

LETTERS

Intensive BP Control Falls and Fractures

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In the study by Margolis et al., although the adjusted rate of falls did not differ in the intensive and standard groups during the course of antihypertensive therapy,¹ it is worth noting that no account was taken of whether or not there might be a difference between the two groups in the prevalence of orthostatic hypotension. Orthostatic hypotension is age-related in its prevalence, and is also associated with antihypertensive treatment and diabetes, respectively.² Furthermore, although orthostatic blood pressure responses stabilize within 30 seconds of standing in subjects aged 50–59 years, there is an impairment of blood pressure stabilization with increasing age.³ Typical symptoms of orthostatic hypotension may be absent in subjects who have orthostatic hypotension. In a study that enrolled 205 subjects of mean age 71, 33 % of the subjects were asymptomatic despite profound falls in blood pressure during the head-up

tilt table test.⁴ Accordingly, although the raw rate of falls was comparable in the intensively treated subjects vs, the standard treatment group,¹ what we need to know is whether or not orthostatic hypotension (and its severity) might have contributed to falls in either group.

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