

U.S. Preventive Services Task Force Recommends Screening Adults for High Blood Pressure

*Task Force finds evidence of benefit in screening all adults without known hypertension;
recommends confirming diagnosis with measurements outside of the clinical setting*

WASHINGTON, D.C. – October 13, 2015 – The U.S. Preventive Services Task Force (Task Force) published a final recommendation statement on screening for high blood pressure in adults. After reviewing the evidence, the Task Force found that screening people ages 18 and older for high blood pressure has a beneficial impact on important health outcomes. This is a grade **A recommendation**.

Blood pressure normally rises and falls throughout the day, but it can cause health problems if it stays high for a sustained period of time. Having high blood pressure, or hypertension, raises a person's risk for heart attacks, strokes, and kidney and heart failure. It is a leading cause of death in the U.S., particularly among older Americans.

Grade in this recommendation:

A: Recommended.

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“We have clear evidence that blood pressure screening has a substantial benefit for adults,” said Task Force member Mark Ebell, M.D., M.S. “Screening patients, and following through with appropriate treatments, can help prevent strokes, heart attacks, and other health conditions.”

Some patients who screen positive for high blood pressure in a medical setting, however, may not have sustained high blood pressure. Blood pressure can be temporarily elevated because of stress, physical activity, the use of caffeine or nicotine, or other factors. A patient may also experience “white coat” hypertension, where blood pressure is only temporarily elevated in a medical setting or in the presence of medical personnel.

As a result, the Task Force recommends that clinicians use measurements outside of the clinical setting to confirm the diagnosis of high blood pressure, unless patients—such as those with a very high blood pressure at screening or a related health condition—need to begin treatment immediately.

“Diagnosing high blood pressure, and treating it appropriately, is critical for reducing a patient’s risk of strokes, heart attacks, and other adverse health outcomes, but a diagnosis based solely on blood pressure measurement taken in a doctor’s office may not be accurate,” said Task Force vice chair Kirsten Bibbins-Domingo, Ph.D., M.D., M.A.S. “Confirmation with blood pressure measurement outside of the office is an important step to ensure that we are carefully and accurately diagnosing this condition.”

The Task Force found that the best way to confirm a diagnosis outside of the clinical setting is with ambulatory blood pressure monitoring, which involves wearing a cuff attached to a small, portable machine that records blood pressure repeatedly over a period of 12 to 48 hours. Evidence shows that ambulatory blood pressure monitoring more accurately predicts the risk of strokes, heart attacks, and other health outcomes than blood pressure screening in a medical setting. If ambulatory blood pressure monitoring is not available, clinicians may use home blood pressure monitoring. This involves a patient using an inflatable cuff, strap, or other device to take their own blood pressure outside of a medical setting.

After an initial screening, people ages 40 and older, and those who are at increased risk for high blood pressure, should be screened again each year. People ages 18 to 39 years with normal blood pressure who do not have other risk factors should be screened again every 3 to 5 years. People at increased risk for developing high blood pressure include those with high-normal blood pressure (130–139/85–89 mm Hg), African Americans, and those who are obese or overweight. People are also more likely to develop high blood pressure as they get older.

The Task Force is an independent, volunteer panel 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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