

Women with high blood pressure get different treatment to men

14 October 2014, by Krister Svahn



Women who are treated for high blood pressure are not given the same medication as men, nor do they hit the treatment targets as often, reveals a thesis from the University of Gothenburg.

Around a third of Sweden's adult population is affected by high [blood pressure](#), which is one of the most common risk factor for cardiovascular events such as stroke, [heart failure](#) and heart attack in both women and men.

A thesis from the University of Gothenburg's Sahlgrenska Academy looks at 40,825 patients treated for high blood pressure in primary care. It shows that women and men are prescribed different medication to bring down their blood pressure. Women are also less likely than men to

hit the general treatment target of blood pressure below 140/90 mm Hg, which is the threshold for high blood pressure.

Different Medication

The thesis shows that women are more often prescribed diuretic medication while men are given ACE inhibitors (which block an enzyme in the kidneys).

"International guidelines recommend that patients with both high blood pressure and diabetes be treated with ACE inhibitors," says doctoral student and medical doctor Charlotta Ljungman, author of the thesis. "But our study shows that women are less likely to be given this treatment. What's more, this discrepancy can't be explained away by differences in other concurrent cardiovascular disorders."

Age a Factor

The thesis also shows that the differences in treatment between women and men are greater in patients with limited education. The fact that women are less likely to reach the target blood pressure is partly because they are generally older when diagnosed with high blood pressure.

"But this shouldn't make a difference, as previous studies have shown that older patients with high blood pressure also benefit considerably from treatment to lower their blood pressure, not least to prevent the development of disorders such as stroke, dementia and heart failure," says Charlotta Ljungman.

Underestimates the Risk

Women are generally less likely to be affected by cardiovascular disease, and also succumb later in life. Charlotta Ljungman believes that this could be one of the reasons why the healthcare system

underestimates the risk of future [cardiovascular disease](#) in women.

"The key thing when treating [high blood pressure](#) is to reach target blood pressure," says Charlotta Ljungman. "The fact that women do so less often than men is remarkable, and steps must be taken to improve treatment."

The thesis Treatment of hypertension in women and men was publicly defended on 19 September.

Provided by University of Gothenburg

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