

Anti hypertensive drug use was associated with a decreased dementia risk

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Various clinical trials indicate what effects can be expected from standardized intervention programs on the basis of existing evidence. Little is known about the way in which such programs can be

implemented in actual care practice. However, it may be possible to use data from clinical practice to estimate the potential of drug prescriptions to delay or reduce the development of dementia.

The goal of the present study, which will be published in the next issue of *Journal of Alzheimer's Disease*, was to investigate the relationship between antihypertensive drug use and [dementia](#) in elderly persons followed in general practices in Germany.

"After another setback for the anti-amyloid strategy, dementia prevention is increasingly becoming an area of interest," explains Dr. Jens Bohlken, MD, Ph.D., from the Institute of Social Medicine, Occupational Health and Public Health (ISAP) from the Medical Faculty of the University of Leipzig. "In view of this, our most important task is to find existing therapies that are associated with a reduction in dementia risk or at least an extension of the time to dementia onset."

This study was based on data from the Disease Analyzer database (IQVIA), which compiles drug prescriptions, diagnoses, and basic medical and demographic data obtained directly and in anonymous format from computer systems used in the practices of general practitioners and specialists. This study included patients with documented blood pressure values and an initial diagnosis of all-cause dementia in 739 general practices in Germany between January 2013 and December 2017 (index date). Inclusion criteria were as follows: age 60 years at the index date, observation time of at least 12 months prior to the index date, and hypertension diagnosis prior to the index date. After applying similar inclusion criteria, dementia cases were matched to non-dementia controls using propensity scores based on age, sex, index year, and co-diagnoses (i.e. [diabetes mellitus](#), hyperlipidemia, stroke including transient ischemic attack, [coronary heart disease](#), depression, intracranial injury, Parkinson's disease, osteoporosis, and epilepsy). For the controls, the index date was that of a randomly selected visit between January

2013 and December 2017.

The main outcome of the study was the incidence of dementia as a function of the use of antihypertensive drugs (i.e. diuretics, beta blockers, calcium channel blockers, angiotensin-converting enzyme [ACE] inhibitors, and angiotensin II receptor blockers).

Three logistic regression models were conducted to study the association between the use of antihypertensive drugs and dementia incidence after adjusting for blood pressure (first model: ever versus never use; second model: 3 versus

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