Comparison of Recent Canadian and American Hypertension Guideline Updates

Hypertension Canada recently released their updated recommendations for diagnosing and treating adult hypertension in the primary care setting in May 2025.[1] Shortly thereafter, this August the American Heart Association (AHA) in collaboration with the American College of Cardiology (ACC) and several other professional societies released their full, updated guidelines for the prevention, detection, evaluation, and treatment of high blood pressure in adults.[2] The following table provides a high-level comparison of these recent hypertension guideline updates as relevant to primary care providers:

	2025 Hypertension Canada Primary Care Guidelines [1]	**2025 AHA / ACC High Blood Pressure Guidelines [2]**
Pharmacologic Treatment Threshold	Adults with BP ≥140/90 mm Hg and adults with SBP 130 – 139 with high CVD risk, including those with: established CVD, diabetes, CKD (eGFR < 60 mL/min/1.73 m^2 or albuminuria ≥3 mg/mmol), 10-year FRS ≥20%, age ≥75 years.	Adults with BP ≥140/90 mm Hg and adults ≥130/80 mm Hg with established CVD, prior stroke, diabetes, CKD, or increased risk ≥7.5% defined by PREVENT.
Lifestyle Trial Consideration	3-6 month trial of lifestyle modification for those with SBP 130 – 139 mm Hg and not high CVD risk. If BP remains 130 – 139 mm Hg reassess every 6-12 months.	3-6 month trial of lifestyle modification for those with PREVENT of <7.5%. If BP remains elevated after trial start pharmacotherapy.
Blood Pressure Treatment Target	<130 mm Hg systolic (no diastolic target).	<130/80 mm Hg.
Initial Treatment Recommendations	Start with low-dose combination therapy, ideally in a SPC, including 2 drugs of the following 3 classes: ACEi or ARB (not both), thiazide or thiazide-like diuretic, and a long-acting dihydropyridine CCB.	Stage 1 Hypertension (SBP 130 – 139 mm Hg and DBP 80 – 89 mm Hg): monotherapy is reasonable. Stage 2 Hypertension (≥140/90 mm Hg): 2 first line-agents of different classes, ideally in a SPC.
Management of Severe Hypertension	No specific mention.	BP >180/120 mm Hg without evidence of acute organ damage should be managed in the outpatient setting in a timely manner with oral medication.
Older or Frail Adults	Exception to <130 mm Hg SBP target may be required in cases of frailty, falls risk, goals of care, and/or orthostatic hypotension. Target SBP as low as reasonable. No age-related exception.	Shared decision making for those with frailty or limited life expectancy to align with patient goals. No age-related exception.

TABLE 1. Comparison of the 2025 Hypertension Canada Primary Care Guidelines and 2025 AHA / ACC Hypertension Guidelines. ACEi, angiotensin-converting enzyme inhibitor; ARB, angiotensin receptor blocker; BP, blood pressure; CCB, calcium channel blocker; CKD, chronic kidney disease; CVD, cardiovascular disease; DBP, diastolic blood pressure; FRS, Framingham Risk Score; PREVENT = Predicting Risk of CVD EVENTs; SBP, systolic blood pressure; SPC, single pill combination.

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1. Goupil R, Tsuyuki RT, Santesso N, Terenzi KA, Habert J, Cheng G, Gysel SC, Bruneau J, Leung AA, Schiffrin EL. Hypertension Canada guideline for the diagnosis and treatment of hypertension in adults in primary care. CMAJ. 2025 May 26;197(20):E549-64.
2. Jones DW, Ferdinand KC, Taler SJ, Johnson HM, Shimbo D, Abdalla M, Altieri MM, Bansal N, Bello NA, Bress AP, Carter J. 2025. AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGIM guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: a report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. JACC. 2025 Aug 14.