NEW FACTS ABOUT...

Hypertension
in older adults

Approximately 35 percent of community dwelling people over 65 years of age are hypertensive.[1,2] Similar prevalence rates are found among nursing home residents.[3] Hypertensive older adults experience cardiovascular events at a rate 2–3 times higher than that of younger individuals with the same systolic and diastolic blood pressure.[4]

Given these facts, interventions to prevent, diagnose, and treat hypertension could have a significant impact on morbidity and mortality among the elderly. The following are some important findings in the recent literature related to the process of care for hypertension:

Nonpharmacologic therapies—diet (e.g., sodium restriction and weight loss) and exercise (e.g., aerobic exercise)—are effective in lowering blood pressure, and may eliminate the need for pharmacologic therapy among older adults with mild hypertension.[5–12]

As is true with younger age groups, pharmacologic agents have been shown to be effective in lowering blood pressure among older adults.[13–15]

Numerous studies have demonstrated that a variety of pharmacologic antihypertensive agents reduce cardiovascular morbidity and mortality among older adults. Two separate meta-analyses of fourteen randomized controlled trials report that among older hypertensives treated with pharmacologic agents there is a 34–36 percent reduction in stroke, a 19–25 percent reduction in coronary heart disease, and an 11–12 percent reduction in overall mortality.[13–15]

The effects of antihypertensive agents on cardiovascular and cerebrovascular events may be attenuated in the very old.[16–18] *However, one trial has demonstrated reductions in stroke incidence among individuals taking antihypertensive medication, including those over age 80.*[15] *This issue is being further addressed in the ongoing Hypertension in the Very Elderly trial, a randomized clinical trial enrolling hypertensive patients over the age of 80.*[19]

Compliance with antihypertension medication is poor. However, once-daily dosing improves patient compliance and may assist in blood pressure control.[20–22]

These findings show the beneficial effect of pharmacologic and nonpharmacologic therapy in treating hypertension. However, despite this compelling data, the general population receives hypertension treatment suboptimally. Only 53 percent of the hypertensive population is treated with antihypertensive medications, and control of hypertension is achieved in just over 40 percent of these patients.[23]

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RAND

Pfizer

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