



818 18th Street, NW • Suite 1000 • Washington, DC 20006
202.728.7199 • fax: 202.728.7238 • www.womenheart.org

Are you too old to be treated for high blood pressure? *New ACC/AHA recommendations say no*

Brace yourself — 75% of women aged 70 and over have hypertension (also known as high blood pressure), which means you have a pretty good chance of getting it someday, even if you don't have it now. And, once you've been diagnosed with hypertension, there is a dramatic increase of risk for heart disease, kidney disease, and diabetes. Unfortunately, high blood pressure has almost become an accepted condition among older women, along with hot flashes and graying hair.

Because of inconclusive information about how successful treatments were with elderly patients, doctors have often been unwilling to prescribe ACE inhibitors, beta blockers, and other medications to the aging. The vast majority of previous studies either imposed age limits on participants or did not provide age-defined analyses in the results, causing physicians to sometimes exercise extreme caution with older patients, particularly those over 80.

However, a 2008 study, the Hypertension in the Very Elderly Trial, has now begun to shift the tide of opinion. The study showed that there were actually significant health benefits to elderly patients receiving antihypertensive therapy, including a huge 64% reduction in heart failure. Taking its cue from this information, the American College of Cardiology (ACC) and the American Heart Association (AHA) released new guidelines this year that urge health care providers to step up their treatment of high blood pressure in the elderly.

The 2011 ACC/AHA recommendations include:

- Routine monitoring of blood pressure in patients over the age of 65, including measuring blood pressure while the patient is sitting down and then standing up, to help screen for postural hypotension (seriously low blood pressure)
- Prescribing medications as appropriate, including ACE inhibitors, beta blockers, angiotensin receptor blockers, diuretics, and calcium channel blockers
- Initiating therapies at lower doses with gradual increases as tolerated
- Encouraging lifestyle changes, including increased physical activity; low-salt diets such as the DASH diet; quitting smoking; and limiting alcohol (just one drink a day for women)

Because studies have shown that the high cost of antihypertensive medications may also contribute to the low rate of prescriptions to the elderly, the new guidelines also

urge physicians to discuss medication costs and alternatives with their patients.

Resources:

**ACCF/AHA 2011 Expert Consensus Document on Hypertension
in the Elderly**

<http://circ.ahajournals.org/content/123/21/2434.full.pdf>

The Hypertension in the Very Elderly Trial

<http://www.hyvet.com/>

AHA Recommendations for Blood Pressure Measurement

<http://www.aafp.org/afp/2005/1001/p1391.html>

Understanding Blood Pressure Readings

http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/AboutHighBloodPressure/Understanding-Blood-Pressure-Readings_UCM_301764_Article.jsp