

Reduction of Antihypertensive Treatment in Nursing Home Residents

To the Editor: Polypharmacy increases the risk of adverse drug events and ultimately compromises clinical outcomes. In the RETREAT-FRAIL trial, Benetos et al. showed that among frail adults 80 years of age or older with low systolic blood pressure who were living in nursing homes, a stepdown strategy for antihypertensive therapy did not lead to lower all-cause mortality than usual care. In accordance with the protocol, antihypertensive drugs were classified as one of two categories; the first was drugs eligible for discontinuation and the second was drugs to be maintained owing to compelling medical indication. In the step-down group, drugs in the first category were withdrawn over a median of 38.4 months of follow-up, as expected. A surprising finding was that the number of essential drugs (i.e., those in the second category) substantially increased in the step-down group (from 0.7 to 1.1 drugs), as compared with the number in the usual-care group (from 0.7 to 0.8 drugs). Consequently, the intervention favorably modified the antihypertensive therapy, which may have contributed to the similar all-cause mortality between the groups observed in the trial. Meta analyses have indeed shown that clinical outcomes depend not only on blood-pressure levels but also on the specific classes of antihypertensive drugs used.^{1,2} As a whole, these data support a personalized approach to the discontinuation of antihypertensive drugs in terms of both the quantity and quality of drugs.^{3,4}

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No potential conflict of interest relevant to this letter was reported.

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DOI: 10.1056/NEJMc2518217