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Very elderly hypertensive patients: management and control in primary health care

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Background & Aim: High blood pressure is the most important albeit modifiable risk factor for cardiovascular disease. Data are sparse regarding current patterns of treatment and control of hypertension among very elderly persons but it is known these are often suboptimal. The objectives of the present study were to determine prevalence, treatment and control of hypertension in very elderly patients followed in a Family Health Unit (FHU).

Method: We conducted an observational study in which were included all patients 80 years old and older who had been diagnosed hypertension and were followed in our FHU. Sample: 95% confidence interval and 5% significance level. Variables studied: age, sex, number of years since diagnosis, BMI, waist circumference, blood pressure levels, cholesterol levels, habits (smoking, alcoholism, salt intake), comorbidities (diabetes mellitus, dyslipidemia, depression), complications (nephropathy, retinopathy, cardiopathy, peripheral artery disease, previous stroke), antihypertensive agents and other medications used. The data was collected by accessing the patients' electronic medical records. Microsoft Excel® was used for quantitative analysis. No personally identifiable information was disclosed.

Results: 58% (n=346) of very elderly patients had hypertension. In the study sample: 39,3% were men and 60,7% women. Average time since diagnosis was 13,0 years and average age at the time of diagnosis was 71,8 years. On average each patient was taking 2,0 antihypertensive agents: 73,8% were taking diuretics, 46,4% ARA, 32,2% ACEi, 28,4% CCB and 16,4% beta-blockers. 62,8% had blood pressure levels <140/90 mmHg and 83,1% <150/90 mmHg. 8,7% had a history of previous stroke and 6,6% of myocardial infarction.

Conclusions: Hypertension is highly prevalent in the very elderly. Although keeping low blood pressure levels is not advised in these age groups, primary care physicians should strive to ensure proper monitoring and management of these patients in order to prevent complications and improve quality of life.