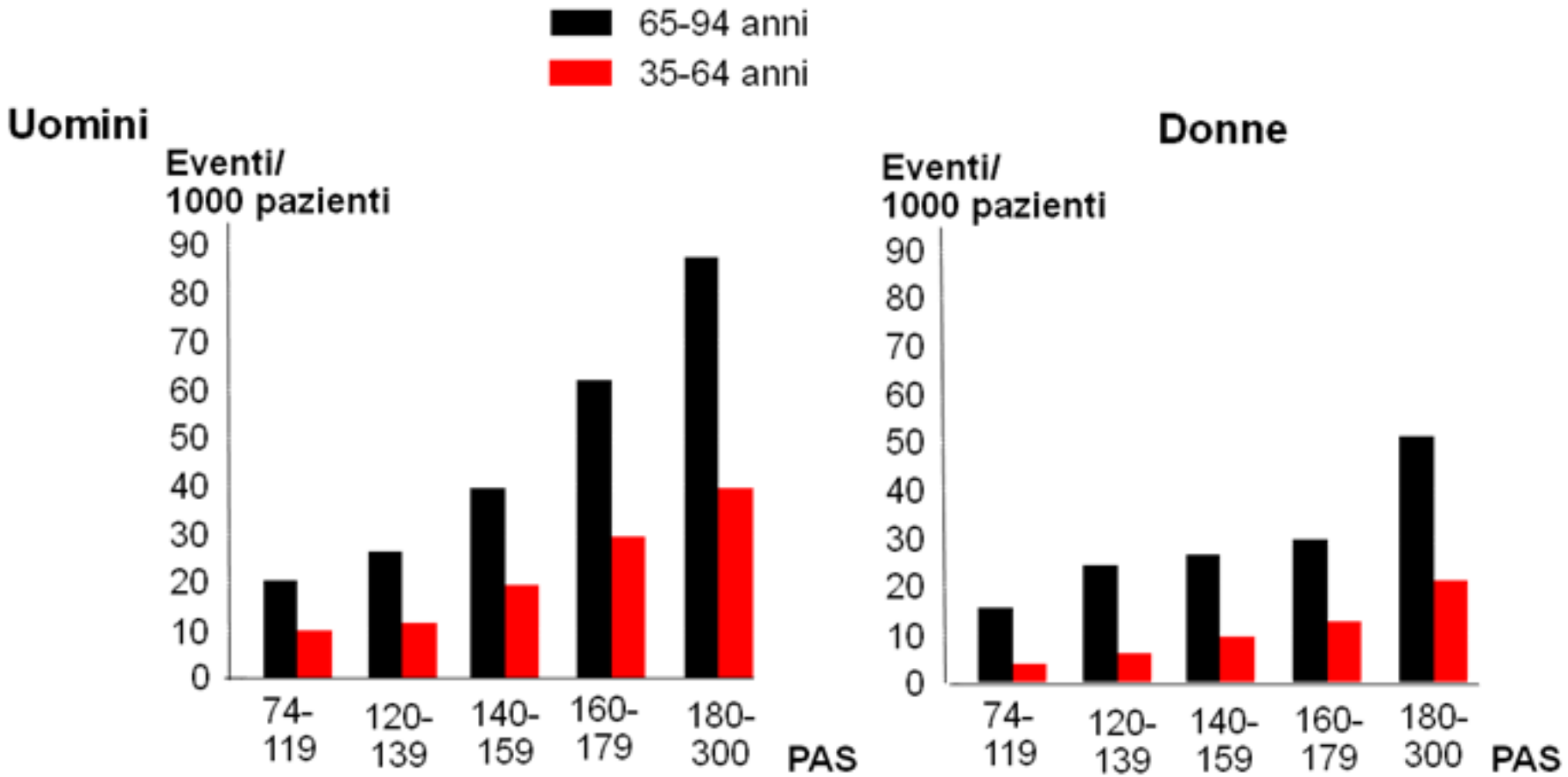
L’ipertensione arteriosa nell’anziano

Como 23 Ottobre 2015

Congresso Regionale CFC

Stefano Carugo

Pressione Arteriosa e Rischio Cardiovascolare nell'anziano: 30 anni di follow-up dello studio di Framingham



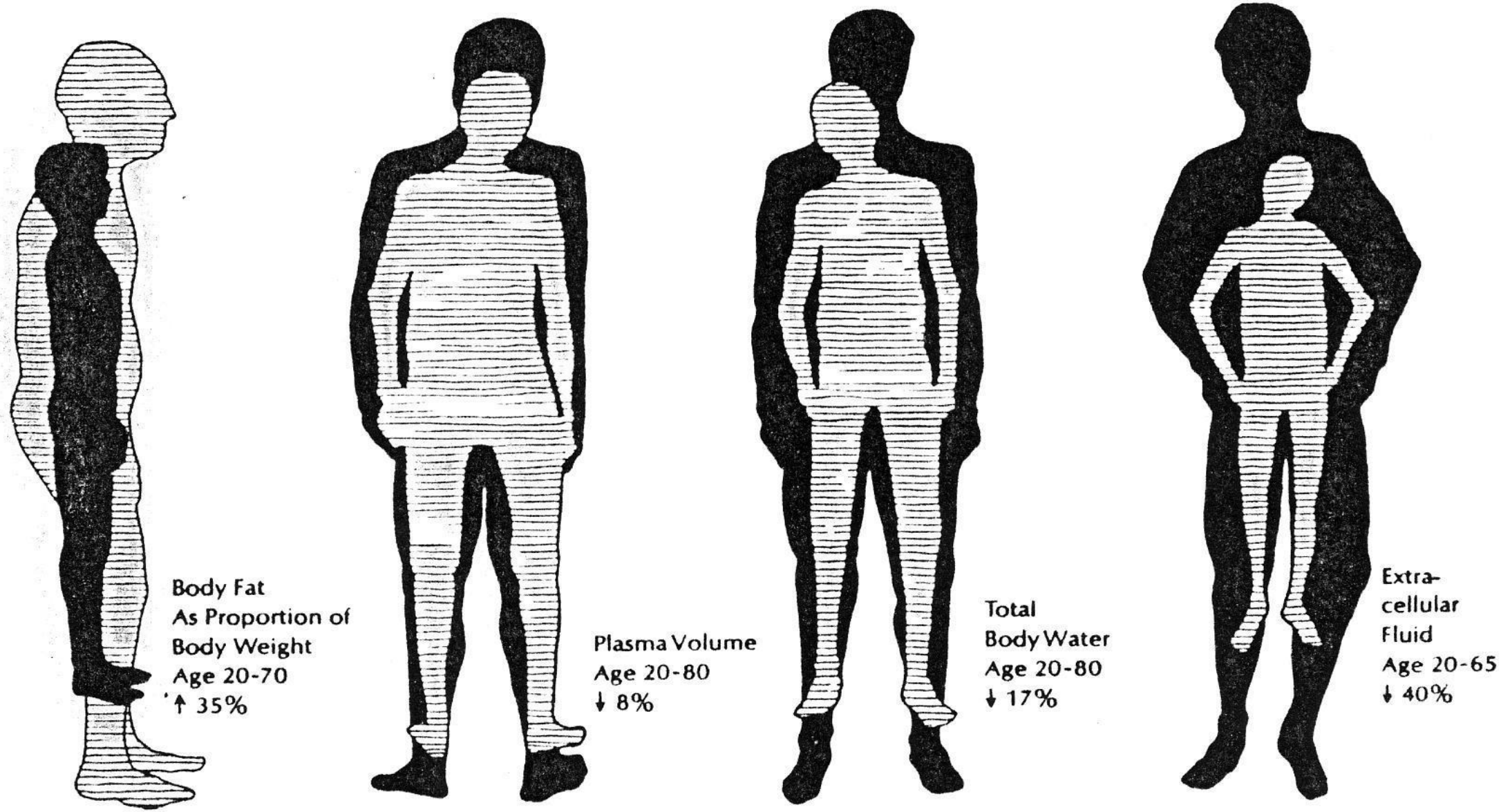
Modificato da Vokonas et al 1988

Haemodynamic Patterns of Age-Related Changes in Blood Pressure

Age (years)	DBP (mmHg)	SBP (mmHg)	MAP (mmHg)	PP (mmHg)	Haemodynamics
30-49	↑	↑	↑	↑	PVR > LAS
50-59	→	↑	→	↑↑	PVR = LAS
≥ 60	↓	↑	→,↓	↑↑↑	LAS > PVR

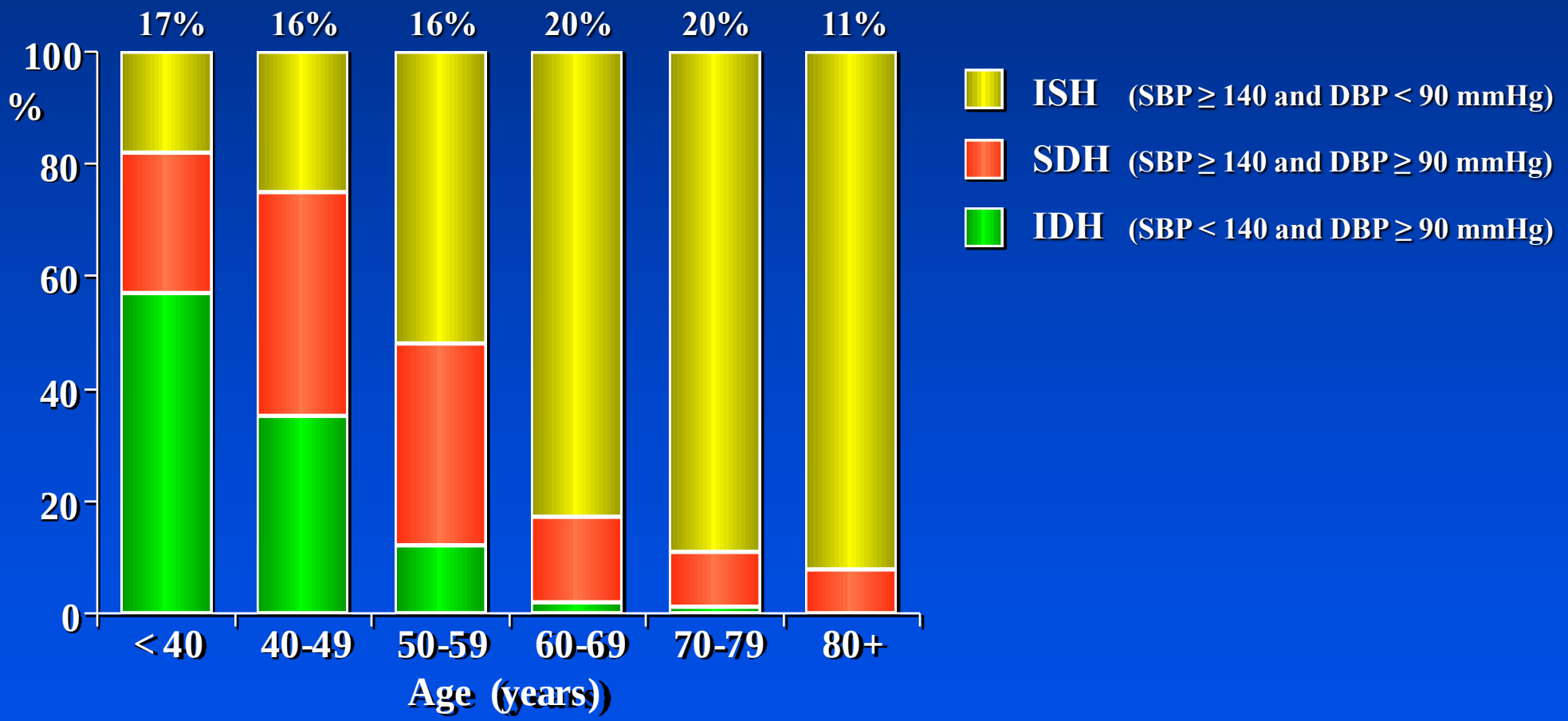
PVR = peripheral vascular resistance; LAS = large artery stiffness

From Franklin J Hypertens 1999; 17 (Suppl 5)



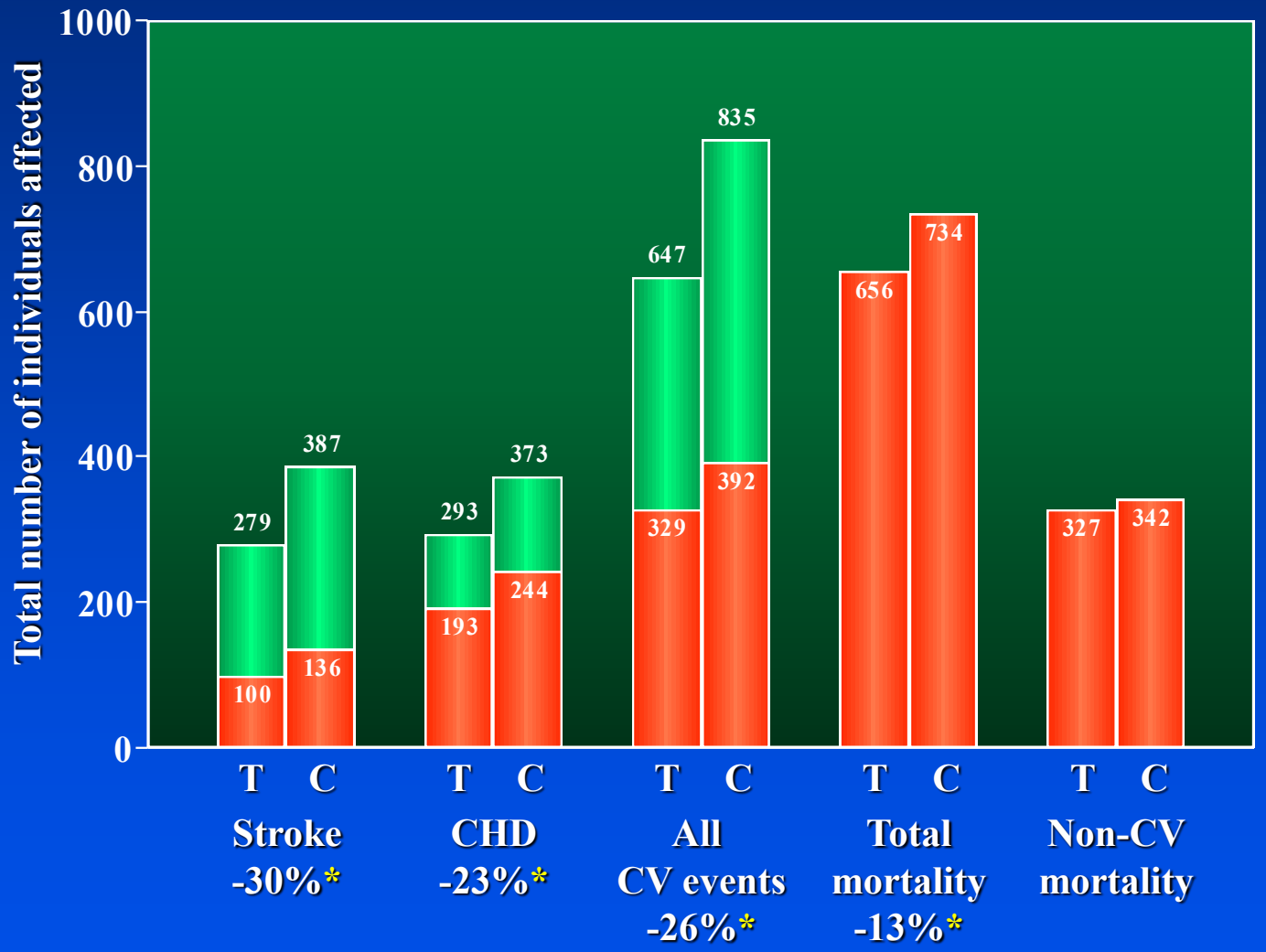
Modificazioni fisiologiche nell'invecchiamento

Frequency Distribution of Untreated Hypertensive Individuals by Age and Hypertension Subtype - NHANES III



Franklin et al., Hypertension 2001; 37: 869

Meta-Analysis of 8 Trials in Older Patients with Isolated Systolic Hypertension
Effects of Antihypertensive Treatment



Analysis included 15693 patients. Blood pressure at entry averaged 174 mmHg systolic and 83 mmHg diastolic.

During follow-up (median 3.8 years), mean difference in blood pressure between treated and control patients was 10.4 mmHg systolic and 4.1 mmHg diastolic

Da Staessen, Lancet 2000; 355: 865

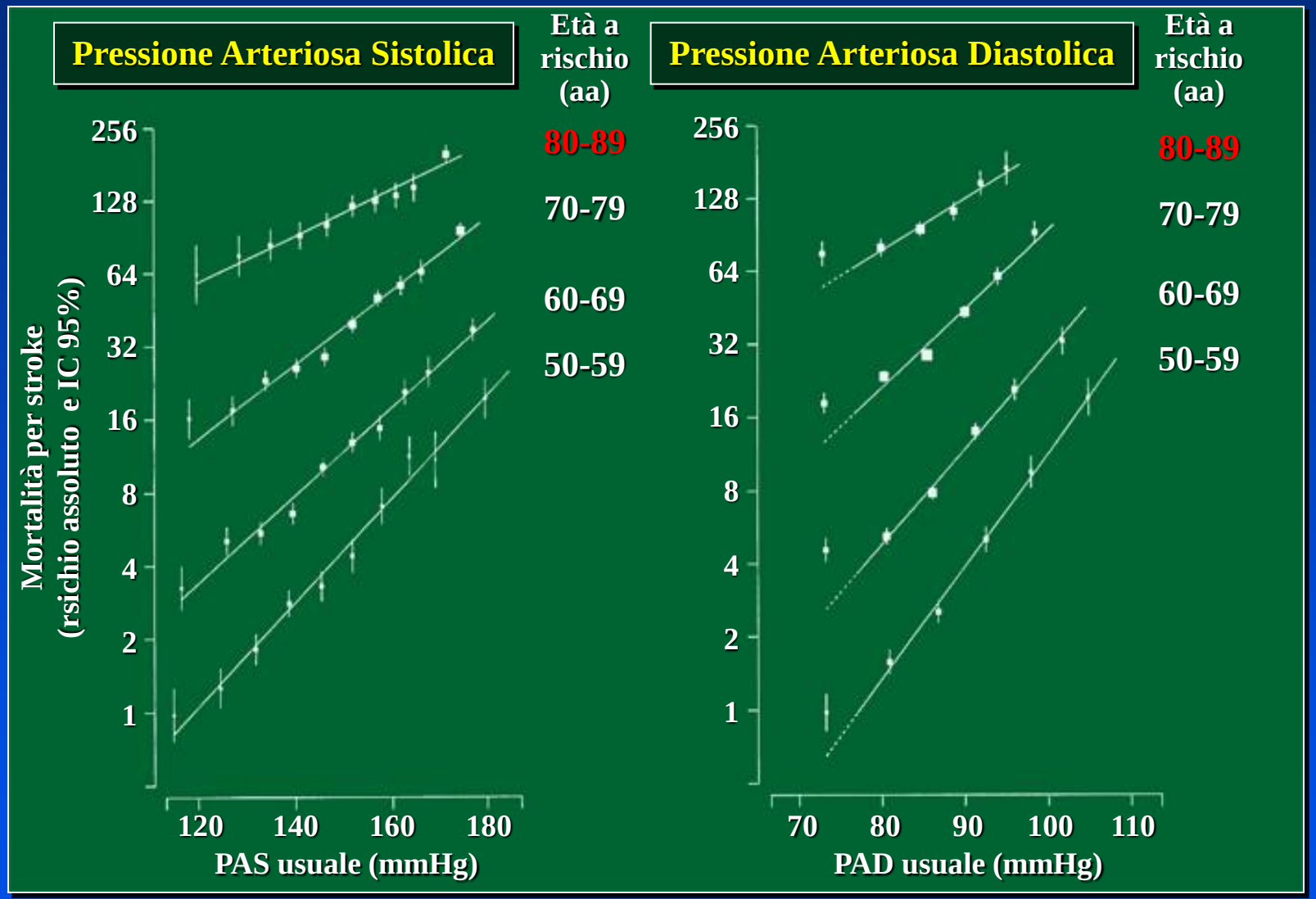
L’ipertensione arteriosa nell’ultraottantenne

1) L’ipertensione arteriosa è un fattore di rischio CV nell’ultraottantenne?

2) Ridurre la pressione arteriosa diminuisce le complicanze CV (danno d’organo, ACC)?

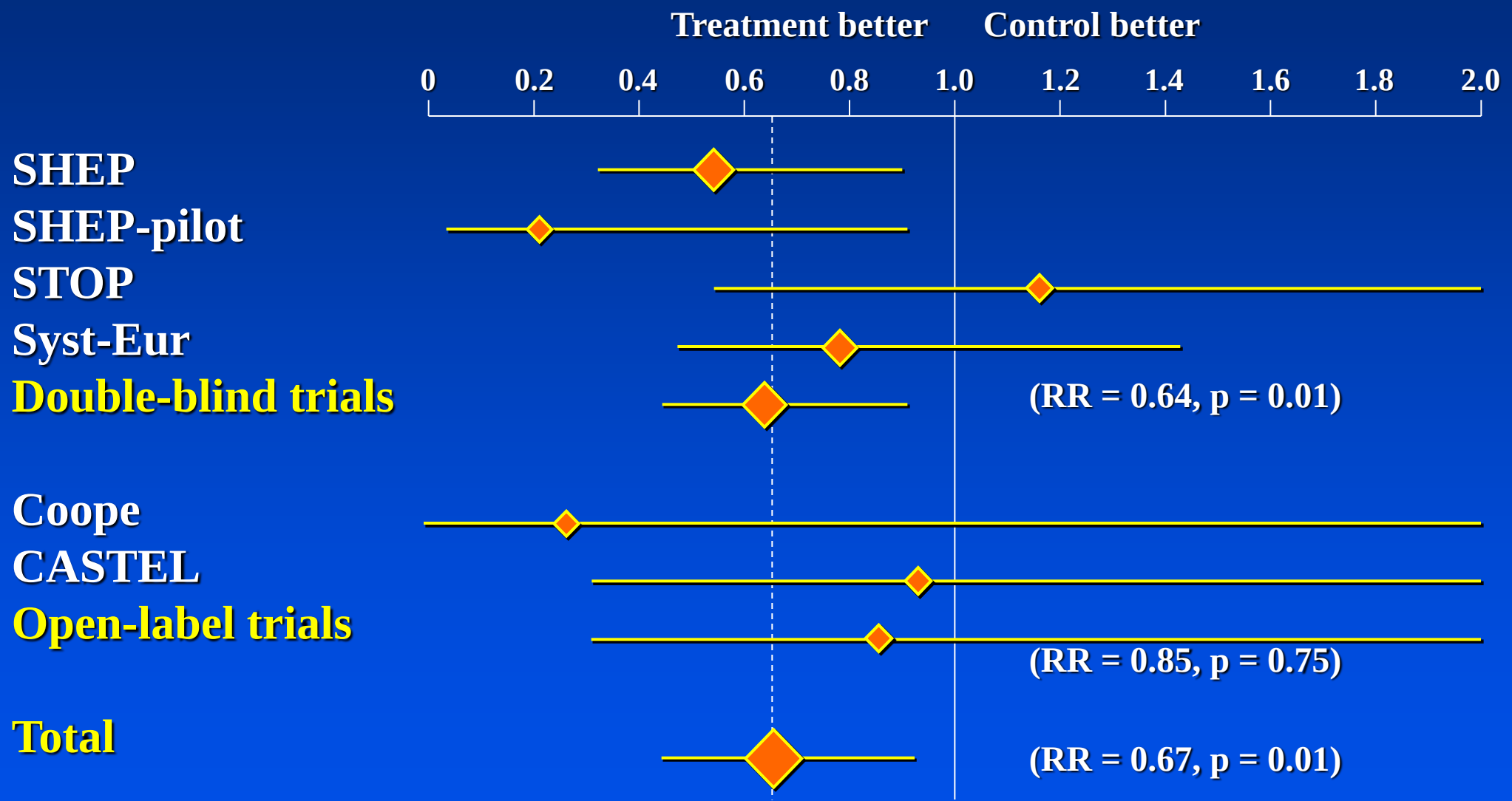
3) Quale terapia antiipertensiva nell’ultraottantenne?

Mortalità per Stroke
Rischio in Ogni Decade di Età, vs la PA usuale all'Inizio di Ogni Decade



Prospective Studies Collaboration, Lancet 2002; 360: 1903-13

Treatment Effect on Relative Risk of Stroke in Patients over 80 Years Old

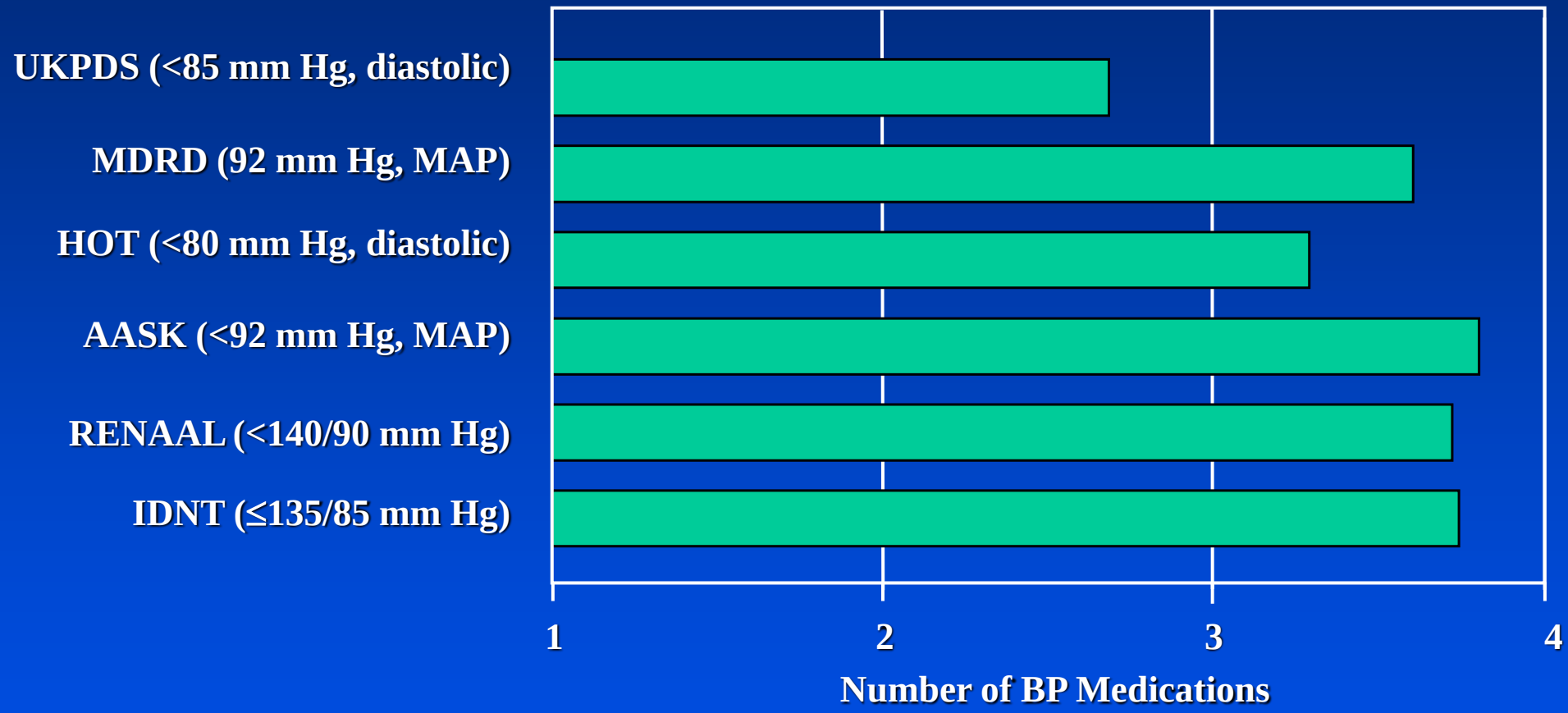


Gueyffier et al., Lancet 1999; 353: 793

Quale terapia antiipertensiva nell'ultraottantenne?

- L'anziano spesso è "pluripatologico" nonchè "pluricomplicato"
- Nella maggior parte dei pazienti sono necessari più di un farmaco
- La terapia di combinazione semplifica il trattamento e favorisce la compliance

Hypertension in High-Risk Patients: Number of Agents Required to Achieve BP Goal



UKPDS=United Kingdom Prospective Diabetes Study; MDRD=Modification of Diet in Renal Disease; HOT=Hypertension Optimal Treatment; AASK=African American Study of Kidney Disease; RENAAL=Reduction of Endpoints in NIDDM with the Angiotensin II Antagonist Losartan; IDNT=Irbesartan Diabetic Nephropathy Trial; MAP=mean arterial pressure.

Bakris et al. Am J Kidney Dis. 2000;36:646-661; Brenner et al. N Engl J Med. 2001;345:861-869; Lewis et al. N Engl J Med. 2001;345:851-860

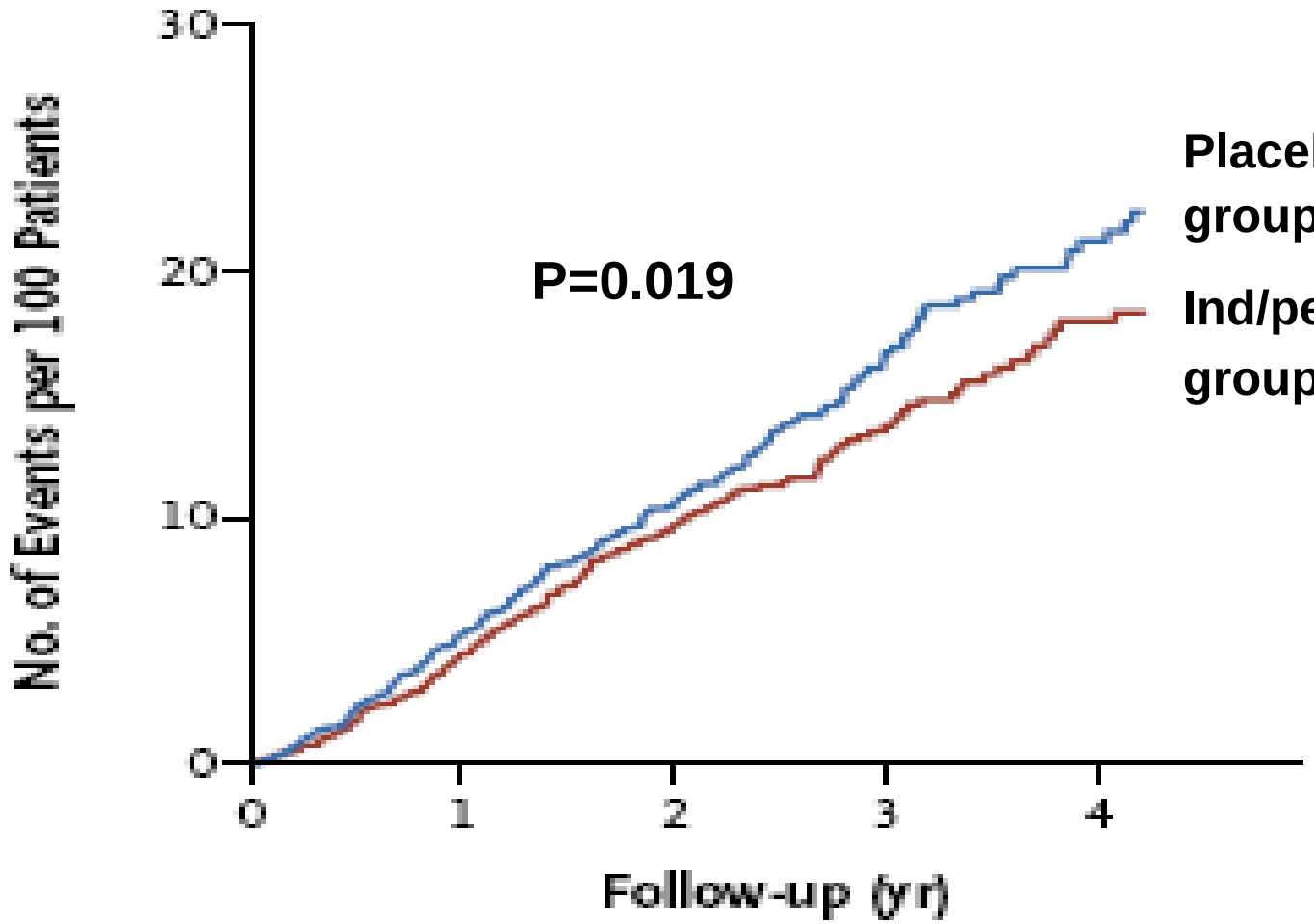
Nell’anziano riduco o non la PA?

Fino a che punto?

Quale è l’età limite?

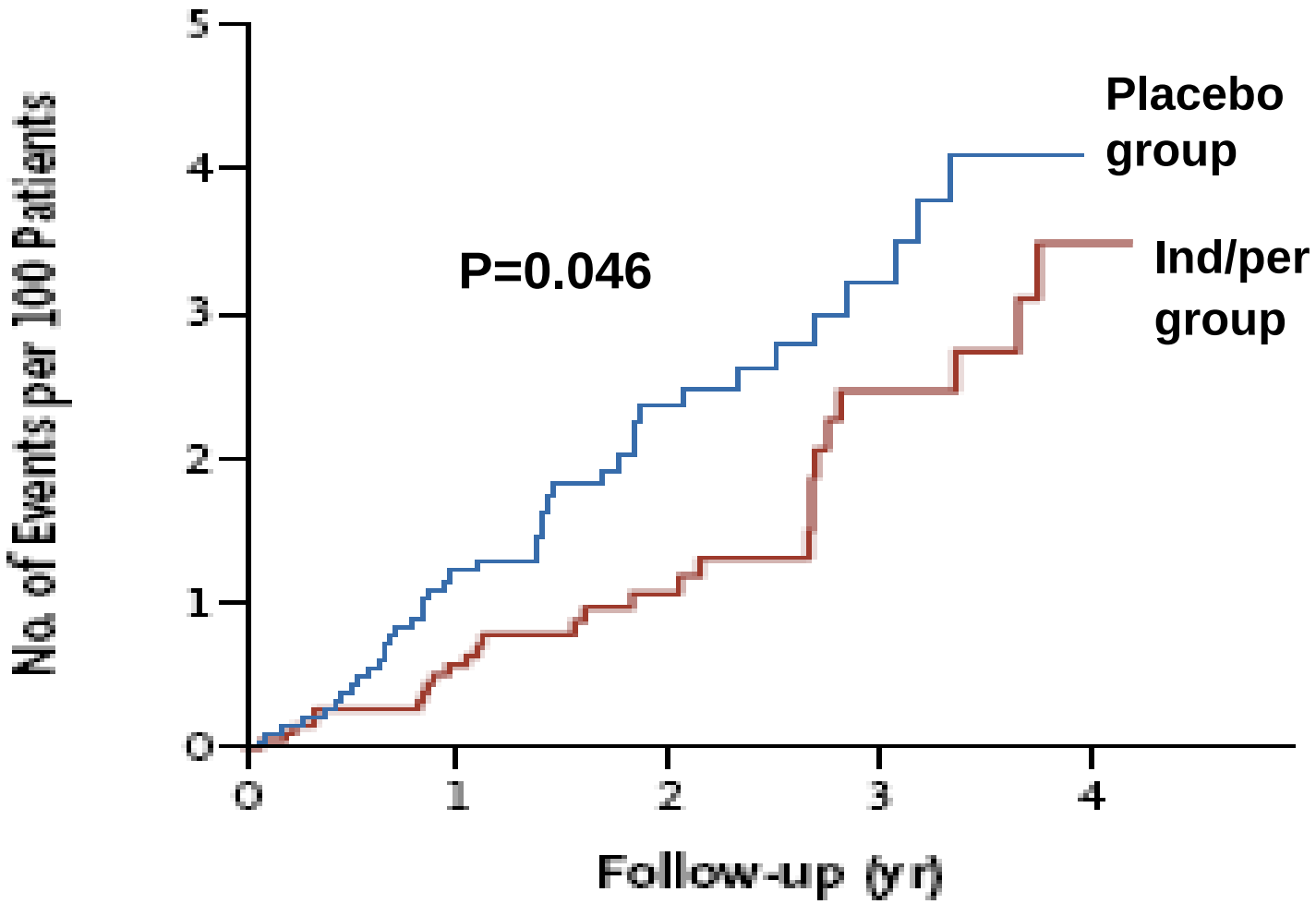
Invecchiando la PA alta fa bene o male?

Total Mortality (21% reduction)



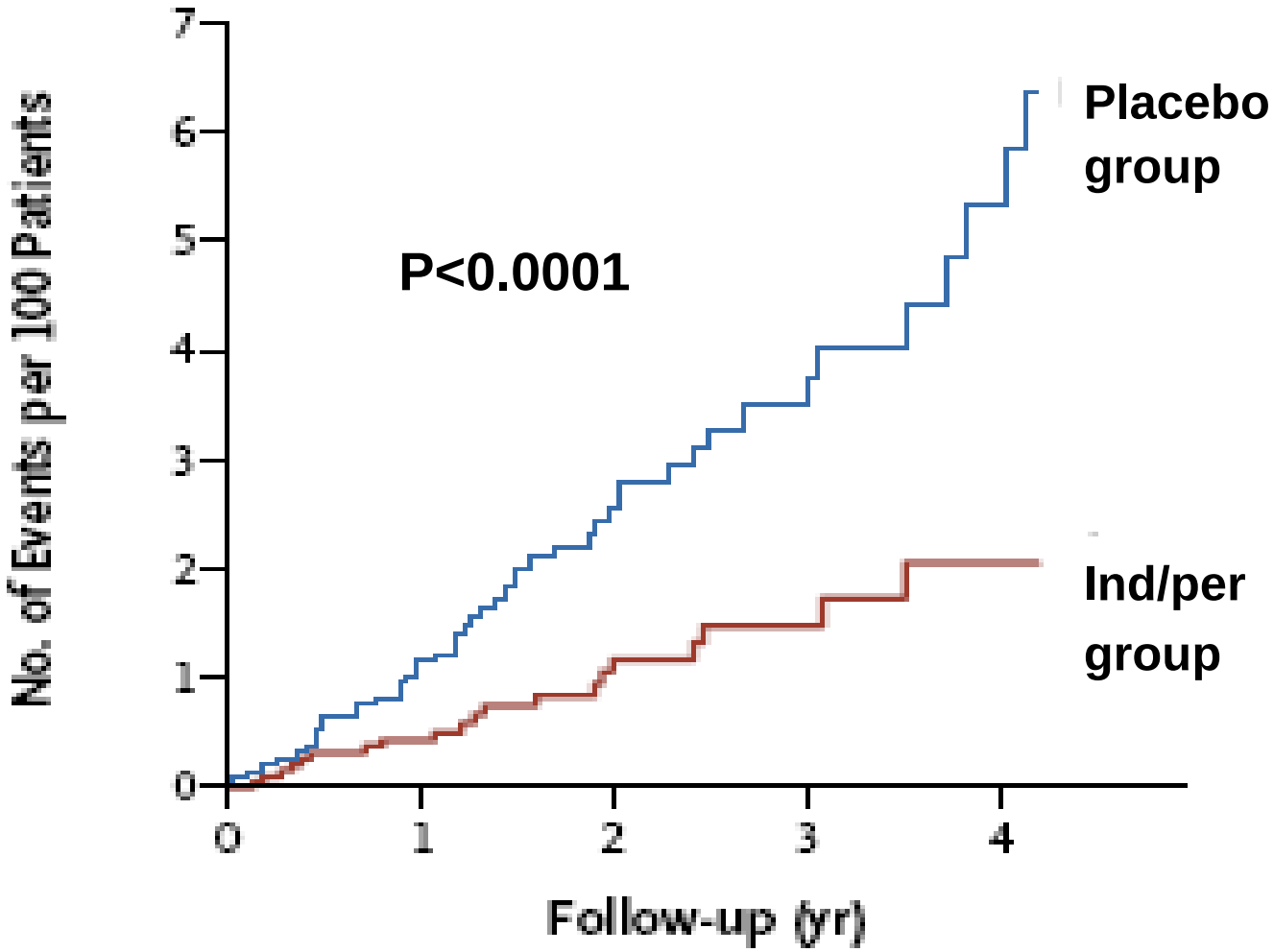
No. At Risk					
Placebo group	1912	1492	814	379	202
Ind/per group	1933	1565	877	420	231

Fatal Stroke (39% reduction)



No. At Risk						
Placebo group		1912	1492	814	379	202
Ind/per group	P	1933	1565	877	420	231

Heart Failure (64% reduction)



No. At Risk

Placebo group	1912	1480	794	367	188
Ind/per group	1933	1559	872	416	228

Low BP a Risk Factor for Death in the Very Elderly

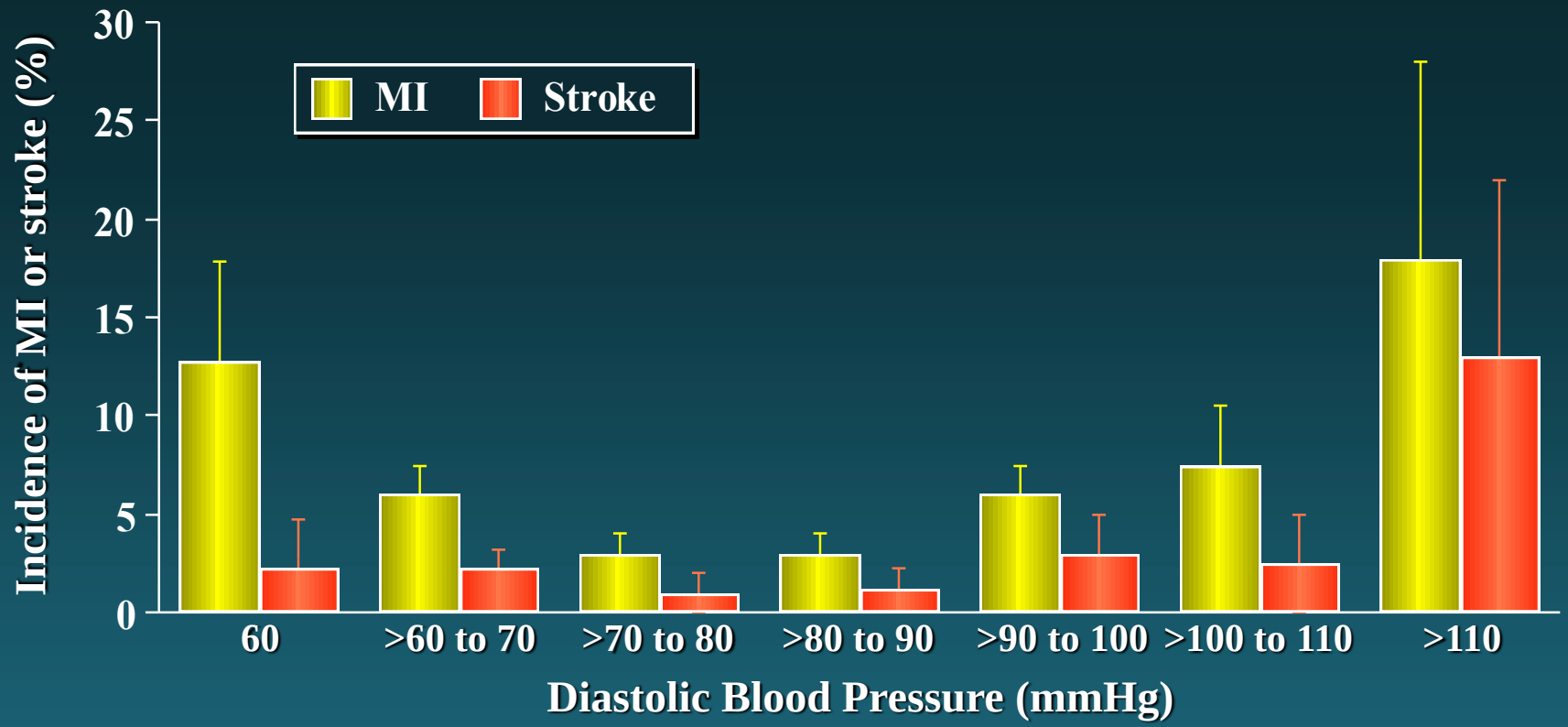
"Sufficiently high BP may be necessary to guarantee adequate cardiac and cerebral perfusion"

J Am Geriatric Soc 2006; 54:912-914

La sincope

Il primo problema: la diastolica…..

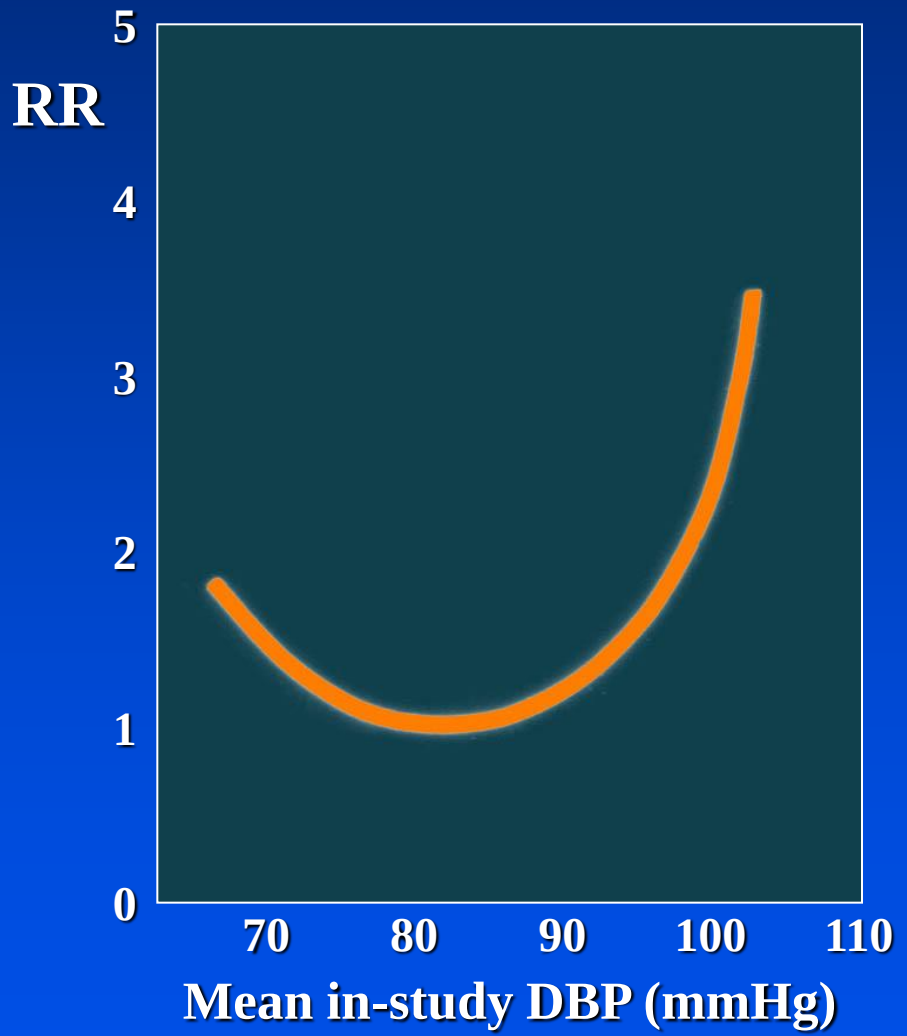
Incidence of Total Myocardial Infarction and Total Stroke by DBP Strata



MI							
Patients with MI (n)	29	135	387	255	71	14	8
Total patients (n)	177	2239	11324	7376	1214	201	43
Mean SBP (mmHg)							
Patients with MI	127.0	131.9	135.2	143.8	158.3	166.9	191.4
Patients without MI	126.2	129.6	131.4	139.3	155.2	170.3	85.7
Stroke							
Patients with stroke (n)	4	50	151	116	44	5	6
Total patients (n)	175	2253	11320	7366	1217	199	45
Mean SBP (mmHg)							
Patients with stroke	112.2	132.7	136.3	143.8	161.1	171.1	177.9
Patients without stroke	126.7	129.6	131.5	139.3	155.2	169.9	187.9

Messerli, Mancia et al., Ann Intern Med 2006; 144: 884-893

J-Curve - 12 Years Follow-Up

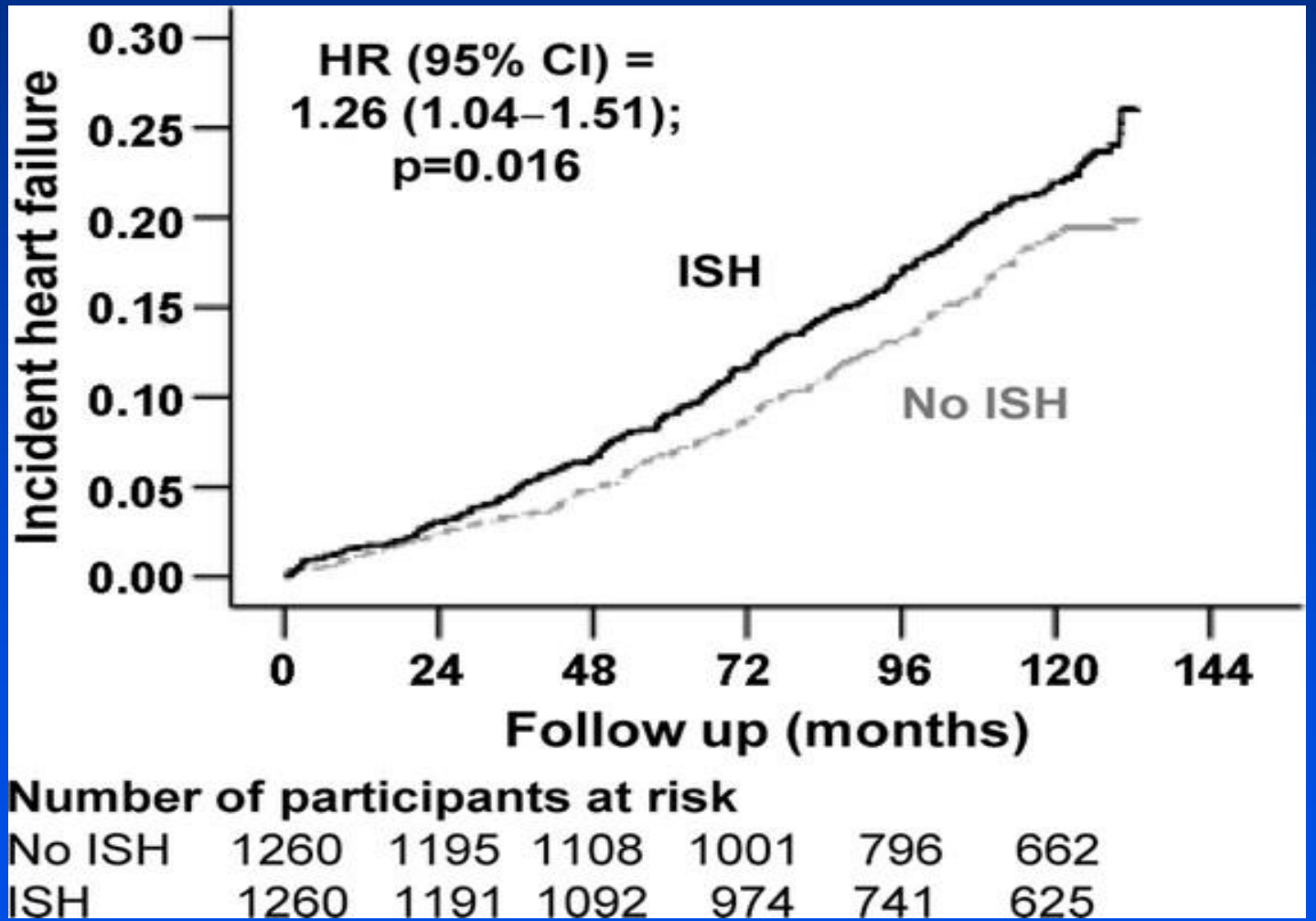


Samuelsson et al., J Hypertens

Isolated Systolic Hypertension and Incident Heart Failure in Older Adults

A Propensity-Matched Study

O. James Ekundayo, Richard M. Allman, Paul W. Sanders, Inmaculada Aban, Thomas E. Love, Donna Arnett, Ali Ahmed



Hypertension 2009;53: 458-465

Lower Systolic Blood Pressure Is Associated with Greater Mortality in People Aged 85 and Older

Lena Molander, Bsc, Hugo Lövheim, MD, PhD, Tove Norman, MD, Peter Nordström, MD, PhD, and Yngve Gustafson, MD, PhD

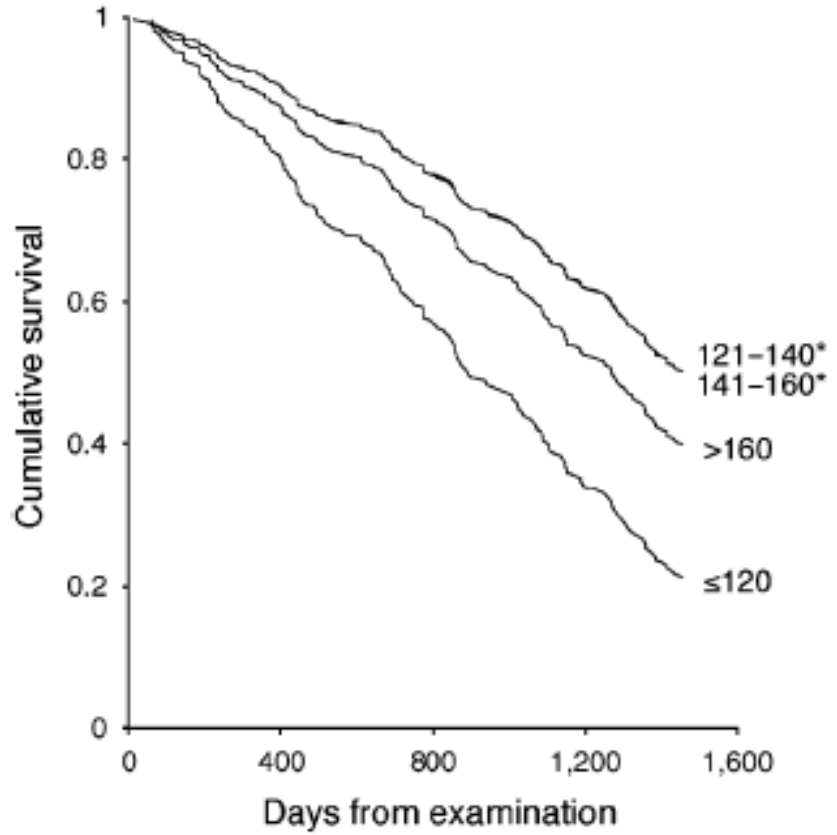


Figure 1. Survival curve based on multivariate Cox regression. *P*-values of comparison with the ≤120 mmHg group:121–140 mmHg, $P < .001$; 141–160 mmHg, $P < .001$; >160 mmHg, $P = .03$. *The curves for these two groups overlap.

JAGS 2008 1853-59

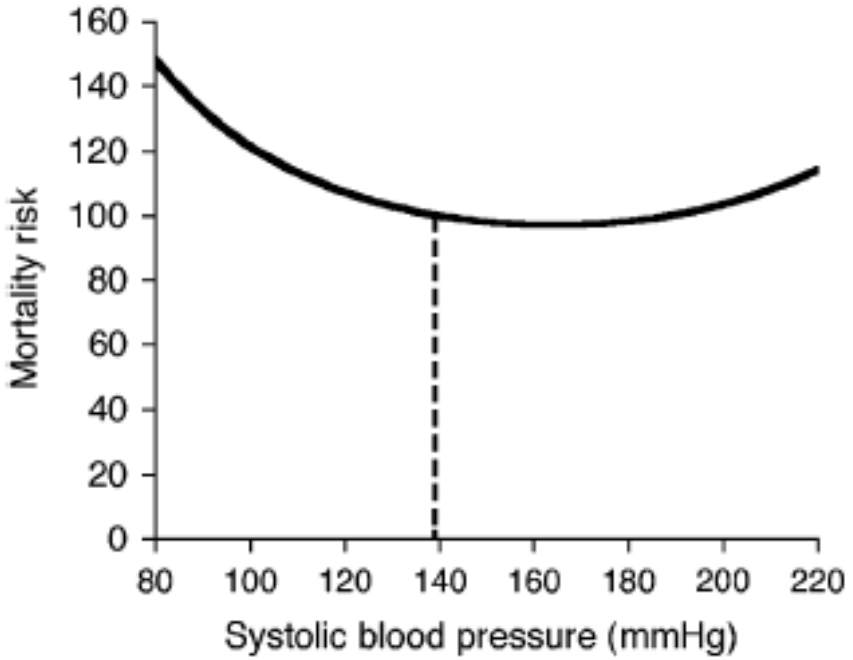


Figure 2. Graph of multivariate Cox regression. Adjusted for sex, age, Mini-Mental State Examination score, activities of daily living according to Barthel score, atrial fibrillation, and diabetes mellitus. Risk associated with systolic blood pressure 140 mmHg (dotted line) was used as index (= 100).

CONCLUSION: Lower SBP seems to be associated with greater mortality in people aged 85 and older, irrespective of health status. There are indications of a U-shaped correlation between SBP and mortality, and the optimal SBP for this age group could be above 140 mmHg. J Am Geriatr Soc 56:1853–1859, 2008.

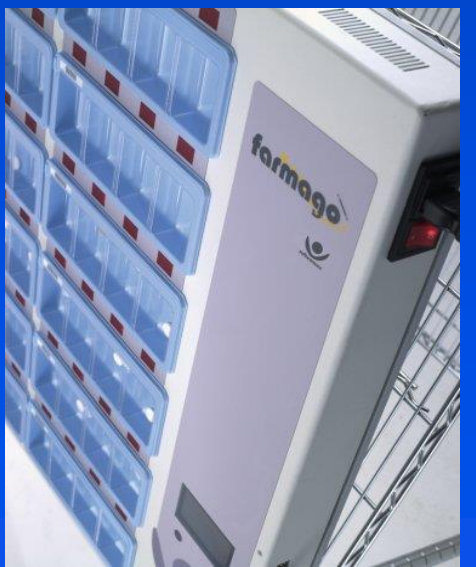
JAGS 2008 1853-59

Quale futuro nel trattamento dell'ipertensione nei grandi anziani?

CREG

POLIPILLOLA

DISTRIBUTORI AUTOMATICI CONFEZIONI GUIDATE



Cautele nell'anziano iperteso

- Controlli pressori ripetuti
- Misurazione pressoria anche in ortostatismo
- Ricerca soffi vascolari carotidei
- Patologie e farmaci concomitanti
- Riduzione graduale dei valori pressori
- Schema terapeutico semplice e dettagliato

Grazie per l’attenzione