

Which aspects of blood pressure treatment should be specifically considered in the elderly?

1. General Aspects:

The prevalence of arterial Hypertension is increasing with age. Therefore, treatment of hypertension is also an important issue in the elderly patient, in order to prevent cardio- and cerebrovascular complications, such as myocardial infarction, heart and renal failure, stroke and vascular dementia.

To detect a possibly existing orthostatic arterial hypotension, blood pressure measurement – if standing - should be performed after 1 and 3 minutes.

2. Specific recommendations.

In the elderly, blood pressure levels above 160 mmHg systolic should be treated with targeted values of 140 to 150 mmHg. Targeted diastolic values should be below 90 mmHg.

In elderly patients below the age of 80, which are of good physical constitution, treatment of values above 140 mmHg can be considered, then with targeted values below 140 mmHg, as long as this is well tolerated by the patient.

In patients above 80 years of age, in a good physical and mental condition, targeted values between 140-150 mmHg systolic seem reasonable.

In the frail and multimorbid hypertensive elderly patient an individual assessment of targeted blood pressure should be performed by the treating physician under consideration of potential benefits and side effects.

In the elderly diabetic hypertensive patient targeted diastolic values of 80-85 mmHg are recommended.

In general, all approved and routinely used antihypertensive agents can also be used in the elderly hypertensive patient. The indication of a special substance class should be performed on an individual basis, taking the existing co-morbidities and co-medication into account. In isolated systolic hypertension, diuretics and calcium channel blockers are the recommended first line treatment.