

Authors urge caution before adopting new systolic BP goals

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in event rates, the aggressively treated group more frequently had serious [adverse drug events](#), which were possibly or definitely related to the intervention.

"We do not believe that the small absolute benefit seen in SPRINT provides convincing evidence that large segments of the population should be treated with additional drugs to a systolic BP goal less than 120 mm Hg, especially when the [adverse events](#), costs, and burden of such treatment are considered," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

More information: [Full Text \(subscription or payment may be required\)](#)

(HealthDay)—A small reduction as the primary composite outcome may not justify the increased adverse events and costs associated with an intervention targeting systolic blood pressure (BP) less than 120 mm Hg, according to an Ideas and Opinions piece published online Feb. 23 in the *Annals of Internal Medicine*.

Eduardo Ortiz, M.D., M.P.H., from Washington D.C., and Paul A. James, M.D., from the University of Iowa in Iowa City, discuss the results of the Systolic Blood Pressure Intervention Trial (SPRINT), which were promoted before publication. The results showed a risk reduction in the primary composite outcome with a lower target systolic BP.

The researchers note that based on the results, for 1,000 persons treated over 3.2 years with a systolic BP target of less than 120 mm Hg versus 140 mm Hg, 16 persons would benefit, 22 would be seriously harmed, and 962 would experience no benefits or harms. In addition to a small decrease

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