Antihypertensive meds initiation linked to fractures in nursing home seniors

April 23 2024, by Elana Gotkine

For longer-term nursing home residents, initiation of antihypertensive medication is associated with an increased risk for fractures and falls,
according to a study published online April 22 in JAMA Internal Medicine.

Chintan V. Dave, Pharm.D., Ph.D., from Rutgers University in New Brunswick, New Jersey, and colleagues conducted a retrospective cohort study using target trial emulation for data obtained from 29,648 older longer-term care nursing home residents in the Veterans Health Administration to examine the association between antihypertensive medication initiation and fracture risk.

The researchers found that the incidence rate of fractures per 100 person-years was 5.4 for residents initiating antihypertensive medication versus 2.2 in the control arm in a propensity score-matched cohort of 64,710 residents (mean age, 77.9 years). The finding corresponded to an adjusted hazard ratio of 2.42 and an adjusted excess risk of 3.12 per 100 person-years. There was also an association seen for antihypertensive medication initiation with a higher risk for severe falls requiring hospitalizations or emergency department visits and syncope (hazard ratio, 1.80 and 1.69, respectively).

A numerically higher magnitude of fracture risk was observed for subgroups of residents with dementia, systolic blood pressure of 140 mm Hg or higher, diastolic blood pressure of 80 mm Hg or higher, and no recent antihypertensive medication use (hazard ratios, 3.28, 3.12, 4.41, and 4.77, respectively).

"This study sheds light on the potential impact of fracture risk associated with antihypertensive medication use among long-term nursing home residents, emphasizing the need for caution when initiating therapy, especially in the high-risk period after drug initiation," the authors write.


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