

# Hypertension in The Frail Geriatric Patients

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# Hypertension in Elderly

- Leading cause of preventable morbidity and mortality even in late life
- Major contributor to premature disability and institutionalization in the elderly
- Challenging treatments in elderly → high degree of heterogeneity in comorbidities, cognitive impairment, frailty, as well as poly-pharmacy and life expectancy.

## What is Frailty

- Decreased physiological reserve, rendering patients **vulnerable** to health problems → falls, hospitalizations, disability, and mortality
- Phenotype: weight loss, decreased muscle strength, slowed movement, decreased physical activity

# Frailty & Hypertension can Co-Exist

- Pre-frail and frail elderly → higher arterial stiffness
- Higher HMOD in frail patients due to arteriosclerosis
- Frail patients → higher inflammatory and oxidative stress markers, lower antioxidant markers

# Conclusion

- Hypertension appears to be not only a leading cause of preventable morbidity and mortality even in late life → a major contributor to premature disability and institutionalization in the elderly
- Treatment at older ages is challenging → high degree of heterogeneity in comorbidities, cognitive impairment, frailty, as well as poly-pharmacy and life expectancy
- Frailty status should be known to decide risk and benefit of antihypertensive drug treatment
- Close monitoring of BP, especially in the presence of comorbidities