

Antihypertensive therapy reduces CV events, strokes and mortality in older adults

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Antihypertensive therapy reduces the risk of cardiovascular (CV) events, strokes and mortality in hypertensive older adults, according to research presented at ESC Congress 2014 today by Dr Maciej Ostrowski from Poland. The findings suggest that antihypertensive drugs should be considered in all patients over 65 years of age with hypertension.

Dr Ostrowski said: "Over the past few decades, a number of randomised trials and meta-analyses have supported the benefits of antihypertensive medication in reducing the incidence of cardiovascular disease (CVD) among hypertensive [patients](#) over the age of 65 years. However, these studies were not designed to identify the appropriate target [blood pressure](#) (BP) in this population."

He added: "There is also still a large debate on the optimal target BP level for older adults with [hypertension](#), especially concerning whether systolic BP reduction below 140 mmHg is beneficial and safe. Experts have emphasised that very limited data exist to make definitive recommendations on how low we should reduce BP in older patients, and that data are lacking on the effects of hypertensive therapy in this group of patients."

The aim of the current meta-analysis was to investigate the effect of hypertension therapy on BP, and CV and mortality outcomes in patients over the age of 65 years. The safety of BP lowering in older adults was also analysed. The study was performed within the [Lipid and Blood Pressure Meta-analysis Collaboration \(LBPMC\) Group](#)

The researchers looked at data published during 1966 to 2013 on Scopus, PubMed, Web of Science, and the Cochrane Central Register of randomised controlled trials (RCTs) for appropriate studies. They included 11 RCTs with 40 325 hypertensive older patients randomised to receive either [antihypertensive drugs](#) or placebo.

They found that BP lowering therapy was associated with a significant reduction in systolic BP (-12.43 mmHg, 95% confidence interval [CI]: -21.07 to -3.79; $p=0.005$) and diastolic BP (-5.06 mmHg, 95%CI: -9.21 to -0.92; $p=0.02$).

It was also associated with a significant reduction in all-cause mortality rate by 13% (relative risk [RR] 0.87, 95%CI: 0.81-0.93; p

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