

Hypotension, hypertension avoidance strategies explored in noncardiac surgery

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Hypotension-avoidance and hypertension-avoidance strategies result in

similar incidence of major vascular complications among patients undergoing noncardiac surgery, according to a study published online April 25 in the *Annals of Internal Medicine*.

Maura Marcucci, M.D., from the Population Health Research Institute in Hamilton, Ontario, Canada, and colleagues compared the effects of a hypotension-avoidance and hypertension-avoidance strategy on major vascular complications after noncardiac surgery in a randomized trial. Data were included for 7,490 patients in 110 hospitals in 22 countries who had [noncardiac surgery](#), were at risk for vascular complications, and were receiving at least one long-term antihypertensive medication. The hypotension-avoidance strategy group had an intraoperative mean arterial pressure target of 80 mm Hg or greater, while the hypertension-avoidance strategy group had an intraoperative mean arterial pressure target of 60 mm Hg or greater (3,742 and 3,748 patients, respectively).

The primary composite outcome included vascular death and nonfatal myocardial injury after surgery, stroke, and [cardiac arrest](#) at 30 days. The researchers found that the primary outcome occurred in 13.9 and 14.0 percent of patients in the hypotension-avoidance group and hypertension-avoidance group, respectively. For patients who used one or more than one antihypertensive medication in the long term, results were consistent.

"Further research is needed to identify and evaluate perioperative interventions that can modify hemodynamics to an extent and in the direction that will lead to a favorable effect on major clinical outcomes," the authors write.

More information: Maura Marcucci et al, Hypotension-Avoidance Versus Hypertension-Avoidance Strategies in Noncardiac Surgery, *Annals of Internal Medicine* (2023). [DOI: 10.7326/M22-3157](https://doi.org/10.7326/M22-3157)

Jason F. Shiffermiller et al, Perioperative Management of Antihypertensive Agents: More Answers or More Questions?, *Annals of Internal Medicine* (2023). [DOI: 10.7326/M23-0745](https://doi.org/10.7326/M23-0745)

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