American College of Physicians/American Academy of Family Physicians – Treatment of Hypertension in Adults Aged 60 Years or Older

- On January 17, 2017, the American College of Physicians (ACP) and the American Academy of Family Physicians (AAFP) released the *Pharmacologic Treatment of Hypertension (HTN) in Adults Aged 60 Years or Older to Higher Versus Lower Blood Pressure (BP) Targets: A Clinical Practice Guideline*.

- **Main recommendations:**

  - Clinicians should initiate treatment in adults aged 60 years or older with systolic blood pressure (SBP) persistently at or above 150 mm Hg to achieve a target SBP < 150 mm Hg to reduce the risk for mortality, stroke, and cardiac events.

  - Clinicians should consider initiating or intensifying pharmacologic treatment in adults aged 60 years or older with a history of stroke or transient ischemic attack (TIA) to achieve a target SBP < 140 mm Hg to reduce the risk for recurrent stroke.

  - Clinicians should consider initiating or intensifying pharmacologic treatment in some adults aged 60 years or older at high cardiovascular (CV) risk, based on individualized assessment, to achieve a target SBP < 140 mm Hg to reduce the risk for stroke or cardiac events.

  - Treatment goals should be selected based on a periodic discussion of the benefits and harms of specific blood pressure targets with the patient.

- **Clinical Considerations:**

  - Accurate measurement of BP is important before initiating treatment for HTN. Some patients may have elevated BP in clinical settings, and ambulatory measurement may be appropriate.

  - Clinicians should consider treatment with nonpharmacologic options, including weight loss, dietary changes, and an increase in physical activity, initially or concurrently with pharmacologic treatment.

  - Many older adults may be taking various medications. Clinicians should consider treatment burden and drug interactions when deciding on treatment options.

  - When selecting pharmacologic therapy, clinicians should prescribe generic drugs where available.

  - Evidence for adults who are frail or those with multimorbidity is limited.

- **Summary of benefits and harms associated with lower (≤ 140 mm Hg) vs. higher (< 150 mm Hg) SBP targets:**

  - Mortality, incidence of stroke, and cardiac events were all reduced with treatment.

  - Treating to a lower BP target did not further reduce mortality, quality of life, or functional status, but it did reduce the incidence of stroke and cardiac events.

Continued . . .

- Increased withdrawals due to adverse events with lower vs. higher BP targets.
- Increased cough, hypotension, and risk for syncope with treating lower vs. higher BP targets.
- No difference between higher and lower BP targets for renal outcomes, cognitive outcomes, or falls and fractures**.**

- The focus of the ACP/AAFP guideline is different than the *2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults* (JNC8).
  - The target population for the ACP/AAFP guideline includes adults at least 60 years of age with HTN while the JNC8 focuses on recommendations for the same age group as well as adults < 60 years of age, patients with diabetes, and patients with chronic kidney disease.
  - The ACP/AAFP guideline has additional recommendations for patients with high CV risk and history of stroke or TIA, while the JNC8 did not include trials of older adults with these comorbidities.
  - Both guidelines share a similar recommendation that for patients at least 60 years of age with a SBP > 150 mm Hg, the recommended target SBP is < 150 mmHg.
  - The JNC8 provides diastolic BP recommendations while the ACP/AAFP guideline does not (eg, BP goal of < 150/90 mmHg vs. a SBP goal of < 150 mmHg, for patients ≥ 60 years of age for each guideline respectively).