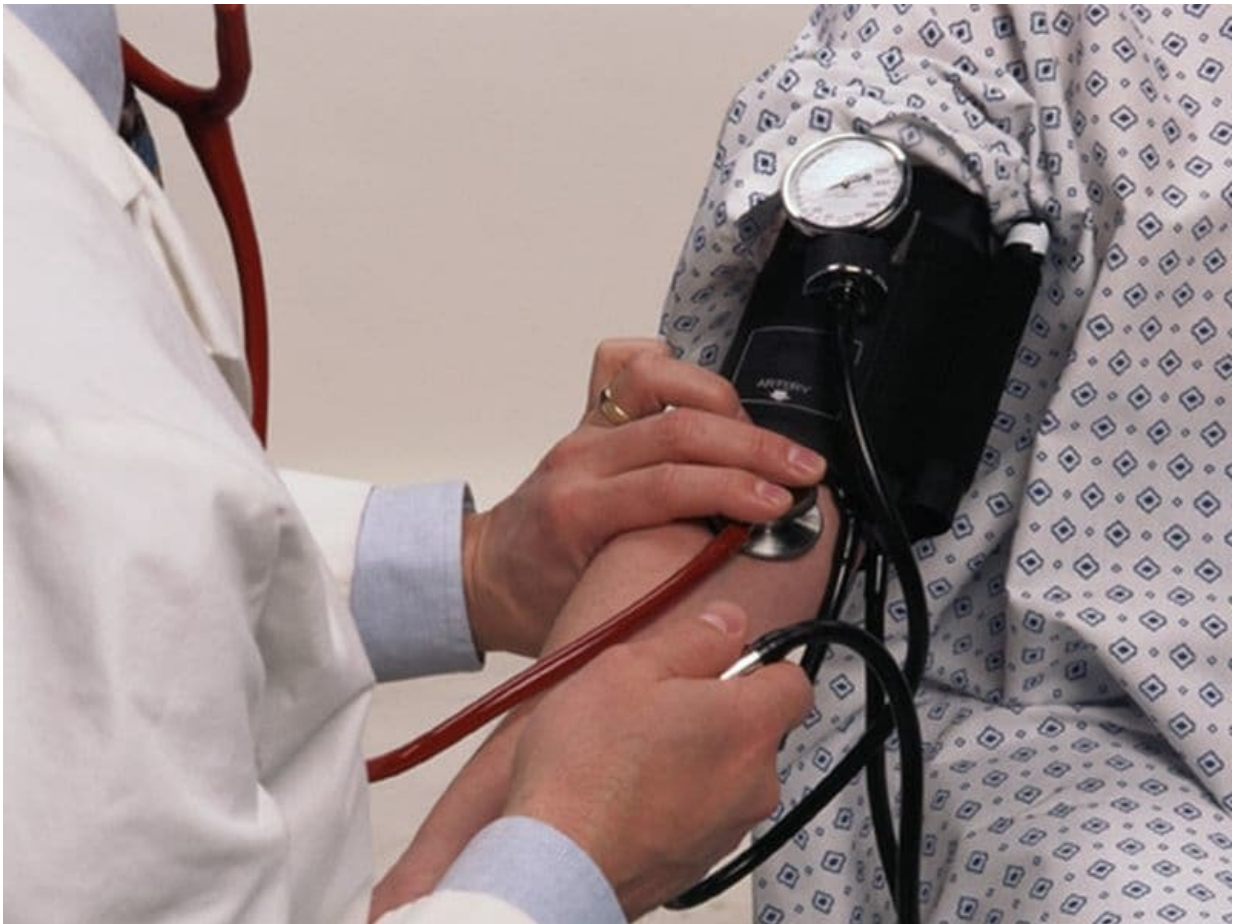


New BP treatment cutoffs may not yield survival benefit

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(HealthDay)—New blood pressure treatment recommendations may not

improve survival from cardiovascular disease (CVD), according to a study recently published in the *European Heart Journal*.

Seryan Atasoy, from the Ludwig-Maximilians-Universität München, and colleagues used data from 11,603 participants (52 percent men; mean age, 47.6 years) in the MONICA/KORA prospective study. The authors sought to evaluate the prevalence of hypertension and associated CVD events.

They found that implementation of the new Stage 1 cutoff (130 to 139 mm Hg systolic or 80 to 89 mm Hg diastolic) increased the prevalence of hypertension from 34 to 63 percent. Only 24 percent of Stage 2 hypertension patients ($\geq 140/90$ mm Hg) were receiving treatment. During 10 years of follow-up, there were 370 fatal CVD events. The adjusted CVD-specific mortality rate per 1,000 persons was 1.61 (95 percent confidence interval, 1.10 to 2.25) and 1.07 (percent confidence interval, 0.71 to 1.64) in Stage 2 hypertension and Stage 1 hypertension cases, respectively, compared with those with normal blood pressure. The association of Stage 2 hypertension and CVD mortality was significant in Cox proportional regression models (1.54; 95 percent confidence interval, 1.04 to 2.28; $P = 0.03$), while the association was not significant for Stage 1 hypertension (0.93; 95 percent [confidence interval](#), 0.61 to 1.44; $P = 0.76$).

"The lower BP cutoff substantially increased [hypertension](#) prevalence, while capturing a population with lower CVD mortality," the authors write.

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