



As an example, older adult patients may be at particularly high risk for cerebral or myocardial ischemia if the blood pressure is lowered excessively and/or too rapidly. In such patients, who often will have a high pulse pressure (eg, diastolic blood pressure <90 mmHg with systolic blood pressure \geq 180 mmHg), the initial goal blood pressure may need to be achieved even more slowly (eg, over a week or more).

[Management of severe asymptomatic hypertension \(hypertensive urgencies\) in adults - UpToDate](#)

[As-Needed Blood Pressure Medication and Adverse Outcomes in VA Hospitals | Reproductive Health | JAMA Internal Medicine | JAMA Network](#)

Perils of PRN anti-hypertensive medications. [JAMA Intern. Med](#) recently published a retrospective cohort study of 133,760 veterans hospitalized on medical and surgical units at VA hospitals who received >1 scheduled anti-hypertensive medication within 24 hours of admission with >1 systolic blood pressure (BP) >140 mmHg during hospitalization. The authors compared adverse event rates in those who received as-needed anti-hypertensive medications during hospitalization and those who did not. 28,526 patients (21%) received as needed anti-hypertensive medications. As-needed users appeared to have a 1.2x increased risk of acute kidney injury (95% CI 1.18-1.29) particularly with IV medication use, 1.5x greater risk of rapid BP reduction (95% CI 1.39-1.62), and 1.7x higher risk of a composite of myocardial infarction, stroke, or death during hospitalization (95% CI 1.49-1.92) compared to non-users. This study used target trial emulation, which reduces but does not eliminate the risk of confounding in observational studies (including confounding by indication). (JD)

[PRN Antihypertensive Medications and Adverse Outcomes in Hospitalized Patients: A Propensity Matched Cohort Study - PMC \(nih.gov\)](#)



- The use of as needed antihypertensive medication is associated with an abrupt drop in blood pressures, increased risk of ischemic events, in-hospital mortality, and longer length of stay. We suggest that the routine use of as needed antihypertensive medication should be discouraged.

[More About Treating Inpatient Hypertension with IV Antihypertensives \(jwatch.org\)](http://jwatch.org)

[Treatment and Outcomes of Inpatient Hypertension Among Adults With Noncardiac Admissions | Less is More | JAMA Internal Medicine | JAMA Network](#)

- **Conclusions and Relevance** In this cohort study, hypertension was common among medical inpatients, but antihypertensive treatment intensification was not. Intensification of therapy without signs of end-organ damage was associated with worse outcomes.**Conclusions and Relevance** In this cohort study, hypertension was common among medical inpatients, but antihypertensive treatment intensification was not. Intensification of therapy without signs of end-organ damage was associated with worse outcomes.