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CLINICAL RESEARCH

Prevalence and management of uncontrolled hypertension in French patients aged over 80 years



Prévalence et prise en charge de l'HTA non contrôlée chez les patients de plus de 80 ans en France

Stéphanie Ragot^{a,b,c,d,*}, Philippe Sosner^{e,f},
François Dievart^g, Daniel Herpin^{d,e}

^a Inserm, CIC1402, 86000 Poitiers, France

^b CHU de Poitiers, centre d'investigation clinique, 86000 Poitiers, France

^c Université de Poitiers, CIC1402, 86000 Poitiers, France

^d Université de Poitiers, UFR médecine et pharmacie, 86000 Poitiers, France

^e CHU de Poitiers, cardiologie, 86000 Poitiers, France

^f Laboratoire MOVE (EA 6314), université de Poitiers, 86000 Poitiers, France

^g Clinique Villette, cardiologie, 59240 Dunkerque, France

Received 5 December 2013; received in revised form 3 March 2014; accepted 11 March 2014
Available online 22 April 2014

KEYWORDS

Blood pressure;
Elderly;
Hypertension;
Quality of health
care;
Pulse pressure

Summary

Background. — The rate of uncontrolled hypertensives aged >80 years is not well known. The available literature on this topic has used the threshold <140/90 mmHg, whereas there is now a consensus for a different target: systolic blood pressure (SBP) <150 mmHg.

Aims. — This prospective observational population-based study sought to assess the frequency and management of uncontrolled hypertension in French patients aged ≥80 years.

Methods. — Nine hundred and seventy-one treated hypertensive outpatients were evaluable (204 recruited by cardiologists, 767 by general practitioners [GPs]; mean age 84.8 ± 3.8 years; 57.8% women).

Abbreviations: ABPM, Ambulatory blood pressure monitoring; CI, Confidence interval; DBP, Diastolic blood pressure; ESC, European Society of Cardiology; ESH, European Society of Hypertension; GP, General practitioner; OR, Odds ratio; SBP, Systolic blood pressure; SBPM, Self blood pressure measurement.

* Corresponding author. CHU de Poitiers, centre d'investigation clinique, 2, rue de la Milétrie, 86021 Poitiers, France.

E-mail address: stephanie.ragot@chu-poitiers.fr (S. Ragot).

<http://dx.doi.org/10.1016/j.acvd.2014.03.002>

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MOTS CLÉS

Pression artérielle ;
Sujets âgés ;
Hypertension ;
Qualité de prise en
charge ;
Pression pulsée

Results. — The frequency of SBP ≥ 150 mmHg was 36.6% (44.6% in cardiologists' patients and 34.4% in GPs' patients). The frequency of satisfaction with SBP ≥ 150 mmHg was 22.0% for cardiologists (32.6% if diastolic blood pressure [DBP] < 90 mmHg and 9.5% if ≥ 90 mmHg; $P=0.008$) and 30.4% for GPs (51.7% if DBP < 90 mmHg and 13.2% if ≥ 90 mmHg; $P<0.0001$). Non-diabetic status (for cardiologists) and DBP < 90 mmHg (for cardiologists and GPs) were independent determinants of SBP being considered acceptable. Accordingly, in patients with an SBP level ≥ 150 mmHg that was considered too high, treatment was reinforced more often if DBP was ≥ 90 mmHg (82.3%) than < 90 mmHg (68.5%).

Conclusion. — In France, hypertension is uncontrolled in more than one in three elderly hypertensives. Physicians are aware that SBP should be lowered to < 150 mmHg in patients aged > 80 years, but when the target is not reached they are less likely to increase treatment if DBP is < 90 mmHg.

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Résumé

Contexte. — La prévalence de l'hypertension artérielle (HTA) non contrôlée chez les sujets de 80 ans ou plus est mal connue. La littérature disponible sur ce thème a utilisé le seuil PA $< 140/90$ mmHg, alors qu'il y a maintenant un consensus pour une cible différente: PAS < 150 mmHg.

Objectifs. — Cette étude observationnelle a pour objectif d'évaluer la prévalence et la prise en charge de l'HTA non contrôlée des sujets d'âge ≥ 80 ans.

Méthodes. — Neuf cent soixante et onze patients suivis en consultation pour une HTA traitée ont été évalués (204 par des cardiologues, 767 par des médecins généralistes (MG) ; âge moyen $84,8 \pm 3,8$ ans ; 57,8 % de femmes).

Résultats. — La prévalence d'une PAS ≥ 150 mmHg était de 44,6 % chez les cardiologues et 34,4 % en médecine générale. Le taux de satisfaction avec une PAS ≥ 150 mmHg était de 30,4 % pour les MG et 22,0 % pour les cardiologues. L'absence de diabète (pour les cardiologues) et une PAD ≤ 90 mmHg (pour cardiologues et MG) étaient les déterminants indépendants d'une PAS considérée comme acceptable. En conséquence, face à une PAS ≥ 150 mmHg et considérée comme trop élevée, le traitement était plus souvent renforcé quand la PAD était ≥ 90 mmHg (82,3 %) que lorsqu'elle était < 90 mmHg (68,5 %).

Conclusions. — En France, plus d'un hypertendu âgé sur 3 n'est pas contrôlé. Les médecins savent que la PAS doit être abaissée en-dessous de 150 mmHg chez les plus de 80 ans, mais quand la cible n'est pas atteinte, ils sont malheureusement moins enclins à renforcer le traitement si la PAD est inférieure à 90 mmHg.

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Background

There is a large body of epidemiological data concerning the prevalence of hypertension and its rate of control in populations aged < 75 years [1–4], but little is known about these aspects in patients aged > 80 years. One recent survey estimated the prevalence of hypertension among French subjects aged ≥ 80 years at 70% (69.7% in women, 70.4% in men) [5]. The HYVET study showed that a drug-induced decrease in blood pressure (BP) by 17/6 mmHg with respect to placebo was associated with a significant decrease in cardiovascular morbidity and mortality [6].

However, the overall efficacy of antihypertensive therapy depends on the extent to which blood pressure is lowered and the frequency with which hypertension is controlled. In subjects aged between 18 and 75 years, a recent French survey (ENNS 2006–2007) reported the rate of blood pressure

control to be 50.9%, with a clear difference between women (58.5%) and men (41.8%), and as a function of age (64% in women and 46.8% in men aged between 45 and 54 years versus 49.6% in women and 33.9% in men aged between 65 and 74 years) [7].

In hypertensives aged > 80 years, the 2005 and 2013 French recommendations, as well as 2013 European guidelines, recommended that systolic blood pressure (SBP) be reduced to < 150 mmHg [8–10], while the 2007 European Society of Hypertension (ESH)/European Society of Cardiology (ESC) guidelines aimed at an SBP level < 140 mmHg [11]. Despite its considerable socioeconomic importance, the specific issue of blood pressure control in patients aged ≥ 80 years has rarely been addressed. We therefore decided to carry out this observational study, to investigate both the frequency of patients aged > 80 years with uncontrolled blood pressure and the management of these patients in current clinical practice.

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