

# Never Too Old to Keep Blood Pressure in Check

October 15 2009, By Joan Vos MacDonald

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(PhysOrg.com) -- Treating hypertension in adults 60 years old and older can help them live longer, healthier lives, according to an updated review.

The effects might be more obvious in those who already have [cardiovascular disease](#), but anti-hypertensive therapy also benefits other seniors and can help reduce deaths due to stroke as well as myocardial infarction or [sudden cardiac death](#).

The review of 15 studies comprised more than 24,000 participants in which the oldest person was 105 years old and the average age was 74. Studies took place between 1970 and 2008.

“Before the first definitive clinical-trial evidence supporting blood-pressure-lowering treatment was produced in the mid-1980s, systolic [hypertension](#) was regarded as a natural feature of aging and some feared excessive harm from blood-pressure lowering in this age group,” said lead review author Dr. Vijaya Musini.

Musini is an assistant professor in the department of anesthesiology, pharmacology and therapeutics at the University of British Columbia, in Vancouver.

The review appears in the latest issue of The Cochrane Library, a publication of the Cochrane Collaboration, an international organization that evaluates medical research. Systematic reviews draw evidence-based

conclusions about [medical practice](#) after considering both the content and quality of existing medical trials on a topic.

Blood pressure measurements for the study patients averaged 172/81. Systolic hypertension — in which the “upper” blood pressure measurement is 140 or higher — is more likely to occur in older people and experts now consider it a better predictor of heart attack and strokes than diastolic [blood pressure](#).

Most of the early studies on hypertension took place with lower-risk individuals, in their 50’s or younger, which does not reflect the growing numbers of Americans who are 60 or older or the increasing numbers of people receiving hypertension diagnoses.

“There are data on people under 60 that treatment of hypertension is effective and when properly utilized reduces the rate of stroke, heart attack and death,” said Dr. Scott Wright, a professor of medicine with the Mayo Clinic. “The majority of cases of hypertension and especially new cases are probably being diagnosed in those over 60.”

Lifestyle factors associated with aging might play a part in this group’s increased risk. “Older people also accumulate higher rates of other risk factors for cardiovascular disease including obesity, a sedentary life style and diabetes,” Musini said.

The review concluded that treatment for hypertension reduced the overall number of fatalities whether or not they were associated with cardiovascular disease. Treating hypertension can also reduce the risk of stroke and disability, risk factors that are independent of those for heart disease.

“It is important to update reviews to integrate new studies that have been published, to review new classes of medication which might not have

been approved or widely utilized 10 years ago, and to remind clinicians of the importance of treating hypertension,” Wright said. “Hypertension is easier to treat today than five or 10 years ago because there are better agents, there’s more information about how to use them and what side effects they might cause.”

The review also found that slightly different treatment works best for the “oldest old,” people over 80.

“The new conclusions in the updated review are that most benefit is due to first-line thiazide diuretic therapy for a mean duration of 4.5 years; that the decrease in all-cause mortality was limited to persons 60 to 80 years of age; and, that the best approach in patients 80 years and over is two drugs in low doses in an effort to reduce the incidence of stroke,” Musini said.

Provided by Health Behavior News Service ([news](#) : [web](#))

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