



CONCEPTS IN HYPERTENSION

A Journal Article Based Approach to Understanding the Clinical Aspects of Hypertension

Volume 1 Issue 1

January 2016

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Article of Interest

Franklin, S et al. Hemodynamic Patterns of Age Related Changes in Blood Pressure: The Framingham Heart Study. *Circulation*. 1997 (Click to Access)

Context and Study Objective

We assume that "hypertension" implies elevations in both systolic and diastolic blood pressure. The Framingham Heart Study sought to characterize the natural history of systolic and diastolic blood pressure with aging.

Main Outcome

Change in systolic, diastolic, and pulse-pressure (difference between systolic and diastolic pressure) with aging.

Design, Setting, and Participants

Using a population based cohort from the original Framingham Heart Study (initiated 1948), blood pressure was measured prospectively with individuals stratified as normo- or hypertensive by initial reading. Hypertensive patients who were treated prior to study enrollment were excluded.

Results

-Top Figure: Systolic pressure rises linearly with age in both normotensive and hypertensive individuals with a greater rate of rise in those with hypertension.

-Bottom Figure: Diastolic pressure rises in all individuals until the age of 50-60; it gradually falls thereafter in all patients, with more pronounced changes in hypertensive patients.

Clinical Perspective

-With aging, systolic blood pressure rises in everyone (in Western countries), even those who are initially normotensive. As such, you can educate your patients that despite everything they are doing to maintain their health, the development of hypertension is almost inevitable.

-Hypertension in those under ages 50-60 is both a systolic and diastolic disease. However, with age, diastolic pressures fall and hypertension becomes exclusively a systolic phenomenon. As such, you shouldn't content yourself with a "controlled" diastolic pressure as low-normal pressures are the norm.

-Given that the rate of rise of systolic pressure is more rapid in hypertensives, it is expected that they will require additional agents with aging, even if their other risk factors are unchanged.

-With falling diastolic pressures, management challenges include lowering systolic pressures while avoiding excessively low diastolic pressures (to be discussed in coming issues).

