

Aggressive Drugging of Hypertensive Patients: Ineffective in the Long-Term

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In 2017, the American College of Cardiology issued new guidelines concerning which Americans qualified for a diagnosis of high blood pressure. As a result, the number of men under age 45 who qualified for a diagnosis of high blood pressure tripled and the number of women who qualified for a diagnosis doubled.¹ To translate this into numbers, the number of adults who had hypertension increased from 72 million to 103 million people with the stroke of a pen, and the number and doses of drugs needed to treat to the new target increased too. Almost half of American adults and 80% of adults over age 65 qualified for diagnosis and treatment.

While the "expert committee" reviewed over 1000 papers, the SPRINT trial was cited as the most convincing for lowering the threshold for diagnosis. The SPRINT study followed 9361 hypertensive patients ages 50 and older who were randomized to two groups. The goal for one group was to lower systolic pressure to below 140 mm Hg, and for the other group the target was 120 mm Hg. Those in the lower-target group were given an average of 2.8 pills per day.

Described as a "landmark study" that would change cardiology, the researchers reported that patients in the lower target group were so much better off that the study had to be halted early because it was unethical to withhold the more aggressive treatment from all patients. I wrote at the time that the study results were not as beneficial as represented:

There was a slightly greater than 1% reduction in deaths, slightly less than 1% lower incidence of heart failure, and about one half of one percent decrease in events overall. In return for these underwhelming results, 5% of the intervention patients had serious complications which included blood pressure so low it caused severe dizziness or fainting, electrolyte imbalances, and damage to the kidneys. The incidence of serious complications in the control group was 2.5%.² In spite of this, the principal investigator stated that "...it seems that the benefits outweigh the risks."³ It defies logic to describe the results of this trial this way.

Now, in 2022, research shows that the "substantial reductions" in cardiovascular disease and all-cause mortality that were achieved in the SPRINT trial were not sustained. Long-term follow-up showed that systolic blood pressure climbed steadily, along with loss of mortality benefit, after the trial ended. In fact, median systolic blood pressure was already increasing in the intensive treatment group by the time the trial ended, and it climbed to 140.4 mm Hg by 10 years. This was in spite of the fact that many patients were taking multiple drugs.⁴

According to William Cushman MD, Medical Director, department of preventive medicine, University of Tennessee, "We were disappointed but not surprised that the blood pressure levels in the intensive group were not sustained. There are many trials showing no residual or legacy effect once the intervention is stopped."⁵ Logical questions include why more trials like this continue to be organized, and why doctors continue to aggressively drug people if this is the case?

An accompanying editorial concluded that current approaches to achieving sustained lower blood pressure are not working. But instead of seeking solutions other than drugging hypertensive patients, Daniel Jones MD, one of the authors, concluded that "...health care providers should be responsible for motivating better compliance of their patients."⁶ I'm not sure exactly how Dr. Jones expects this compliance to be achieved. By threatening patients? Locking them up until they agree to take ALL of their meds as directed?

It seems that the best response to the failure of the SPRINT trial and other similar trials, is to inform people that hypertension is not due to a deficiency of beta blockers or ACE inhibitors. It almost always results from diet and lifestyle choices which can be changed. Motivation for change is likely to be higher if patients are shown the results of these studies: drugs are ineffective in the long-term for most people. on the other hand, diet and lifestyle changes do result in lower blood pressure for most people, and many can reduce or even eliminate drugs.

¹http://professional.heart.org/professional/EducationMeetings/MeetingsLiveCME/ScientificSessions/UCM_496459_2017-Hypertension-Guidelines-Programming-Scientific-Sessions.jsp

² The SPRINT Research Group. "A Randomized Trial of Intensive versus Standard Blood-Pressure Control." *NEJM* 2015 Nov;373:2103-2116

³ Gina Kolata "Data on Benefits of Lower Blood Pressure Brings Clarity for Doctors and Patients" *New York Times* November 9 2015

⁴ Jaeger BC, Bress AP, Bundy JD et al. "Longer-Term All-Cause and Cardiovascular Mortality With Intensive Blood Pressure Control. A Secondary Analysis of a Randomized Clinical Trial." *JAMA Cardiol* 2022 Oct Published online doi:10.1001/jamacardio.2022.3345

⁵ Ted Bosworth. SPRINT's Intensive Therapy Benefit Fades Once BP Creeps Back Up. *Medscape* October 17 2022

⁶ Jones DW, Clark D, Hall ME. "Blood Pressure Control After SPRINT: Back to Reality." *JAMA Cardiol* 2022 Oct Published online doi:10.1001/jamacardio.2022.3357