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REPLY: Hypertension Treatment in the Elderly

Individualized Target or Intensive Blood Pressure Lowering?

Huang and colleagues point out the difference in results of our study (1) and the recent systematic review and meta-analysis conducted as a part of the guideline from the American College of Physicians and the American Academy of Family Physicians on pharmacological treatment of hypertension in adults ages 60 years or older (2,3). Apart from other substantial flaws (4), the guideline (2) and the accompanied meta-analysis (3), although supposedly dealing with adults ages 60 years or older, included randomized trials of adults with a diagnosis of hypertension and mean age of at least 60 years. This means that the meta-analysis (and the resulting guidelines) were based on numerous patients who were below that age limit. Our meta-analysis included 4 high-quality randomized controlled trials that exclusively randomized older hypertensive patients (≥ 65 years) to intensive versus standard blood pressure (BP) targets (1).

Huang and colleagues rightly contend that “individualized target BP weighing side effects and treatment effort may be much more proper than advocating intensive BP lowering.” In doing so, they basically reiterated the same point that we have emphasized in our conclusions: “When considering more intensive BP control in the elderly, clinicians should carefully balance benefits against potential risks” (1). Finally as clinicians, we should remember a simple, but inescapable, truth in medicine: patients are genetically, physiologically, metabolically, pathologically, psychologically, and culturally different. Accordingly, there never will be only 1 way to diagnose and treat.

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Please note: Dr. Bangalore is a consultant or has advisory relationships with Daiichi-Sankyo, Pfizer, Abbott, Boehringer Ingelheim, and Merck. Dr. Messerli is a consultant or has advisory relationships with Daiichi-Sankyo, Pfizer, Abbott, Servier, WebMD, Ipca, and Menarini. Dr. Bavishi has reported that he has no relationships relevant to the contents of this paper to disclose. P.K. Shah, MD, served as Guest Editor-in-Chief for this paper. Stanley Franklin, MD, served as Guest Editor for this paper.

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The Importance of Invasive Hemodynamics for Pulmonary Hypertension Screening in TAVR Patients

The recent American College of Cardiology expert consensus for transcatheter aortic valve replacement (TAVR) decision pathway mentions pulmonary hypertension (PH) as a major cardiovascular comorbidity (1). The consensus does not specify the method of assessment, only suggesting that PH may be evaluated by echocardiography; however, right heart catheterization (RHC) is the gold standard for PH assessment. We retrospectively evaluated consecutive patients that had transthoracic echocardiogram (TTE) and RHC performed within 3 days of one another as part of their routine clinical care before TAVR at the University of Pittsburgh Medical Center. We sought to determine the agreement between pulmonary artery systolic pressure (PASP) measured by TTE and RHC in these patients.

According to the guidelines, PASP was calculated using the maximal tricuspid regurgitation jet

