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Hot from the hypertensive press

Short analysis of clinical studies that may change our practices in the field of hypertension
04/2025

Reduction of Antihypertensive Treatment in Nursing Home Residents?

Antihypertensive treatment in healthy older adults is associated with significant cardiovascular protection, including a reduced risk of stroke and heart failure.¹ At the opposite end of the spectrum, data from several observational studies suggest that among very old and frail individuals, low blood pressure under antihypertensive therapy may be linked to increased morbidity and mortality.

In a multicenter randomized controlled trial conducted in France, nursing home residents aged over 80 years who were taking more than one antihypertensive drug and had well-controlled blood pressure (SBP <130 mmHg) were randomized to either a step-down strategy or usual care.² The primary outcome was death from any cause.

Among 1,048 participants with more than 60% with a moderate or severe frailty score, 326 patients (61.7%) in the step-down group and 313 (60.2%) in the usual-care group died during a median follow-up of 38.4 months (adjusted hazard ratio, 1.02; 95% CI, 0.86–1.21; P = 0.78). No significant differences in adverse events were observed.

Key message:

In frail elderly patients living in nursing homes with systolic blood pressure below 130 mmHg, a step-down antihypertensive strategy does not improve survival but is unlikely to worsen outcomes either.

The therapeutic approach in elderly hypertensive patients should therefore begin with an assessment of frailty:

- In fit elderly individuals, blood pressure reduction remains beneficial.
- In frail, well-controlled nursing home residents, a deprescribing strategy may be appropriate.
- For those in between, a tailored approach balancing benefits and risks is recommended.

References:

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2. Benetos A, Gautier S, Freminet A, Metz A, Labat C, Georgiopoulos I, Bertin-Hugault F, Beuscart JB, Hanon O, Karcher P, et al. Reduction of Antihypertensive Treatment in Nursing Home Residents. *N Engl J Med*. 2025. doi: 10.1056/NEJMoa2508157

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03.11.2025