

Older adults need better blood pressure and cholesterol control to prevent cardiovascular disease

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The leading cause of death in the elderly, the fastest growing segment of the population, is cardiovascular disease (CVD). Prevention of cardiovascular events in elderly patients presents a therapeutic challenge because this age group is generally underrepresented in clinical trials, and doctors often assume that it is too late to initiate preventive therapy in the elderly. A review by clinical experts of the best available evidence concluded that cholesterol-lowering and blood pressure-controlling therapy are the most effective treatments for reducing cardiovascular events in older adults, but that treatment needs to be individualized, reports the *Canadian Journal of Cardiology*.

"Primary prevention trials in younger populations demonstrate small absolute risk reductions over many years, which is difficult to extrapolate to older patients," explained senior author Michelle M. Graham, MD, FRCPC, Professor of Medicine, Division of Cardiology, Mazankowski Alberta Heart Institute and University of Alberta Faculty of Medicine and Dentistry. "Some assume [elderly individuals](#) may not have the life expectancy to derive benefit from preventive cardiovascular therapy; however, their baseline level of risk, and subsequent relative risk reduction with appropriate therapy, may actually be higher than in younger patients."

The review provided substantial evidence that:

- Statin therapy reduces the risk of both myocardial infarction and stroke, although close monitoring of adverse events is needed. Evidence does not support an association between cholesterol-lowering statin therapy and either cognitive impairment or cancer. Adverse effects, like muscle problems and diabetes, do not appear to be elevated in [elderly patients](#).
- Potential drug-drug interactions are an important consideration when prescribing statin therapy in [older patients](#) because they have a high burden of concurrent medical conditions and are often taking multiple medications. Patients should also be made aware of over-the-counter supplements that may interact with [statin therapy](#).
- Blood pressure control is paramount to prevent [cardiovascular events](#) and mortality in elderly patients, although the target should be individualized to the patient. Current evidence supports a moderate blood pressure target (systolic blood pressure of 120-150 mmHg) as safe and effective in elderly patients; however, this target should be individualized based on frailty and comorbidities.
- Antiplatelet therapy should not be recommended due to a lack of net clinical benefit.
- Other interventions shown to reduce the risk of CVD in elderly patients include smoking cessation, physical activity, and maintaining a normal body weight.

"Primary prevention of CVD can improve health and reduce future healthcare costs. Prevention of a first cardiovascular event in elderly patients should be individualized based on consideration of the current evidence, as well as goals of [therapy](#), functionality and/or frailty, comorbidities, and concomitant medications," stated Dr. Graham.

More information: "Primary prevention of cardiovascular disease in older adults," by Arden Barry, PharmD; Deirdre E. O'Neill, MD; and

Michelle M. Graham, MD, published online in advance of Volume 32, Issue 9 (September 2016) of the *Canadian Journal of Cardiology*, DOI: [10.1016/j.cjca.2016.01.032](https://doi.org/10.1016/j.cjca.2016.01.032)

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