



**Abstract of parallel session: S 4**

Title: Screening for and treatment of hypertension among older adults: less is more? A critical review of evidence

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**Abstract:**

In this talk, we will critically appraise evidence and guidelines about screening and treatment of hypertension among older patients, with an emphasis on the oldest-old, multimorbid, and frail individuals. Hypertension causes a large proportion of cardiovascular disease (CVD) and the prevalence increases steeply with age. Due to population ageing, there is a growing number of older adults taking antihypertensive medications. Drug treatment has been shown to be beneficial in studies conducted mostly among middle-aged adults. However, few high quality data exist showing that it is beneficial for older adults. Some evidence suggests that drug treatment up to 80 years of age could have a favorable benefit-harm balance at least among healthy and functionally independent individuals. Nevertheless, in frail older adults, a lower blood pressure (BP) may be associated with worse health outcomes and, consequently, among treated patients, the target BP may be set higher than in non-frail patients. Actually, frailty may be an argument for antihypertensive deprescribing. The causal relationship between frailty, BP, and health outcomes is, however, poorly understood. On the one hand, frailty and low BP may occur concomitantly, both leading to bad health outcomes. On the other hand, it is also possible that low BP contributes to the occurrence of frailty. To have evidence-based guidance about hypertension management in older adults, the relationship between BP and frailty needs to be clarified. Further, various screening and treatment strategies should be evaluated and compared using a population-based approach to help prevent and control hypertension among older adults.