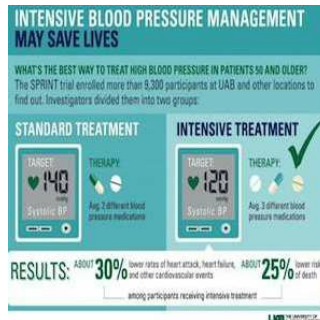


Landmark Study Shows Blood Pressure Management Saves Lives



Initial results of a landmark clinical trial released at the National Institutes of Health, heart attacks, strokes, acute coronary syndrome, heart failure and death due to cardiovascular causes were reduced by almost one-third and risk of death was lowered by almost one-quarter in participants randomised to a systolic blood pressure goal of 120 mm Hg compared to those randomised to the usual goal of 140 mm Hg.

The Systolic Blood Pressure Intervention Trial (SPRINT) enrolled more than 9,300 participants age 50 and older with high blood pressure. They were randomly assigned to a systolic blood pressure target of 120 mm Hg or the usual target of 140 mm Hg, and were prescribed blood pressure medication according to their blood pressure targets. Both the University of Alabama at Birmingham and the UAB School of Medicine played clinical and leadership roles in this trial.

The SPRINT study is the largest of its kind and was undertaken to answer one question: Will treating high blood pressure to a lower blood pressure goal — 120 mm Hg systolic compared to the traditional goal 140 mm Hg — reduce the risk of heart and kidney diseases, stroke, or age-related declines in memory and thinking?

Suzanne Oparil, M.D., principal investigator for the UAB hub of the SPRINT trial, UAB professor of Medicine and director of the Vascular Biology and Hypertension Program in UAB's School of Medicine explains that the results from SPRINT will definitely influence the way clinicians treat patients with high blood pressure. However, she cautions that while these results provide important evidence that treating blood pressure to a lower goal in older or high-risk patients can be beneficial and yield better health results overall, it is important for patients to talk to their healthcare provider to best determine which goal is best for them.

The National Heart, Lung and Blood Institute Director Gary H. Gibbons, MD says that, "this study provides potentially lifesaving information that will be useful to health care providers as they consider the best treatment options for some of their patients, particularly those over the age of 50," Gibbons said. "We are delighted to have achieved this important milestone in the study in advance of the expected closure date for the SPRINT trial and look forward to quickly communicating the results to help inform patient care and the future development of evidence-based clinical guidelines."

The trial will continue as the investigators aim to answer additional questions including:

- How are the 120 and 140 mm Hg benchmarks going to stack up relative to cognitive function and risks of dementia, especially in patients 75 or older?
- How will the benchmarks affect brain structure in addition to cognitive assessments?
- What do the two levels of blood pressure mean for hypertension as a cause of kidney disease, especially in African Americans?

President Kim Allan Williams Sr., M.D., FACC and President of the American College of Cardiology also highlights that the results from the SPRINT study clearly demonstrate that the cardiovascular community needs to aggressively fight a condition that leads to stroke, kidney disease and heart problems. Details of this trial could be a contributing factor to future guidelines on blood pressure treatment targets.

Source: University of Alabama at Birmingham

Image Credit: University of Alabama at Birmingham

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