

# Common treatment for mild hypertension challenged

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Doctors often prescribe drugs for people with mild high blood pressure with the hope of preventing cardiovascular disease (CVD). However, a new review from *The Cochrane Library* has found that this treatment does not reduce death rates, heart attacks or strokes.

Current guidelines in the U.S., Europe and Canada support drug treatment for people with mild [hypertension](#), the majority of hypertension patients, even when they have no history of cardiovascular events. Consequences of such treatment include potential side effects, cost, and inconvenience.

“In people with no [cardiovascular events](#) and mild elevations in resting

blood pressure (140 – 159/90 – 89 mmHg), it is not known whether the benefits of drug therapy exceed the harms,” said Diana Diao, M.D., resident physician at the University of British Columbia. To answer this concern, the research team combined findings from 4 clinical trials done between 1976 and 2000, which together included data on 8,912 study participants followed for up to 5 years.

The researchers found that 400 people with mild hypertension would have to be treated for five years to prevent one death and 128 people would have to be treated for five years to prevent one cardiovascular event, such as a [heart attack](#). However, treated patients had a nine percent risk of an adverse effect that would force them to stop taking the prescribed drug.

These findings might prompt physicians to emphasize non-drug treatment approaches, including changes in diet and exercise, said the authors. They note that many physicians have been prescribing medications for patients with mild hypertension thinking that the approach is based on evidence from randomized clinical trials.

Luci Belnick, M.D., an Orlando-based physician with over 25 years experience questioned the new findings’ validity. She said that the patients should have been followed for longer than five years as that is a short time in terms of accumulating vascular damage due to hypertension; that the studies included concerned many drugs that are now seldom used; and that the studies included too few African-Americans, who have elevated risks of kidney damage and strokes from even mild hypertension.

“Before you diagnose and treat a patient, it’s important to make sure that they really have hypertension, that their particular patient group has a meaningful risk of hypertension complications, even long-term, and that you select a medication with a known benefit in that group,” she said.

**More information:** Diao D, Wright JM, Cundiff DK, Gueyffier F. Pharmacotherapy for mild hypertension. *Cochrane Database of Systematic Reviews* 2012, Issue 8. Art. No.: CD006742. [DOI: 10.1002/14651858.CD006742.pub2](https://doi.org/10.1002/14651858.CD006742.pub2)

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