

# Hypertension in Elderly

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## Abstract

The elderly, one of the fastest-growing segments of the population, have the highest prevalence of hypertension and account for a large proportion of persons seeking antihypertensive treatment. Arterial stiffness is increased by aging and this process is accelerated by hypertension. The effects of aging are seen almost exclusively in the central elastic arteries, principally the aorta. Systolic and pulse pressures are the major predictors of cardiovascular outcome in the elderly. Current recommendations suggest that both systolic and diastolic hypertension should be treated in elderly. Although individualization is necessary for patients older than 80 years of age the target should be to achieve systolic pressure of less than 140mmHg and diastolic pressure of less than 90 mm Hg. The focus should be on achieving blood pressure control, not initial therapy. Low-dose thiazide or calcium channel drugs are good as initial therapy. Multiple medications are usually required in older patients, and combinations should be based on concomitant diseases Drug dosing regimens should be adjusted for age- and disease-related changes in drug metabolism and potential drug-drug interactions

Patients should be monitored for adverse effects and drug interaction. With all drugs, orthostatic hypotension should be avoided because of the increased risk of falling in older patients. Other concerns include postprandial hypotension, hypovolemia with diuretics, and hyperkalemia with angiotensin-converting enzyme, angiotensin receptor blocker, or aldosterone antagonists.

**Key Words:** effects of aging, arterial stiffness, systolic and diastolic hypertension, drug interaction

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