

Time to reassess blood pressure goals

November 9 2015, by Gina Digravio



A medical student checking blood pressure using a sphygmomanometer and stethoscope. Image: Wikipedia.

High blood pressure or hypertension is a major health problem that affects more than 70 million people in the U.S., and over one billion worldwide. Despite being a critically important risk factor for heart and kidney disease, defining the "optimal" blood pressure has been a challenge.

In a perspective in this week's *New England Journal of Medicine*, Aram Chobanian, MD, President Emeritus, Boston University, comments that recent findings from the SPRINT (Systolic Blood Pressure Intervention Trial) trial suggest that lowering systolic [blood pressure](#) to less than 120 was associated with a much lower incidence of cardiovascular disease as well as a reduction in overall mortality by 25 percent, compared to a target of 140. While the results are not applicable to every patient,

Chobanian states that the results suggest that the target blood pressure in treating hypertension should be lower than is currently recommended. Based on the evidence, he would now advocate a target level of 130 for most non-diabetic individuals above age 50 who have hypertension.

Chobanian acknowledges that there were complications to aggressive blood pressure control as described in the study such as fainting, abnormal blood levels of electrolytes and acute kidney injury. He is also cognizant of the fact that for many patients, especially those on multiple medications, a target of 120 or 130 may be difficult to achieve, and will "probably require more careful titration of medications, greater use of combination drug preparations, more monitoring for adverse effects and more frequent patient visits than currently occur."

Finally, despite the incredible breakthroughs in the medical therapy for hypertension, Chobanian remains concerned by the "continued increase in prevalence of hypertension in the U.S and worldwide during this period and is disappointed by weak national efforts to prevent [hypertension](#)." He attributes this partly due to the difficulty in modifying human behavior, especially concerning good diet and exercise, and thus "will require a broad-based national effort with strong political support."

Provided by Boston University Medical Center

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