



A Change of Heart

From blood pressure medication for seniors to cancer screenings, changing healthcare guidelines can be confusing for patients and physicians alike.

By Gail Luciani

For more than 30 years,

physicians told patients of all ages to strive for a blood pressure reading below 140/90; many even prescribed multiple medications to help their patients reach that target number. But new guidelines released at the end of 2013 suggest that patients over 60 years of age can have higher blood pressure measures before starting treatment to lower it.

“In the past, blood pressure guidelines were based on expert opinion, not data,” says Lawrence Ward, MD ’99, associate professor and vice chair for clinical practice and quality in the Department of Medicine. “All across health care, the goal is to get guidelines in line with evidence.”

The committee that released the guidelines, composed of 17 academics, spent more than five years reviewing evidence before making the new recommendations. It determined that there was not enough evidence for the previous blood pressure target and that there were risks associated with the medications used to bring the numbers down. Empaneled in 2008 by the National Heart, Lung and Blood Institute as the Eighth Joint National Committee, its mission was to create evidence-based recommendations. However, in 2013 the institute announced that it was shifting responsibility for developing clinical guidelines to the American Heart Association (AHA) and the American College of Cardiology. Other guidelines committees accepted the change, but the Eighth Joint National Committee did not. To release its findings, the committee published its report online in the *Journal of the American Medical Association* in December 2013 as an independent group.

According to members of the committee, the recommendations were written with the primary care physician in mind. “These are universal guidelines, so it’s important for all physicians to be up to date on them,” says Ward. For hard-to-manage cases, physicians can refer patients to experts who specialize in treating complex or treatment-resistant hypertension.

Producing clinical guidelines is complicated and can cause contention among healthcare professionals, so it is no surprise there is disagreement about

the new blood pressure guidelines in the medical community. “I just get anxious when people hear that they don’t need as much medicine, and they can allow their blood pressure to drift up,” says Mariell Jessup, MD, AHA president, on the organization’s website. “One in three people in this country has hypertension, and it’s a silent killer. I don’t think this is the time, when we have rising levels of diabetes and obesity, to be less vigilant about it.”

The AHA maintains its recommendation of initiating treatment — starting with lifestyle changes and then medication as needed — at 140/90 until age 80, then at 150/90. High blood pressure is undertreated and underdiagnosed, and patients with high blood pressure often face serious cardiovascular problems such as stroke, heart attack or heart failure.

The AHA and the American College of Cardiology released four cardiovascular treatment guidelines for healthcare providers in November 2013. This year they will update high blood pressure guidelines, taking into account the new report that was published in *JAMA*, the evidence review it was based on and an update of that review. Until then, they will recognize the hypertension guidelines published in 2004 by the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, as the national standard.

To complicate the issue, blood pressure numbers often are used to evaluate the quality of patient care. They may even affect physician payments. It’s not unusual for patients to question whether physicians are trying to help people live healthier lives or make the numbers look good. Often patients are suspicious about the roles of pharmaceutical and insurance companies, how physicians are paid for performance and the intricacies of the Affordable Care Act.

“I’ve certainly had my share of patients who ask questions about changing guidelines, but I believe that it’s important to be open to their concerns and questions,” says Ward. “I’m a minimalist when it comes to prescribing medication, and I actively work toward reducing drugs whenever possible, so my patients tend to trust me. But it’s also important to do basic counseling about the plan of care.”

Physicians can reinforce the message that changing guidelines are a good thing because they are based on new evidence.

Both sides agree that more research is needed to establish hypertension goals for different age groups. ■

Comprehensive Hypertension Center Now at Jefferson

In late 2013, the American Society of Hypertension named the Jefferson Hypertension Program in the Department of Medicine a Comprehensive Hypertension Center, one of only five in the country. Ward and Bonita Falkner, MD, professor of medicine and pediatrics, lead the program, which employs a multidisciplinary approach that combines specialists in primary care, nephrology, cardiology and endocrinology as well as pharmacists.

“We work with patients to identify what’s behind their persistently high blood pressure, evaluate whether the medications and doses they’re taking are appropriate and help fine-tune their medications to come up with the most effective combination and doses,” says Ward. “Some medications, foods or supplements can actually worsen high blood pressure or prevent high blood pressure medications from working effectively.”

“Patients need to know that their lack of control over their hypertension is often not their fault,” says Falkner. “Sometimes diet, exercise and the most common medications just can’t get it under control, especially in patients with a strong family history. Our Center can work with these patients to meet their goals and avoid many of the common side effects.”



For more information about the Center, please visit Hospitals.Jefferson.edu/hypertension or call 215-955-HiBP (4427).