



Managing Older Mildly Hypertensive Patients without Drugs

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TIME-SAVER: *To determine if nonpharmacological intervention can reduce blood pressure in older patients with borderline to mild hypertension (diastolic blood pressure, 85 to 100 mm Hg) we conducted a six-month randomized trial in which 21 patients were assigned to an intervention group for whom calorie and sodium intake were reduced and physical activity increased and 26 were assigned to a control group that was not treated. The intervention group had a significantly greater reduction in both systolic and diastolic blood pressure than the control group. Our results indicate that nonpharmacological intervention can reduce both systolic and diastolic pressures in older persons who have borderline to mild hypertension.*

Clinical trials have shown that drug treatment of hypertension reduces cardiovascular morbidity and mortality in older patients.^{1,2} On the other hand, the effectiveness of a nonpharmacological approach to such patients has not been well documented. Despite this, the 1988 Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure recommended that older hypertensive patients should initially be treated without the use of drugs.³

Evidence that nonpharmacological intervention can effectively reduce blood pressure has come primarily from studies of middle-aged persons with elevated diastolic pressure.⁴ These data tend to show that the greatest reduction in blood pressure occurs when overweight persons lose weight and normal-weight persons reduce sodium intake.⁵ Data also support the notion that increasing physical exercise and restricting alcohol intake may be beneficial, although these data are somewhat equivocal.⁶ The goal of our study was

to determine whether nonpharmacological intervention for borderline to mild hypertension in older patients is effective.

Patient Selection and Methods

We selected for our study population a total of 56 patients who ranged in age from 60 to 85 years, had diastolic blood pressures ranging from 85 to 100 mm Hg, and who were at least moderately overweight (115% or more of ideal body weight). Patients were excluded if they had experienced a cardiovascular event during the past year or had uncontrolled diabetes mellitus or another severe chronic disease.

The 56 patients were randomized to a nonpharmacological intervention group or a control group that received no treatment during the six-month study period. Participation in the study was ended if a patient's systolic blood pressure rose above 199 mm Hg or diastolic pressure was above 105 mm Hg on two consecutive visits one to two weeks apart.