Lowering blood pressure to prevent myocardial infarction and stroke: a new preventive strategy

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Record Status
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Citation

Authors' objectives
This report focuses on the importance of blood pressure as a cause of cardiovascular disease and the effectiveness of treatment with blood pressure-lowering drugs in preventing morbidity and death. It presents a range of policy options which may be helpful in formulating decisions on the most appropriate way of using blood pressure-lowering drugs to prevent blood pressure-related illness and premature morbidity.

Authors' conclusions
There are considerable limitations to current guidelines that specify that blood pressure should be lowered only in persons in whom it exceeds a specified level (such as 100 mmHg diastolic). This approach limits the number who can be treated and does not address the inconsistency that an older person with average blood pressure has a substantially greater risk of myocardial infarction or stroke than a younger person with high blood pressure. It also ignores the fact that there is benefit in changing all reversible risk factors (not only blood pressure) in persons who are at high risk for any reason.

The authors have identified a range of policy options in relation to treatment of high blood pressure and considered these in the light of the findings of this research. It is suggested that a combination of identifying all people with established cardiovascular disease and offering treatment to all persons above a specified age are likely to have the greatest public health impact (may reduce stroke by about two-thirds and ischaemic heart disease by half), on the basis of the epidemiological evidence presented. Further research into treatment effectiveness and into the economic implications of policy options is required.

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