SHOULD HYPERTENSION BE TREATED IN THE ELDERLY?

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Up to a few years ago, there was much disagreement about the advisability of treating the elderly hypertensive. A number of trials have demonstrated that the benefits of therapy outweigh the risks. The rationale of therapy is to reduce the number of strokes and coronary events which are two to three times as common in the hypertensive as in the normotensive.

World Health Organisation defined hypertension as a SBP of 160mm Hg or higher and a DBP of 95mm Hg or higher. The effects of aging on the BP were reviewed. It was established that in developed countries both the systolic and diastolic BP rise with age. It was estimated that 6.8% of the elderly develop hypertension annually. Various studies (Veterans study, Australian National BP study, MRC, and EWHPE) confirmed that there was a significant reduction of strokes in treated patients as compared to controls; no such significance was found in relation to coronary artery disease.

The problems of hypertension were highlighted by the following figures: only 13.2% hypertensives were aware of their hypertension, only 7.5% were receiving treatment and this was effective in only 2.5%. These findings underline the importance of instituting treatment in the hypertensive population and in monitoring the effectiveness of such treatment. In advising treatment, one should not forget such non-pharmacological measures as weight reduction, cessation of smoking etc. If drugs are required, diuretics could control the hypertension in 60-70% of the elderly hypertensive. In the elderly it is vital that the regime should be simple and individualised with the lowest possible dose used.