

Stopping antihypertensive therapy in older patients did not improve functioning

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Discontinuing antihypertensive therapy for patients 75 or older with mild cognitive deficits did not improve short-term cognitive, psychological or general daily functioning, according to an article published online by *JAMA Internal Medicine*.

Midlife high [blood pressure](#) is a risk factor for cerebrovascular disease. However, the effect of late-life blood pressure on cognition is less clear. Some studies have suggested that late in life, it is lower, rather than higher blood pressure, that increases the risk for cognitive decline.

Justine E. F. Moonen, M.D., of Leiden University Medical Center, the Netherlands, and coauthors conducted a community-based [randomized clinical trial](#) with a 16-week follow-up at 128 general medical practices. The study enrolled 385 participants 75 or older with mild cognitive deficits and without serious cardiovascular disease who received antihypertensive treatment. Participants were nearly equally divided into two groups: discontinuation of antihypertensive [therapy](#) (n=199) vs. continuation of antihypertensive therapy (n=186).

The authors examined changes in an overall cognition compound score, as well as changes in scores on cognitive domains, depression, apathy, functional status and quality of life.

The intervention group where antihypertensive therapy was discontinued did not differ from the control group where antihypertensive therapy was continued in overall cognition compound score. The two groups also

did not differ in terms of changes for three cognitive domains (executive function, memory and psychomotor speed), symptoms of apathy and depression, functional status and quality of life.

The authors suggest several reasons may explain the lack of effect of the intervention, including their selection of older patients without serious [cardiovascular disease](#).

"Future randomized clinical trials with longer follow-up should determine whether older persons with impaired cerebral autoregulation might benefit from less stringent BP [blood pressure] targets," the study concludes.

In a related commentary, Michelle C. Odden, Ph.D., of Oregon State University, Corvallis, writes: "We have made great strides in building the evidence base for initiating and intensifying antihypertensive therapy, but we have neglected to study the effects of continuing and discontinuing therapy in older adults. This study is the first step forward in answering these important scientific questions."

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