

# Study indicates nonphysician-implemented multifaceted intervention beneficial for hypertension

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For older and younger adults with hypertension, a nonphysician-implemented, multifaceted, intensive blood pressure intervention can reduce the risk for cardiovascular disease (CVD) and all-cause mortality, according to a study [published](#) online June 18 in *JAMA Cardiology*.

Xiaofan Guo, M.D., Ph.D., from the First Hospital of China Medical University in Shenyang, and colleagues conducted a 48-month follow-up study of the China Rural Hypertension Control Project from 2018 to 2023. Participants recruited from 326 villages in rural China, aged 60 years and older and younger than 60 years, with a diagnosis of hypertension were included (22,386 and 11,609 individuals, respectively).

Among the [older adults](#) with hypertension, 11,289 and 11,097 were randomly assigned to a nonphysician, community health care practitioner-implemented multifaceted intervention to achieve [blood pressure](#) of less than 130/80 mm Hg and to a usual-care group, respectively. The researchers found a significantly lower rate of total CVD and all-cause mortality in the intervention group versus usual-care group (hazard ratios, 0.75 and 0.90, respectively).

The risk reductions were also significant for total CVD, stroke, [heart failure](#), and cardiovascular death among adults younger than 60 years (hazard ratios, 0.64, 0.64, 0.39, and 0.54, respectively). No significant between-group differences were seen in the incidences of injurious falls, symptomatic hypotension, syncope, and results for kidney outcomes in either age group.

"These results have substantial implications for the future of hypertension management among older adults who represent a large proportion of the population and high absolute risk for CVD

complications," the authors write.

**More information:** Xiaofan Guo et al, Multifaceted Intensive Blood Pressure Control Model in Older and Younger Individuals With Hypertension, *JAMA Cardiology* (2024). [DOI: 10.1001/jamacardio.2024.1449](https://doi.org/10.1001/jamacardio.2024.1449)

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