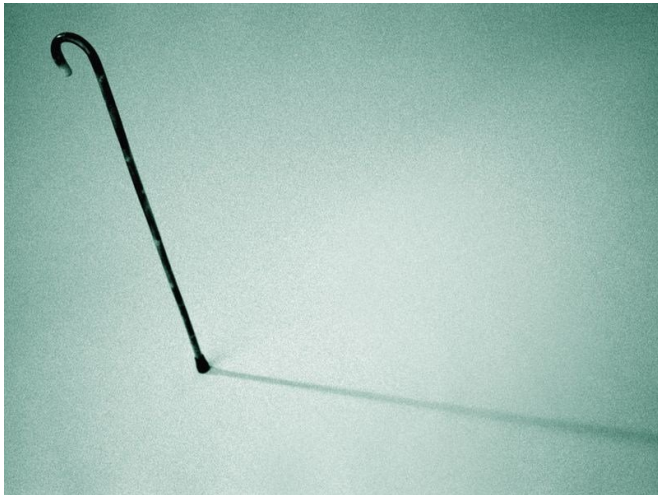


# No increased fall risk with HTN treatment in older women

9 January 2019



was no correlation noted between measured systolic or diastolic BP and falls. Higher diastolic BP correlated with a lower risk for falls among women treated with antihypertensive medications (incidence rate ratio, 0.993 per mm Hg) after adjustment for [fall risk](#) factors.  $\beta$ -blockers were the only class of antihypertensive medication associated with an increased risk for falls.

"With this information, we can more confidently say that treating blood pressure to recommended levels in [older women](#), which significantly reduces their chance of having a stroke, is better than not treating it," Margolis said in a statement.

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(HealthDay)—Treating high blood pressure (BP) is not associated with an increased fall risk among older women, according to a study published online Jan. 7 in the *Journal of the American Geriatrics Society*.

Karen L. Margolis, M.D., M.P.H., from the HealthPartners Institute in Bloomington, Minnesota, and colleagues conducted a [prospective cohort study](#) involving 5,971 women (mean age, 79 years) to examine the effect of hypertension treatment and control status and measured BP level on the risk for falls.

The researchers found that at baseline, 70 percent of the women had hypertension. In one year of surveillance, 43 percent of women reported falls. When adjusted for fall risk factors and lower-limb physical function, the incidence rate ratios were 0.82 and 0.73 for women with treated controlled hypertension and women with treated uncontrolled hypertension, respectively, compared with women without hypertension. In the overall cohort, there

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