



HYPERTENSION, LIPIDS AND PREVENTION

IS ISOLATED DIASTOLIC HYPOTENSION A NEW RISK FACTOR FOR INCIDENT HEART FAILURE IN COMMUNITY-DWELLING OLDER ADULTS?

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Background: Isolated systolic hypertension is common in older adults and is associated with increased risk of heart failure (HF). However, little is known about the prevalence and impact of isolated diastolic hypotension (IDH) on incident HF.

Methods: Of the 5795 participants, >65 years in the Cardiovascular Health Study, 5504 participants without baseline HF had data on baseline blood pressure (BP), of which 5376 had systolic BP >100 mmHg. Of these, 751 (14%) participants had IDH, defined as baseline diastolic BP <60 mmHg. Propensity scores for IDH, calculated for each patient, were used to assemble a matched cohort of 545 and 2348 participants with and without IDH who had normal mean systolic BP and were balanced on 58 baseline characteristics. Cox regression models were used to estimate effects of IDH on centrally adjudicated incident HF and all-cause mortality during 13+ years of follow-up.

Results: Matched participants had a mean (±SD) age of 73 (±6) years, 62% were women and 9% were African American. Incident HF occurred in 25% and 20% of matched participants with and without IDH respectively (HR, 1.33; 95% CI, 1.10-1.61; P=0.004; Figure 1). All-cause mortality occurred in 49% and 44% of matched participants with and without IDH respectively (HR, 1.12; 95% CI, 0.98-1.28; P=0.096). Data on other cardiovascular morbidities will be presented.

Conclusions: Among ambulatory community-dwelling older adults without HF, isolated diastolic hypotension is common and associated with increased risk of new-onset HF.



Figure 1