

The Therapeutic Goal of Proper Medical Care for Atherosclerosis Disease

BP Goal

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High blood pressure (BP) is associated with increased cardiovascular disease (CVD). Prospective, randomized trials have shown anti-hypertensive agents can reduce future cardiovascular events. However, controversial issues about BP targets including when and how to attain the goal are under debate.

Regarding the BP goal, recent studies, such as ACCORD, did not support the concept of “the lower the better”. However, poor BP control, such as systolic BP (SBP) more than 140 mmHg, is associated with higher CVD. Considering the so-called J curve phenomenon, it is reasonable to keep SBP between 130-140 and diastolic BP (DBP) between 80-90 mmHg for the high-risk population.

Limited randomized trials investigated the threshold to initiate anti-hypertensive agent and treatment goal for special populations such as the very elderly. In the HYVET trial, active treatment might reduce the CVD for those with age > 80 years old if their baseline SBP more than 160 mmHg and goal less than 150 mmHg. Therefore, NICE guideline suggested in uncomplicated hypertension, <140/90 mmHg is the treatment goal for individuals aged 18-79 and SBP less than 150 mmHg in those > 80 years old.

Based on VALUE trial it seems reasonable to attain BP goal within 3 months for the high-risk hypertensives. The OSCAR trial might provide new insight that more BP reduction within 6 months would be beneficial for those with CVD.