

## The Reply



We recently applied the lower blood pressure thresholds included in the 2017 American College of Cardiology/American Heart Association high blood pressure guidelines<sup>1</sup> to participants enrolled in SPRINT (Systolic Blood Pressure Intervention Trial).<sup>2</sup> We estimated that this recent iteration of clinical practice guidelines would be expected to increase the prevalence of hypertension and identify a greater proportion of patients who will ultimately experience adverse cardiovascular

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events. Broad-scale cardiovascular risk reduction strategies are thus needed to lessen this potential population-level burden of cardiovascular disease. We entirely agree with Leggio and colleagues,<sup>3</sup> who highlight the central role of non-pharmacologic interventions, including physical activity, in achieving blood pressure targets in clinical practice. Indeed, in the standard treatment arm of the SPRINT trial, we found that patients newly reclassified as having hypertension based on the 2017 American College of Cardiology/American Heart Association guidelines were younger with higher body mass index compared with those identified in prior guidelines.<sup>2</sup>

Non-ideal body weight and physical inactivity are highly prevalent, modifiable public health risks. Physical activity is a core health behavior included in the American Heart Association's My Life Check - Life's Simple 7 and is known to have dose-dependent cardiometabolic health benefits, yet less than a quarter of US adults meet current physical activity recommendations. A recent scientific statement focused on the practical promotion of physical activity in clinical, workplace, and community settings.<sup>4</sup> Physical activity can be reliably assessed, prescribed, and tailored to at-risk individuals and will serve as a key adjunctive measure to pharmacological interventions in meeting current blood pressure targets and advancing cardiovascular health.

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