

EFFECTIVENESS • LIVING WITH ILLNESS • CHART 1:12

High Blood Pressure Awareness and Control

Why is this important? Hypertension, or high blood pressure, is a major risk factor for heart disease and stroke in the elderly and also can lead to kidney disease and vision problems when left untreated (Kilker et al. 2000). The prevalence of this chronic condition increases with age. Roughly half of all elderly Medicare beneficiaries, and two-thirds of elderly black adults, have high blood pressure (FIFARS 2004). Those with hypertension are generally less healthy and use more health care services than those without this chronic condition.

High blood pressure can be controlled with lifestyle modifications and/or medication. Many elderly have systolic hypertension, in which systolic pressure (the first number) is high but diastolic pressure (the second number) is low. In the past, this condition was considered a normal part of aging (AMA 2003), but research has shown that treatment reduces the incidence of stroke and cardiovascular disease in the elderly (Chaudhry et al. 2004). Because evidence for treatment is less strong for the oldest patients, expert guidelines emphasize the need to assess the potential benefits and risks of treatment for elderly patients on an individualized basis (Chobanian et al. 2003).

Findings: In a national survey conducted in 1998, most elderly and middle-age adults—92 percent—reported that their blood pressure had been measured within the past two years and could state whether their blood pressure

was normal or high. Despite this high level of awareness, another national study found that many of those whom researchers determined had high blood pressure (based on objective measurement) did not have their condition under control. Specifically, control of high blood pressure improved from 33 percent to 40 percent of middle-age adults (ages 45 to 64) during the 1990s, but remained unchanged at 24 percent of elderly adults (ages 65 and older) (AHRQ 2005b).

Implications: The elderly population is lagging far behind the national Healthy People 2010 goal that high blood pressure will be controlled for at least half of Americans with the condition (DHHS 2002a). Another analysis of the same survey shown in the chart found that middle-age and older adults with high blood pressure were equally likely to receive treatment during 1999–2000 (63 percent of each age group), but that older adults were less likely to achieve blood pressure control when treated (44 percent of those ages 60 and older vs. 66 percent of those ages 40–59) (Hajjar and Kotchen 2003). A review of quality-improvement studies found that many strategies were effective for improving hypertension care and outcomes (Walsh et al. 2005). Even small improvements in individual blood pressure control can have large health effects when considered on a population-wide basis.