

# Optimal blood pressure levels for reducing CVD mortality risk identified in large Asian diabetes cohort

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Keeping blood pressure in check could save lives among Asian adults with type 2 diabetes, suggests a sizable new study of more than 80,000

patients in Singapore. But how low should it go?

A [new study](#) led by Duke-NUS Medical School, published in the *Journal of the American Heart Association*, examined how different blood pressure levels related to risk of dying from heart disease in Asian adults with type 2 diabetes.

It found that the lowest risk was at a systolic (top number) blood pressure of 120–129 mmHg. Risk sharply increased once systolic levels reached 130 mmHg or higher. For diastolic (bottom number) pressure, the lowest risk was around 80–89 mmHg. Levels above 90 mmHg increased risk in [older adults](#).

However, the study also found that diastolic pressure below 70 mmHg paradoxically increased cardiovascular risk.

"Diastolic pressure under 70 mmHg could potentially be harmful in patients with diabetes, although it's unclear if that association was directly causal," explained the study's senior author Professor Tazeen Jafar from the Health Services & Systems Research (HSSR) Program at Duke-NUS, who presented the study's findings at the annual meeting of the American Heart Association in Philadelphia, U.S. "Our analysis underscores the need to control elevated [systolic blood pressure](#) to less than 130 mm Hg in patients with diabetes, while carefully evaluating risks if diastolic pressure gets too low."

The findings support clinical guidelines recommending systolic targets below 130 mmHg in patients with diabetes to protect against [heart](#) disease and stroke. But they suggest being more cautious about lowering diastolic pressure too far below 70 mmHg.

The researchers said the results are particularly relevant as populations in Asia face high and rising rates of diabetes, carrying greater vascular risk

than Western populations.

Studies on the relationship between blood pressure and cardiovascular risk in Asian diabetic patients have reported conflicting results, with some finding intensive lowering to

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