Should you aim to lower blood pressures to below 135/85 in those with hypertension and a history of cardiovascular disease?

**Clinical Question**
Are lower blood pressure targets (135/85 mmHg or less) associated with a greater reduction in mortality and morbidity as compared with standard blood pressure targets (140 to 160/90 to 100 mmHg or less) in the treatment of people with hypertension and a history of cardiovascular disease?

**Bottom Line**
The evidence identified in this review does not support lower blood pressure targets (less than 135/85 mmHg) as compared to standard blood pressure targets (less than 140 to 160/90 to 100 mmHg) in people with hypertension and established cardiovascular disease (myocardial infarction, stroke, chronic peripheral vascular occlusive disease, or angina pectoris). Predefined subgroup analyses in older people, in people with diabetes, or based on participant sex did not suggest any differences in these conclusions. In order to reach the lower blood pressure target more medication was required with those in the lower target group requiring 0.56 (CI 0.16 to 0.96) more medications than those in the standard care group. Most withdrawals due to adverse effects occurred in the lower target group (RR 8.16, 95% CI 2.06 to 32.28). However, little evidence was available for this outcome, making establishment of a trustworthy global assessment of benefits and harms very challenging.

**Caveat**
Some uncertainties remain, as the evidence was very low quality for withdrawals due to adverse effects.

**Context**
Hypertension is a prominent preventable cause of premature morbidity and mortality. People with hypertension and established cardiovascular disease are at particularly high risk, so reducing blood pressure to below standard targets may be beneficial. This strategy could reduce cardiovascular mortality and morbidity but could also increase adverse events. The optimal blood pressure target in people with hypertension and established cardiovascular disease remains unknown.

**Cochrane Systematic Review**

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Systematic review link: