PRESS RELEASE

Blood pressure medication does not cause more falls

Study on patients with type 2 diabetes examined fracture risk with antihypertensive treatment

It’s time to question the common belief that patients receiving intensive blood pressure treatment are prone to falling and breaking bones. A comprehensive study in people ages 40 to 79 with diabetes, led by Karen Margolis, MD, of HealthPartners Institute for Education and Research in the US, found no evidence supporting this belief. The study¹ appears in the *Journal of General Internal Medicine*², published by Springer.

Evidence from various clinical trials shows that cardiovascular events such as strokes can be prevented by treating high blood pressure (hypertension). However, physicians and patients still often express concern that its tight control may increase a person’s risk of low blood pressure (hypotension) and subsequent falls and fractures.

Scientific data to support this notion are sparse. Therefore, Margolis and her associates compared the number of falls and fractures of type 2 diabetes patients receiving two types of blood pressure treatment. The intensive group (which included 1,534 participants) received treatment aimed at a systolic blood pressure of <120 mm Hg, while the target for the standard group (1,565 participants) was <140 mm Hg.

Participants were all part of ACCORD-BONE, an ancillary study of the Action to Control Cardiovascular Risk in Diabetes (ACCORD) randomized trial, which tested how more intensive treatment of blood sugar, blood pressure and lipids affected cardiovascular disease outcomes in people with diabetes. Participants in the ACCORD-BONE study were, on average, about 62 years old; none were 80 or older. The results show that patients who received intensive blood pressure treatment did not fall more than less intensively treated patients, nor did they incur more fractures over an average follow-up of about five years.

“Lowering blood pressure using intensive treatment compared with standard treatment did not result in an increased rate of falls or fractures and, in fact, showed possible trends towards fewer fractures in the intensively treated patients,” explains Margolis. “Although intensive blood pressure treatment to the low levels in ACCORD did not lower cardiovascular events, our results and review of the literature suggest a need to carefully reconsider current thinking about whether antihypertensive treatment and blood pressure lowering increases risk for falls and fractures.”

Results in older versus younger patients were not different. No evidence suggested that the risk of patients’ falling varied over time, although there were not enough fractures to determine if the short-term risk might be higher at the beginning of intensive treatment. It is important to note that subjects in this study were more closely monitored than most patients in clinical practice; therefore, the results may not completely reflect what would happen in actual practice.

References:
The full-text article is available to journalists on request.

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