

The Role of Physical Activity in the New 2017 American College of Cardiology/American Heart Association Blood Pressure Guidelines



To the Editor:

We immediately read with great attention and interest the noteworthy and well-performed Brief Observation by Vaduganathan et al¹ in *The American Journal of Medicine*, in which the authors evaluated the prevalence and associated cardiovascular prognosis of patients newly reclassified with hypertension based on the lower thresholds included in the new and recently released 2017 American Heart Association and American College of Cardiology guidelines for hypertension in adults² compared with the Joint National Committee 7 guidelines.³

Practically speaking, the new guidelines result in a substantial increase in the prevalence of hypertension and in the need of more intensive blood pressure lowering for many adults taking antihypertensive medication, and most of this newly defined population of individuals with hypertension is expected to be manageable with nonpharmacologic interventions. Consequently, the greatest benefit of the guidelines recommendations could be that they emphasize, most likely for young adults, lifestyle interventions, including weight loss, healthy diet, reduced sodium intake, increased potassium intake, curtailed alcohol consumption, and physical exercise.

Thus, we would like to stress that physical activity should be recommended as a real cornerstone therapy for the primary prevention, treatment, and control of all stages of hypertension;⁴ that the possible additive or complementary effect of exercise training/cardiorespiratory fitness should always be considered;⁵ and finally that paying attention to the dosing and to individual variations, exercise is so effective that it should be considered as a drug.⁶

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