

Management Hypertension in Elderly

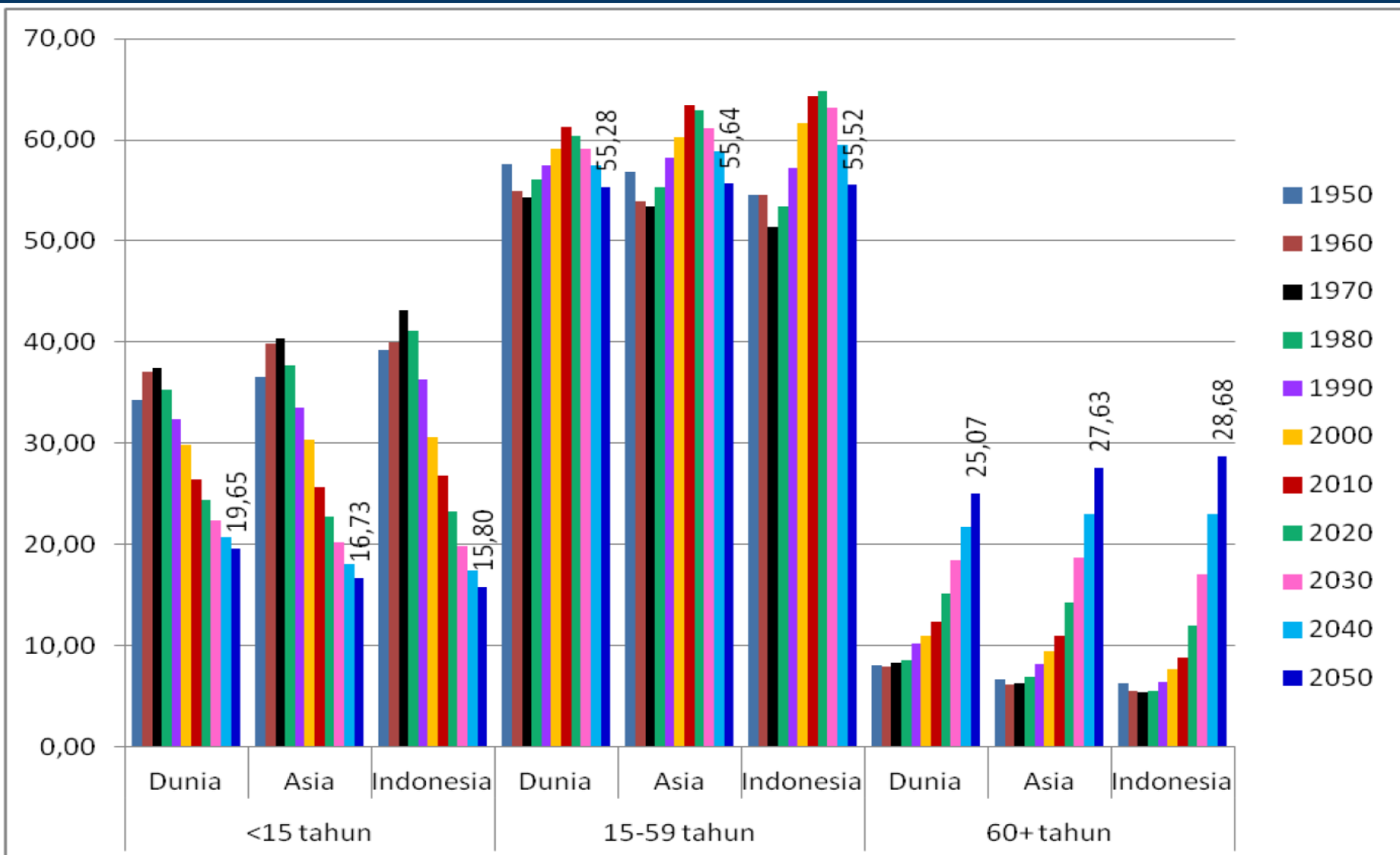
What Should be Considered?

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Persentase Penduduk Lansia di Dunia, Asia dan Indonesia Tahun 1950 - 2050



Sumber : UN, World Population Prospects: The 2010 Revision

Indonesia Masuki Periode Aging Population

PROYEKSI PENDUDUK LANSIA TAHUN 2010-2035

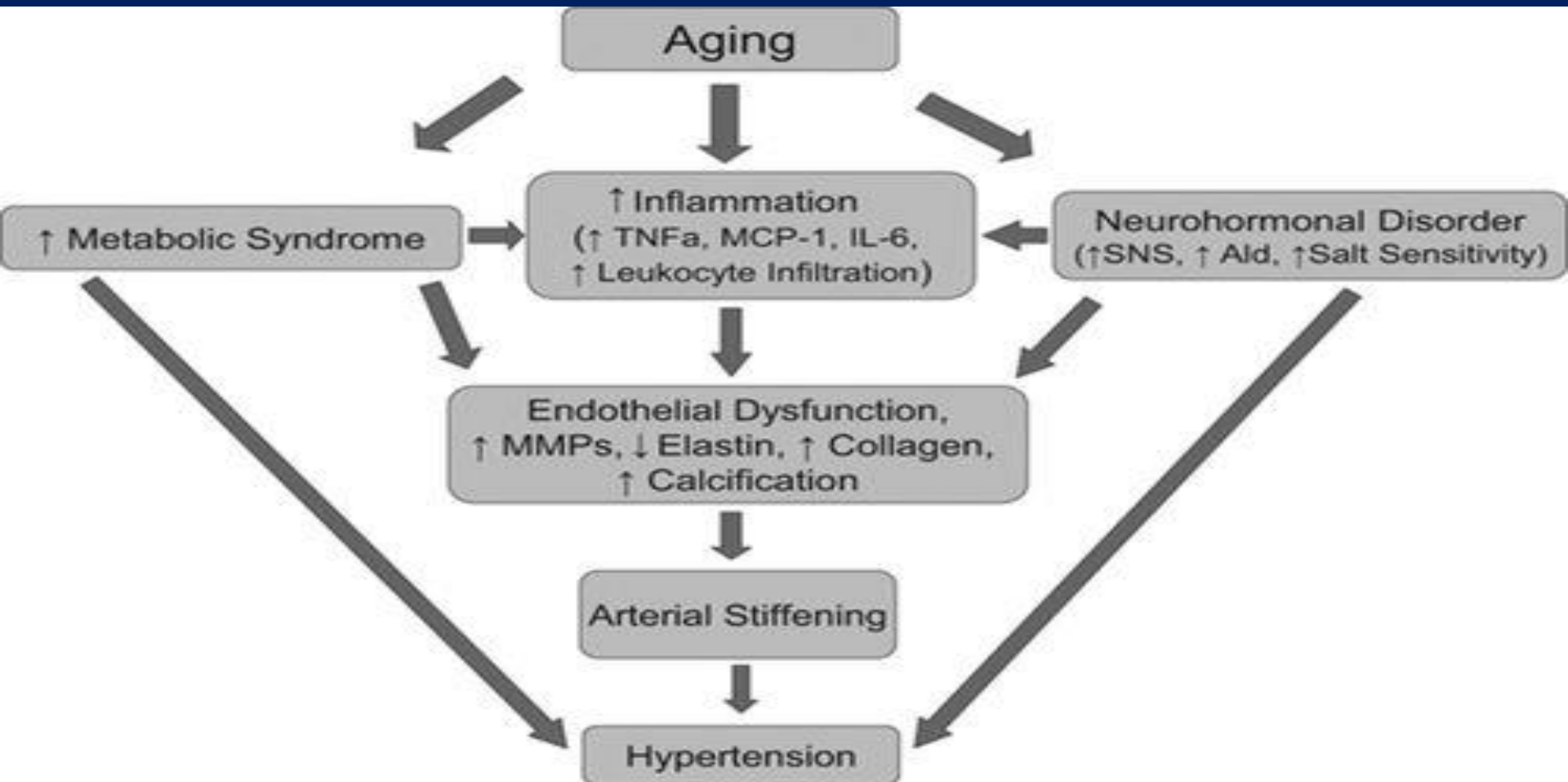


*Indonesia Menuju Struktur Penduduk Tua
(Ageing Population)*

UHH 2010 : 69,8 tahun
2017 : 70,9 tahun



Aging, Arterial Stiffness, and Hypertension



A diagram of mechanistic link of aging, arterial stiffening, and hypertension. Ald indicates aldosterone; IL-6, interleukin-6; MCP-1, monocyte chemotactic protein-1; MMP, matrix metalloproteinase; SNS, sympathetic nervous system; and TNF- α , tumor necrosis factor- α .

Consensus Document on Improving Hypertension Management in Asian Patients, Taking Into Account Asian Characteristics.

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(Kario, Kazuomi et al. Hypertension. 2018 Mar;71(3):375-382)

Elderly

- In clinical practice, a staged approach for BP goal attainment : The first systolic BP target would be **<150 mm Hg**; then, if tolerated and achievable, **<140 mm Hg**; then, ideally, if tolerated and achievable, **<130 mm Hg**.
- **2017 American College of Cardiology/American Heart Association guideline**, which recommended a systolic BP treatment goal of **<130 mm Hg** for non institutionalized ambulatory community-dwelling adults (**≥65 years**) with an **average systolic BP of ≥130 mm Hg**

Benetos A, Rossignol P, Cherubini A, Joly L, Grodzicki T, Rajkumar C, Strandberg TE, Petrovic M.. *JAMA*. 2015;314:170-180
Whelton PK, Carey RM, Aronow WS, et al. ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines [published online ahead of print November 13, 2017].

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(Kario, Kazuomi et al. Hypertension. 2018 Mar;71(3):375-382)

Elderly

- In people with vascular aging and arterial stiffness, such as the elderly, BP is highly volume dependent; thus, these patients typically respond well to a low-dose diuretic or calcium antagonist.
- Most older patients require multiple antihypertensive agents to control BP. The angiotensin-converting enzyme inhibitors or angiotensin receptor blockers can be considered for patients with diabetes mellitus and if there are compelling indications, such as chronic systolic HF, post myocardial infarction, or chronic kidney disease (CKD).

Musini VM, Tejani AM, Bassett K, Wright JM. *Cochrane Database Syst Rev*. 2009;
Bavishi C, Goel S, Messerli FH. *Am J Med*. 2016;129:1251-1258.



CONCLUSION

- Elevated SBP is a key risk factor for cardiovascular disease and mortality, reducing SBP should be a primary goal in the management of hypertension, especially in elderly population
- Special in the elderly
 - White Coat HT
 - Pseudo HT
 - Orthostatic Hypotension
 - Comorbidities must be considered
- Availability of antihypertensive therapies : lack of effect on the main determinant of SBP, namely arterial stiffness.
- New therapeutic options **targeting** the underlying **vascular pathophysiology** of elevated SBP are needed to **reduce the burden and consequences of systolic hypertension**.

