No overall health benefit from lower blood pressure targets

Clinical Question	Are “lower” blood pressure (BP) targets (<135/85 mm Hg) associated with reduction in mortality and morbidity as compared to “standard” BP targets (<140 to 160/90 to100 mm Hg) in the treatment of people with hypertension and a history of cardiovascular (CV) disease (myocardial infarction, angina, stroke peripheral vascular occlusive disease)?
Bottom Line	No evidence of a difference in total mortality and serious adverse events was found between treating to a lower or to a standard BP target in people with hypertension and CV disease. This suggested no net health benefit from a lower systolic BP target despite the small absolute reduction in total CV serious adverse events. There was very limited evidence on adverse events, which lead to high uncertainty. Predefined subgroup analyses in older people, those with diabetes, or based on participant's sex did not suggest any differences in these conclusions.
Caveat	Overall, quality of evidence was assessed as low to moderate. Based on very little information, there were more dropouts due to drug-related harms in the lower BP target group.
Context	People with hypertension and established CV disease are at particularly high risk of premature morbidity and mortality, so reducing BP below standard targets may be beneficial. This strategy could reduce CV mortality and morbidity but could also increase adverse events. The optimal BP target in people with hypertension and established CV disease remains unknown.
Cochrane Systematic Review	Saiz LC et al. Blood pressure targets for the treatment of people with hypertension and cardiovascular disease**.** Cochrane Reviews, 2017, Issue 10. Art. No.: CD010315.DOI: 10.1002/14651858. CD010315.pub2. This review contains six studies involving 9,795 participants.

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