

Blood pressure targets relevant for children, teens

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systolic BP below 120 mm Hg throughout childhood. Primordial prevention, or interventions to prevent development of prehypertension/hypertension in <u>childhood</u>, should focus on conserving normal BP, which for adolescents is less than 120/80 mm Hg. For children younger than 12 years, below 110/70 mm Hg is likely optimal.

"If the SPRINT target of 120/80 mm Hg could be achieved in all those at 18 years of age and maintained for decades, the only SPRINT inclusion criteria that would still be relevant might be age >75 years," the authors write.

More information: Full Text (subscription or payment may be required)

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(HealthDay)—Prehypertension and hypertension in children and adolescents are associated with cardiovascular target organ damage and set the trajectory for early adulthood high blood pressure (BP), according to an editorial published online March 28 in *Hypertension*.

Bonita Falkner, M.D., from Thomas Jefferson University in Philadelphia, and Samuel S. Gidding, M.D., from Nemours/Alfred I. duPont Hospital for Children in Wilmington, Del., discuss whether the Systolic Blood Pressure Intervention Trial (SPRINT) <u>blood pressure</u> treatment target of less than 120/80 mm Hg is relevant for children.

The researchers note that a BP level of 120/80 mm Hg in adolescence may be associated with early cardiovascular target organ damage. Furthermore, trajectory data indicate that childhood BP levels correlate with BP status in young adulthood, with the hypertensive trajectory in adults having the highest BP levels in childhood and adults with normal and high-normal BP at age 38 years having



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