

Tip 3. Management of hypertension in patients over 75 years (June 2009)

This is always a difficult area. It is almost exclusively systolic hypertension, and doctors are sometimes concerned about excessive lowering of diastolic pressure. They are also concerned about causing excessive postural (standing) hypertension, with its attendant risks.

Is it worth treating systolic hypertension in over 75's?

Absolutely: - older studies like SHEP and Syst-Eur demonstrated the benefits of systolic BP-lowering in older individuals, particularly for stroke reduction. More recently the HYVET¹ study which is the only randomised trial of antihypertensive therapy vs placebo in over 80's showed clear benefit in the treated group for incidence of stroke, all cardiovascular events, and total mortality. Participants' average age was 83, and starting blood pressure averaged 173/91. The treated group had an average BP fall of 15/6. Postural hypotension was not a significant problem.

What drugs should be used and in what doses?

Unlike younger patients, the advice is to start low and go slow. This means that in general, even for stage 2 hypertension, start on 1 drug initially rather than 2. Thiazides are the agents of choice; - long-acting indapamide 1.5mg was used in the HYVET study (in NZ the lowest dose available is the 2.5mg indapamide tablet). If thiazides are not tolerated, dihydropyridine CCB's are an excellent alternative (eg amlodipine starting at 2.5mg). An ACE-inhibitor is a reasonable add-on to initial therapy with a thiazide or CCB.

At what BP should treatment be initiated?

This is a vexed question around which evidence is somewhat limited. The American Society of Hypertension is developing a guideline for BP treatment on over 75's currently, and will probably settle on 150mmg systolic as a threshold for drug treatment.

Should we treat seated or standing blood pressure?

Seated (probably), but standing blood pressure should be checked at each visit and should not go lower than 120mmg systolic.

Are we worried about excessively low diastolic pressure?

Current evidence suggests that it is probably safe to treat down to a diastolic of 55mmHg unless there is a history for ischaemic heart disease, in which case, 70mmHg is the threshold.

1. Treatment of hypertension in patients of 80 years and older. Beckett NS et al. N.Engl.J.Med.2008;358:1887-1898