

# Benefits for intensive BP lowering in older HTN patients

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differences in the rates of myocardial infarction or stroke. No significant between-group difference was seen in the incidence of serious adverse events or renal failure (RRs, 1.02 [95 percent CI, 0.94 to 1.09] and 1.81 [95 percent CI, 0.86 to 3.80], respectively). In a fixed effects model, results were largely similar except the risk of renal [failure](#) was increased with intensive BP-lowering therapy (RR, 2.03 [95 percent CI, 1.30 to 3.18]).

"When considering intensive BP control, clinicians should carefully weigh benefits against potential risks," the authors write.

Several authors disclosed financial ties to the pharmaceutical and medical technology industries.

**More information:** [Full Text Editorial](#)

(HealthDay)—For older patients with hypertension, intensive blood pressure (BP) lowering strategies are associated with reduced risk of certain cardiovascular events, according to research published in the Feb. 7 issue of the *Journal of the American College of Cardiology*.

Chirag Bavishi, M.D., M.P.H., from Mount Sinai St. Luke's & Mount Sinai West Hospitals in New York City, and colleagues examined data from four high-quality trials involving 10,857 older hypertension patients (aged ≥65 years) with a mean follow-up of 3.1 years.

The researchers found that, compared with standard BP lowering, intensive BP lowering correlated with significant reductions in major [adverse cardiovascular events](#) (MACE), cardiovascular mortality, and heart failure (pooled relative risks [RR], 0.71 [95 percent confidence interval (CI), 0.60 to 0.84], 0.67 [95 percent CI, 0.45 to 0.98], and 0.63 [95 percent CI, 0.43 to 0.99], respectively). There were no between-group

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