Blood pressure control: Now or later?

Delaying blood pressure treatment in patients with diabetes for up to a year is unlikely to lead to complications

New York / Heidelberg, 9 January 2012

Confronted with a high blood pressure value in a diabetic patient, most doctors would treat aggressively with medications. According to new research, however, delaying drug treatment for up to a year is unlikely to be harmful. The delay allows doctors and their patients to focus on lifestyle changes such as salt restriction, weight management, and exercise. According to Neda Laiteerapong and colleagues from the University of Chicago in the US, the level of harm depends on the duration of the delays in blood pressure control, with significant complications occurring after ten years of non-treatment. Their work¹ appears online in the Journal of General Internal Medicine², published by Springer.

Blood pressure management is integral to diabetes treatment. However, in patients with diabetes, delays in controlling blood pressure are not uncommon. Two main reasons stand out: poor access to health care for some patients and inertia by doctors and patients in those who do have access. Among those who are prescribed blood pressure drugs, at least 20 percent of patients with diabetes do not stick to their treatment. To date, the implications of these delays on patients’ health have not been quantified.

Laiteerapong and team looked into the expected magnitude of harm of different delays in controlling blood pressure in patients with diabetes, using a theoretical, simulation model with a hypothetical population of adults aged 50-59 years with newly diagnosed type 2 diabetes.

Compared to a lifetime of controlled blood pressure, a lifetime of uncontrolled blood pressure increased complications by 1,855 events per 10,000 patients and decreased quality-adjusted life expectancy by nearly a year (332 days). A one-year delay in controlling systolic blood pressure led to a relatively small increase in the number of complications, and a small effect on quality-adjusted life expectancy (2 days). However, multiple years of delay, especially above 10 years, led to significant declines in health outcomes. Among complications, rates of stroke and myocardial infarction increased to the greatest extent, due to delays in controlling blood pressure.

The authors conclude: “Among middle-aged adults with diabetes, the harms of a one-year delay in managing blood pressure may be small. Health care providers may wish to focus on diabetes management alone in the first year after diagnosis, to help patients establish effective self-management and lifestyle modification. However, after the first year, it is clear that achieving and maintaining tight blood pressure control among US middle-aged adults with diabetes has the potential to generate substantial population-level health benefits.”

References
2. The Journal of General Internal Medicine is the official journal of the Society of General Internal Medicine.

The full-text article is available to journalists on request.
Contact: Joan Robinson, Springer, tel +49-6221-487-8130, joan.robinson@springer.com