

Intensive blood pressure therapy not beneficial in nursing home residents

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and hospice or less than a six-month life expectancy (odds ratio, 0.80). There was no [significant difference](#) in mortality per additional antihypertensive medication. However, increased intensity of treatment was associated with small increases in hospitalization and a small decrease in decline in activities of daily living.

"Antihypertensive medications are reasonable targets for deintensification in residents in whom this is consistent with goals of care," the authors write.

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Long-term nursing home residents with hypertension do not experience significant benefits from more intensive antihypertensive treatment, according to a study published online July 22 in the *Journal of the American Geriatrics Society*.

Kenneth S. Boockvar, M.D., from the Icahn School of Medicine at Mount Sinai in New York City, and colleagues examined the number of first-line antihypertensive medications in Medicare Part D dispensing data among 255,670 long-term nursing [home residents](#) (average age, 84.7 years) treated for hypertension in the second quarter of 2013.

The researchers found that at baseline, 54.4 percent of long-term nursing home residents received one antihypertensive medication, 34.3 percent received two, and 11.4 percent received three or more. Receipt of fewer antihypertensive medications was associated with moderate or [severe cognitive impairment](#) (odds ratio, 0.80 versus no or mild impairment), worse physical function (odds ratio, 0.64 worst versus best tertile),

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