New Hypertension Guidelines: Same Old Song

On Tuesday, November 14, 2017, the front page of the New York Times was headlined, "New High Blood Pressure Norm to Affect Millions." Similar headlines were plastered across the internet and in every major news outlet.

The NYT article explained, "…the nation's leading heart experts issued new guidelines for high blood pressure that means tens of millions more Americans will meet the criteria for the condition and will need to change their lifestyles or take medicines to treat it." The new guidelines were based on an ongoing analysis of the 2015 Sprint study.

The Big Pharma Cartel must be celebrating as they now have millions of more customers.

When I was in medical school, we were taught that blood pressure naturally goes up with age. Guess what? That is still true. The elderly have stiffer arteries than they did when they were young and they generally require a higher blood pressure to pump their blood from the head to the toes. I was taught to add 100 to a patient's age and the resulting number is a normal systolic blood pressure.

Since medical school, there have been many changes to what I was taught. First, the Powers-That-Be tightened the systolic (the higher number) blood pressure to read as anything less than 140 mmHg. In 2013, surprisingly, the recommendations were relaxed to less than 150 mmHg for patients 60 years and older. I wrote about this change here: https://drbrownstein.com/blood-pressure-and-lipid-guidelines-for-the-elderly-useless/. I wrote that I was pleased the blood pressure recommendations were relaxed.

Now, I am not so pleased. In fact, I think my blood pressure is rising as I read the new recommendations!

According to the NYT, "In formulating the guidelines, the expert committee reviewed more than 1,000 research reports. But the change is due largely to the convincing data from a federal study published in 2015. That study, called Sprint, explored whether markedly lower blood pressure in older people… might be both achievable and beneficial."

So, as my blood pressure is still rising, let me examine Sprint. Sprint was a study of 9361 persons with systolic blood pressure of 130 mm Hg or higher and an increased cardiovascular risk. The subjects were randomized to either a blood-pressure target of less than 120 mm Hg (intensive treatment)or less than 140 mmHg (standard treatment). The outcomes measured were myocardial infarction, other acute coronary syndromes, stroke, heart failure, or death from cardiovascular causes. In the abstract of the paper, the authors state that they stopped the trial early because there were less events in the intensive-

treatment group. The conclusion of the article (in the abstract) stated, “Among patients at high risk for cardiovascular events but without diabetes, targeting a systolic blood pressure of less than 120 mm Hg, as compared with less than 140 mm Hg, resulted in lower rates of fatal and nonfatal major cardiovascular events and death from any cause, although significantly higher rates of some adverse events were observed in the intensive-treatment group.”

Before my head explodes, let’s look at the results. The primary outcome is the first occurrence of a heart attack, acute coronary syndrome, stroke, heart failure or death from cardiovascular causes. For the primary outcome measured, 6.8% of the standard group suffered an incident compared to 5.2% of the intensive treatment group. This amounts to a 1.6% absolute difference between the two groups. In other words, as compared to those treated with the standard protocol of maintaining blood pressure less than 140 mmHg, you need to treat 62 people (1/1.6%) with multiple blood pressure medications to lower their blood pressure to 120 mmHg or lower to benefit one person. In other words, 61 out of 62 in the study received no benefit. That also means the treatment failed to show protection in 98.4% of those treated intensively.

Oy vey. THIS is what the new treatment guidelines were largely based on?

You gotta be kidding me!!

And, because now I am feeling a little chest pain and shortness of breath, I am not going to delve into the side effects suffered by the participants in the study. Those treated in the intensive-therapy group suffered significantly more hypotension, dizziness, emergency room visits, and acute renal failure as compared to the standard-treatment group.
I have now told myself that I am done with these ridiculous recommendations. My heart is slowing and I am feeling better.

Do I recommend following the new guidelines?

No way.

DrB