BRITISH MEDICAL JOURNAL

SATURDAY 21 NOVEMBER 1981

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NEWS AND NOTES

SUPPLEMENT

NO 6303 BRITISH MEDICAL JOURNAL 1981 VOLUME 283 1347-1420
BRITISH MEDICAL ASSOCIATION TAVISTOCK SQUARE LONDON WC1H 9JR.

ASTM CODEN: BMJOAE 283 (6303) 1347-1420 (1981)
WEEKLY. SECOND CLASS POSTAGE PAID AT NEW YORK NY

CORRESPONDENCE

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Blood pressure reduction in the elderly

SIR,—Dr M E Sprackling and his colleagues (31 October, p 1151) have shown that raised blood pressure seems not to be a useful predictor of death in the very elderly, the mean age of their trial participants being approximately 80 years. The Newcastle Age Research Group[1] has recently reported similar findings in a group aged 65 and over, the majority being 65-74. There are, however, two points requiring further discussion before it is accepted that, in general, hypertension is not an important risk factor in the elderly.

Firstly, systolic and diastolic pressures may be of different value in this respect. The Newcastle group looked at both systolic and diastolic measurements but Dr Sprackling and his colleagues used only a diastolic criterion for separating normal from abnormal pressures. In the Framingham study Kannel and Dawber[2] showed that the probability of cardiovascular disease in subjects free from other risk factors increased with increasing systolic pressure with no evidence of a waning impact with advancing age; and Kannel *et al*[3] showed a close relationship between isolated systolic hypertension and stroke incidence in people aged 45-74, noting that the level of diastolic pressure added little to risk in this age group.

Secondly, the predictive value of blood pressure measurements may be different in different age groups within the elderly population. In a study in south Wales in people aged 65 and over, Miall and Brennan[4] found a strong and highly significant relationship between systolic pressure level and cardiovascular mortality and a strong though less highly significant relationship for diastolic pressure too. Further (unpublished) analysis of their data, however, showed that this relationship was not evident in those aged 75 and over, possibly because some individuals in this group had bad cardiovascular prognoses but low pressures following previous strokes, myocardial infarctions, or cardiac failure.

The Medical Research Council working party on mild-to-moderate hypertension hopes that a trial of antihypertensive treatment in people aged 65-74 may be mounted, attempting to determine the balance between the benefits of pressure reduction and any adverse reactions. The trial would be based in general practices which have been participating in the MRC trial of treatment of mild hypertension in younger people; within this organisation suitable patients could be quickly identified, avoiding the problem of slow recruitment which has affected other studies.

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[1] Grimley Evans JG, Prudham D, Wandless I. In: Barbagello-Sangiori G, Exton-Smith AN, eds. *The ageing brain—neurological and mental disturbances.* New York: Plenum Publishing Group, 1980:113-26.
[2] Kannel WB, Dawber TR. *Br J Hosp Med* 1974;**11**: 508-23.
[3] Kannel WB, Wolf PA, McGee DL, *et al. JAMA* 1981; **245**:1225-9.
[4] Miall WE, Brennan PJ. In: Onesti G, Kim KE, eds. *Hypertension in the young and old.* New York: Grune and Stratton, 1981:277-84.