

## 1

### Standardized office BP measurement

Standardized BP measurement emphasizes the importance of appropriate preparations and the measurement technique, not the type of device. The relationship between routine office BP and standardized office BP is highly variable; therefore, it is not possible to apply a correction factor to translate a given routine BP value to a standardized BP value.

## 2

### Home BP monitoring

HBPM may be particularly important for the management of BP when a clinic visit is not practical, for example, during the coronavirus disease 2019 (COVID-19) pandemic. However, at present, HBPM should only be used to complement standardized office measurement and not guide treatment decisions, if standardized office BP is available.

## 3

### BP target in CKD not treated with dialysis

Adults with high BP and CKD should be treated to a target SBP <120 mm Hg which must be measured using standardized office BP preparations and techniques. When measured under standardized conditions, targeting SBP <120 mm Hg reduces the risks of CV events and all-cause mortality in CKD; however, the effects on progression of kidney disease are uncertain.

## 4

### BP target in CKD subgroups

The SBP target of <120 mm Hg also applies to the subgroups of older adults and those with increased albuminuria. The balance of benefits and harms is less certain in people with CKD G5 and in those with severely increased albuminuria (A3).

## 5

### BP target in patients with diabetes

The benefits of intensive BP lowering are less certain among patients with concomitant CKD and diabetes, compared to patients with CKD without diabetes.

## 6

### Antihypertensive agents in CKD

RASi (ACEi or ARB) should be used in patients with CKD and increased albuminuria, with or without diabetes. The evidence for use of RASi in patients with moderately increased albuminuria is lower in quality than in severely increased albuminuria.

## 7

### Lifestyle interventions

Low sodium intake (<2 g/day) and moderate-intensity physical activity (≥150 min/week) are suggested in accordance with recommendations for the general population.

## 8

### BP target in KTR

For adult kidney transplant recipients, a target of <130/<80 mm Hg, using standardized office measurement, is still a reasonable goal. A lower SBP goal (<120 mm Hg) for kidney transplant recipients would require additional data on the risks and benefits in this population.

## 9

### Antihypertensive agents in KTR

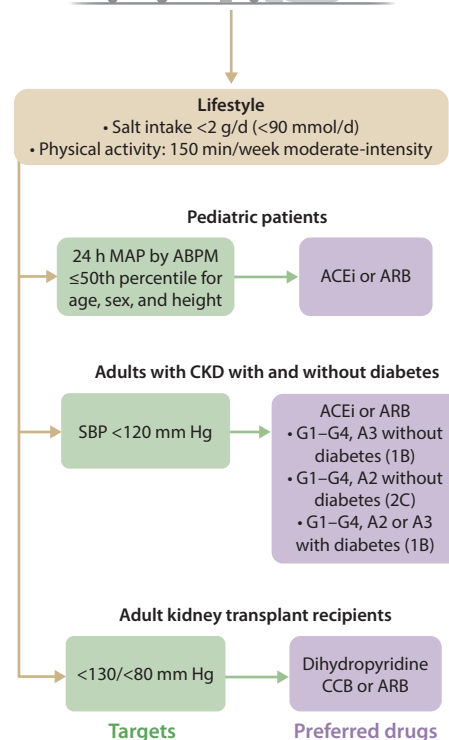
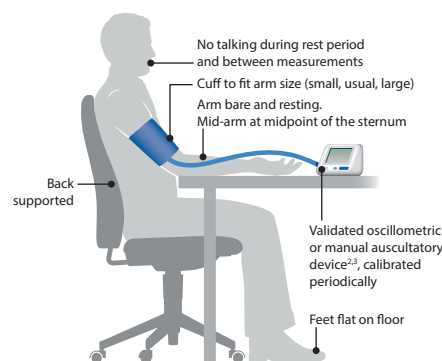
Dihydropyridine CCB or ARB should be used as the first-line antihypertensive agent in adult kidney transplant recipients given their efficacy in and the importance of preventing graft loss.

## 10

### BP management in children

BP target in children with high BP and CKD should be lowered to ≤50th percentile for age, sex, and height according to 24-hour MAP by ABPM. When ABPM is not available, standardized auscultatory office measurement should be used to target SBP <90th percentile.

- Quiet room (no talking by patient or observer)
- No smoking, caffeine, or exercise for ≥30 min before measurement
- Empty bladder
- Relax for >5 min



\*The KDIGO Guideline for the Management of BP is applicable to patients with CKD not receiving dialysis. ABPM, ambulatory blood pressure monitoring; ACEi, angiotensin-converting enzyme inhibitors; ARB, angiotensin II receptor blocker; BP, blood pressure; CCB, calcium channel blocker; CKD, chronic kidney disease; CV, cardiovascular; HBPM, home blood pressure monitoring; KTR, kidney transplant recipient(s); MAP, mean arterial pressure; RASi, renin-angiotensin system inhibitor; SBP, systolic blood pressure