

Is withdrawal of antihypertensives in older people feasible?

Clinical Question	Is withdrawal of antihypertensive medications feasible, and if so what are the effects on mortality, cardiovascular outcomes, hypertension and quality of life in older people?
Bottom Line	Based on currently available evidence, discontinuation of antihypertensives has no effect on all-cause mortality, MI, or stroke, compared with continuation. Shared decision-making, specification of patient-specific goals (such as reversal of side effects or reduction of pill burden) and close monitoring of the effects in the individual remain pillars of clinical practice when deprescribing antihypertensives.
Caveat	The certainty of the evidence was judged to be low or very low for all the outcomes considered in this review. Therefore, there is uncertainty in the evidence of the effect of antihypertensive withdrawal on outcomes overall. The reasons for downgrading were risk of bias, inconsistency, indirectness, and imprecision. Eligible studies were generally small and had short-term follow-up with few numbers of events.
Context	Hypertension is an important risk factor for subsequent cardiovascular events, including ischaemic and haemorrhagic stroke, myocardial infarction, heart failure, chronic kidney disease, cognitive decline and premature death. Overall, the use of antihypertensive medications has led to reduction in cardiovascular disease, morbidity rates and mortality rates. However, the use of antihypertensive medications is also associated with harms, especially in older people, including the development of adverse drug reactions, drug-drug interactions and can contribute to increasing medication-related burden. As such, discontinuation of antihypertensives may be considered and appropriate in some older people.
Cochrane Systematic Review	Reeve E, Jordan V, Thompson W, Sawan M, Todd A, Gammie TM, Hopper I, Hilmer SN, Gnjjidic D. Withdrawal of antihypertensive drugs in older people. Cochrane Database of Systematic Reviews 2020, Issue 6. Art. No.: CD012572. DOI: 10.1002/14651858.CD012572.pub2. This review contains six trials with a total of 1073 participants.

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Systematic review link:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012572.pub2/full>