

Blood pressure medication can't undo all damage

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Treating out-of-control blood pressure with antihypertensive medication can greatly reduce your risk for heart attack, stroke and heart failure, but the current approach to treatment can't undo all of the previous damage or restore cardiovascular disease risk to ideal levels, a new Northwestern Medicine study suggests.

The study, published in the *Journal of the American Heart Association*, sought to determine whether effective treatment of hypertension could lower the risk of cardiovascular disease to that seen in people who have always had ideal [blood pressure levels](#).

"The best outcomes were seen in those who always had ideal levels of blood pressure and never required medications," said Donald Lloyd-Jones, MD, chair of the Department the Preventive Medicine at Northwestern University Feinberg School of Medicine and senior author of the study. "Those who were treated with medication and achieved ideal levels were still at roughly twice the risk of those with untreated ideal levels. And, of course, people with untreated or uncontrolled high blood pressure were at even greater risk."

He stressed that it remains very important to treat [high blood pressure](#) and that lowering blood pressure with antihypertensive medications has been found to lower the risk of cardiovascular disease significantly in middle-aged and older adults.

The new findings strongly suggest that there should be an even greater

effort to maintain [lower blood pressure](#) levels in younger adults to avoid increases in blood pressure over time that may eventually require medication.

"A greater focus on healthy lifestyles, such as healthier eating patterns, with more fruits and vegetables and lower sodium intake and regular participation in physical activity are the best means for preventing blood pressure levels that might require medication," Dr. Lloyd-Jones said.

Northwestern Medicine scientists analyzed data from nearly nine thousand participants from the Multi-Ethnic Study of Atherosclerosis (MESA) and the Coronary Artery Risk Development in Young Adults (CARDIA) studies.

They found that MESA participants on antihypertensive medication (all aged 50 years or older at baseline) with well-controlled hypertension (

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