Top Ten Things To Know
Hypertension in the Elderly

1. Hypertension affects approximately 1 billion people worldwide.
   - It is the most common modifiable risk factor for conditions such as atherosclerosis, stroke, heart failure, atrial fibrillation, diabetes mellitus, sudden cardiac death, acute aortic syndromes, chronic kidney disease, and may cause death and disability in patients of all ages.
   - Hypertension death rates increased 25.2% from 1995 to 2005, and the actual number of deaths rose by 56.4%, in part reflecting increasing numbers of older Americans and a high prevalence of hypertension at older age.
   - In 2009, total direct and indirect costs attributable to hypertension were estimated to be $73.4 billion.

2. Our population is aging, and hypertension in elderly patients (≥65 years of age) is increasing in prevalence.
   - Approximately 34 million Americans are currently ≥65 years of age (13.0% of the US population);
   - This number is expected to reach 75 million by 2040, representing >20% of the US population.
   - Individuals >85 years of age are the largest growing subset in the United States, and there have been dramatic improvements in life expectancy in older adults.

3. Hypertension in elderly patients is a complex cardiovascular (CV) disorder that
   - affects women more than men,
   - occurs in essentially all races, ethnic groups, and countries,
   - appears to be underdiagnosed in general and particularly among women, minorities, and underserved populations, and
   - is undertreated.

4. Elderly persons are more likely to have hypertension and isolated systolic hypertension, organ damage, clinical cardiovascular disease, develop new CV events, and are less likely to have hypertension controlled. This paper is a reference for management of hypertension in the elderly population.

5. Because the Hypertension in the Very Elderly Trial (HYVET) documented antihypertensive therapy benefits in persons ≥80 years of age, it is timely to place into perspective issues relevant to hypertension management in elderly patients.

6. General management recommendations based on expert opinion include an accurate determination of the blood pressure (BP) based on at least 3 different BP measurements, taken on ≥2 separate office visits. Pseudohypertension and white coat hypertension should be identified to avoid over treatment.

7. Other management approaches in addition to the pharmacological treatments reviewed include:
   - Quality of Life considerations,
   - Nonpharmacological treatment – lifestyle changes might be the only treatment needed for milder hypertension in the elderly (for example, greater BP decreases with sodium restriction in older adults than in younger adults), and
   - Management of associated risk factors and a team approach.

8. Target BP goals in the elderly population may be different than those in other age groups. It is not clear if target BP goals for patients 65-79 years of age should be the same for patients >80 years of age.

9. The spectrum of hypertension in the elderly has been addressed in this document: pathophysiology, assessment and diagnosis, management, pharmacotherapy, and special populations.

10. Many questions remain to be answered for this rapidly growing population: a definition of ‘elderly’ in a very heterogeneous population, appropriate BP values for ‘normal’ and treatment targets in this population, indications for (and best drugs for) pharmacological therapy, and identification of patients where treatment is not beneficial.


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