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U.S. NEWS

Guidelines on Blood Pressure Eased

Experts Raise Level at Which Older People Should Start Drugs

By RON WINSLOW

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An expert panel released new guidelines for managing high blood pressure that ease the targets for people aged 60 and over, potentially reducing the burden for older patients who take pills for multiple ills. Ron Winslow reports on the News Hub. Photo: Getty Images.

New guidelines published Wednesday for the treatment of high blood pressure take a step back from the long-standing position that lower is always better when managing hypertension, raising the level at which people age 60 and over should start taking medication.

For many patients, the recommendations by an expert panel could simplify what is often a complicated effort to get blood pressure under control, especially those who take multiple pills to treat several chronic ailments, researchers said.



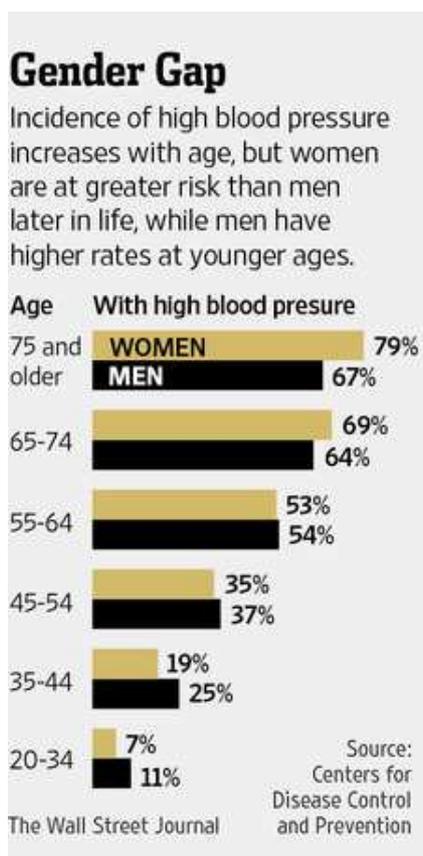
Carolyn Jackson, 68 years old, has her blood pressure taken in Los Angeles in October. A panel has recommended raising the threshold for prescribing treating hypertension drugs to patients over age 60.

Other experts worried that by endorsing a higher threshold for treating the condition, the guidelines could put patients at a heightened risk of heart attacks and strokes.

More than 75 million Americans have high blood pressure, according to the American Heart Association, about half of whom have it successfully managed to below the current threshold of 140/90. The condition, which increases in prevalence as people get older, is a major risk factor for cardiovascular disease, diabetes and kidney failure.

The recommendations, published by the Journal of the

Reuters



American Medical Association, follow new cholesterol guidelines released last month, which also backed away from an aggressive lower-is-better stance that had long guided treatment policy. But the cholesterol recommendations lowered the threshold for starting treatment with cholesterol-lowering drugs called statins and increased the number of people considered candidates for the medicines.

In both cases, the pullback reflects a lack of persuasive evidence in clinical trials that meeting specific goals significantly reduced risk of death, heart attacks and strokes. Experts also were concerned that any marginal benefits from reaching aggressive targets would be offset by side effects or unnecessary use of unproven treatments.

The new hypertension recommendations say doctors should consider prescribing blood-pressure drugs to patients age 60 and over whose levels are 150/90 or higher. The previous threshold was 140/90.

In addition, the panel raised the target to 140/90 for people between ages 20 and 59 who have diabetes or kidney disease. The previous threshold for those patients was 130/80. For all other adults, 140/90 remains the trigger to consider taking drugs to lower the numbers.

Raising the target to 150 for older patients drew concern in an editorial accompanying the guidelines' publication in JAMA. Eric Peterson, a cardiologist at Duke Clinical Research Institute, Durham N.C., and two other experts noted that 10 millimeters of mercury difference in the top blood-pressure reading is associated with a significant difference in risk of serious cardiovascular events. One study found that lowering the number to 143 from 155 for five years led to a 32% reduction in heart attacks and other cardiovascular events.

"Whether this change [to the higher target] will have adverse consequences for population health is unclear," Dr. Peterson and his colleagues wrote.

Optimal blood pressure has long been regarded as below 120/80, and for natural or untreated levels that is still the case, said Paul James, a family medicine doctor at University of Iowa Hospitals and Clinics and lead author of the new recommendations. "People with a blood pressure of 120 have lower health risks than people with 130 or 140," he said.

But in the studies the panel evaluated to write the guidelines—all randomized, controlled clinical trials—there wasn't a clear link between blood pressure lowered with drugs toward optimal levels and health benefits. Indeed, he said, evidence from clinical studies was strong in supporting the recommendation to raise the target in for people 60 and over.

The first-line strategy for controlling blood pressure is healthy diet and exercise habits. The new guidelines address only when intervention with drugs should begin.

Richard Krasuski, cardiologist at the Cleveland Clinic, said the recommendations would give physicians and older patients more flexibility in managing hypertension. "If anything, 150 rather than 140 will make it a little easier for the clinician and the patient," he said.

Many older patients take two or three pills to control blood pressure on top of drugs to manage other illnesses, and the resulting side effects can cause people to stop taking the drugs.

"In some cases, we might have become overzealous" with the lower-is-better idea, Dr. Krasuski said.

"When you start pushing those therapies up, people start feeling worse and the data suggest they don't do better clinically." If they go off the drugs, they lose the benefit entirely.

But Dr. James said older patients who have successfully achieved blood pressure below 140/90 on medicines shouldn't change their treatment because of the new target.

Unlike the cholesterol guidelines, which were developed by the American College of Cardiology and American Heart Association and sanctioned by the National Heart, Lung and Blood Institute, the blood pressure document didn't involve the professional societies. Nor was it vetted by the NHLBI.

As a result, a senior NHLBI researcher chose to remove his name as an author of the guidelines before their publication, said Michael Lauer, director of cardiovascular sciences at NHLBI. He said collaboration involving professional societies was necessary to produce "highest quality" guidelines. The text of the guidelines noted the decision of the NHLBI author to remove his name from the document.

The recommendations were developed by a group called the Eighth Joint National Committee on Prevention, Detection Evaluation and Treatment of High Blood Pressure.

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