing to inter-guideline variability. These differences reflect two overarching paradigms: classification-based approaches, which emphasize disease definition, and treatment-oriented approaches, which prioritize clinical outcomes. Contemporary hypertension guidelines are aligned in their directional shift toward lower BP targets but differ fundamentally in how they conceptualize diagnosis and treatment. Recognizing the distinction between diagnostic and therapeutic frameworks is essential for interpreting guidelines and optimizing BP management, particularly in patients with CKD.

Keywords: Hypertension, Chronic kidney disease, Blood pressure, Guideline