

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on screening for high blood pressure in children and adolescents. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from April 21, 2020, to May 18, 2020. The Task Force welcomes your comments.

Screening for High Blood Pressure in Children and Adolescents

The Task Force issued a **draft recommendation statement** on *Screening for High Blood Pressure in Children and Adolescents*. The Task Force found that there is not enough evidence to determine whether screening for high blood pressure in children and teens

helps detect and prevent other health problems, such as heart disease. Therefore, it is calling for more research.

The Task Force looked for evidence on the benefits and harms of screening in children and teens without known high blood pressure.

What is high blood pressure?

Blood pressure is the pressure of blood within the arteries. High blood pressure, or hypertension, is when this pressure is consistently raised. High blood pressure can damage the body in many ways, such as heart problems, kidney failure, and brain damage.

Facts About High Blood Pressure

High blood pressure, also known as hypertension, is becoming more common among children and teens in the United States and can cause serious negative health effects in childhood and adulthood. Children and teens who have high blood pressure are more likely to have it as adults. In adults, high blood pressure can lead to heart attack, stroke, kidney and heart failure, and early death. In younger children, high blood pressure can also be a sign of another underlying condition, such as kidney disease or heart problems.

There are two types of high blood pressure: primary hypertension and secondary hypertension. The Task Force looked at the evidence about both types. Primary hypertension most often occurs in children ages 13 and older. While there is no known cause of primary hypertension, it has several associated risk factors, including family history and being overweight or obese. Other risk factors include being male, African American, or Hispanic. Secondary hypertension is when elevated blood pressure is caused by certain medications or an underlying medical condition, such as kidney disease. Secondary hypertension is relatively rare and is more likely a cause of high blood pressure in younger children than older children and teens.

Screening for High Blood Pressure

Screening for high blood pressure is usually done with a blood pressure cuff wrapped around the upper arm. A healthcare professional inflates the cuff and listens to the heartbeat with a stethoscope placed against the inside of the elbow as the air is slowly let out of the cuff. The blood pressure is written as two numbers—one number over the other. The first number (or top number) is the systolic pressure, or the blood pressure when the heart is pumping blood. The second number (or bottom number) is diastolic pressure, or the blood pressure when the heart is at rest between beats.

For teens ages 13 and older, normal blood pressure is considered less than 120/80 mm Hg. This follows the adult guidelines from the American Heart Association and American College of Cardiology. For children younger than 13, thresholds are based on age, height, and sex. Children with three readings above the 95th percentile based on their age, height, and sex, or with measurements over 130/90 mm Hg, are considered to have high blood pressure.

Potential Benefits and Harms of Screening for High Blood Pressure

The Task Force looked at the evidence on whether screening for high blood pressure in children and teens can help detect and prevent other health problems, such as heart disease, in adulthood. Overall, the Task Force found very little evidence about the long-term benefits and harms of screening for high blood pressure in children and teens. Based on the small amount of evidence available, the Task Force could not determine whether screening children and teens for high blood pressure is effective. More research is needed.

The Draft Recommendation on Screening for High Blood Pressure in Children and Adolescents: What Does It Mean?

Here is the Task Force's draft recommendation on screening for high blood pressure in children and adolescents. It is based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. It is also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When there is not enough evidence to judge benefits and harms, the Task Force does not make a recommendation for or against—it issues an **(I Statement)**.

Before you send comments to the Task Force, you may want to read the full [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

Notes

1 The USPSTF concludes that the *current evidence is insufficient* to assess the balance of benefits and harms of screening for *high blood pressure* in children and adolescents. **(I Statement)**

1 *current evidence is insufficient*
The Task Force did not find enough information in studies to determine the overall benefits and harms of screening for children and adolescents without known hypertension.


high blood pressure
Blood pressure levels that are consistently above normal thresholds.


What is the U.S. Preventive Services Task Force?

The Task Force is an independent, non-federal, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a [draft recommendation statement](#). All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force website](#).

[Click Here to Learn More About Screening for High Blood Pressure in Children and Adolescents](#)

 [High Blood Pressure in Kids and Teens](#)
(Centers for Disease Control and Prevention)

 [High Blood Pressure – Children](#)
(MedlinePlus)

USPSTF Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

[Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between April 21, 2020, and May 18, 2020.



All comments will be considered for use in writing final recommendations.