

## **USPSTF Bulletin**

## U.S. Preventive Services Task Force Issues Final Recommendation Statement on Screening for Primary Hypertension in Children and Adolescents

WASHINGTON, D.C. – October 7, 2013 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement on screening children and adolescents for primary hypertension, or high blood pressure.

High blood pressure in children and teens has increased in recent years, in part due to the rise in childhood obesity. Children and adolescents who eat nutritious meals, are physically active, and maintain a healthy weight are less likely to have high blood pressure. Decreasing childhood obesity is an important way to prevent high blood pressure in children.

The Task Force found that there is not enough solid evidence to recommend screening for high blood pressure because it is difficult to predict which children and teens will develop the condition as adults. The evidence is also unclear as to whether lowering blood pressure in youth leads to improved cardiovascular health in adulthood. Very little research has been done on the effectiveness and safety of blood pressure medications when used for years or even months in children and adolescents.

Based on the lack of clear evidence, the Task Force cannot make a recommendation for or against screening at this time. Therefore, the Task Force issued an I statement.

"The Task Force recognizes the importance of cardiovascular health for all people, including children and adolescents," said Task Force member Kirsten Bibbins-Domingo, Ph.D., M.D. "We don't know if lowering blood pressure in youth leads to improved cardiovascular health in adulthood. We also don't know the long term benefits and harms for children and adolescents who initiate blood pressure medications when they are young. While there is much we don't know, we do know that eating a healthy diet, being active, and maintaining a normal weight are ways children and teens can improve their cardiovascular health."

This recommendation applies specifically to children and teens who show no signs or symptoms of high blood pressure or an underlying health problem. The scope of this recommendation only includes primary hypertension and not secondary hypertension, which is usually caused by an underlying condition and treated as part of the management of that condition.

The Task Force reviewed studies released since 2003, which was the last time the Task Force examined this topic, and found that there is not enough evidence to say definitely whether screening children and adolescents for primary hypertension results in more benefit than harm. It is important to note that an I statement is not a recommendation for or against screening. In the absence of clear evidence, health care professionals should consider a number of things: the current scientific research, expert opinion, their own knowledge and experience as well their patient's health history along with the values and preference of the patient and family.

In the face of a lack of evidence, several expert groups have made clinical recommendations to screen children and adolescents for high blood pressure based on expert opinion. As a result of

the current limited evidence around this important issue, the Task Force highlights the need for focused research.

"We call on the research community to strengthen the evidence base linking screening and treatment of high blood pressure in children and teens to their long-term cardiovascular health" said Dr. Bibbins-Domingo.

The Task Force's final recommendation statement is published online in *Pediatrics* and the *Annals of Internal Medicine*. Before finalizing this recommendation, the USPSTF posted a draft version for public comment in February 2013.

The Task Force is an independent group of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

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