一次予防としての140未満への血圧降下 (2017 AHA, Session LBS.02)

強力な降圧療法は心血管系疾患を軽減しない

No cardiovascular disease reduction with intensive blood pressure lowering treatment

収縮期血圧が140mmHg未満の健常者において、降圧療法は死亡または心血管系疾患を減少させない、と2017 American Heart Association Scientific Sessions で発表され、*JAMA Internal Medicine* に掲載された。このメタ解析において研究者らは、一次予防研究を冠動脈疾患または脳卒中既往を有する患者を対象としたものと分離した。治療効果は、過去には健康であった人々において、どの程度血圧が高かったかに依存した。収縮期血圧が140mmHg を超えていると、治療により死亡および心血管系疾患のリスクが低下した。140mmHg 未満では、治療は死亡率または初回の心血管イベントリスクには影響しなかった。

Full Text

Blood pressure lowering treatment does not reduce death or cardiovascular disease in healthy individuals with a systolic blood pressure below 140. This is shown in a systematic review and meta-analysis from Umeå University. The results which were presented at the 2017 American Heart Association Scientific Sessions and published in *JAMA Internal Medicine*, support current guidelines and contradict the findings from the Systolic Blood Pressure Intervention Trial (SPRINT).

Blood pressure treatment goals have been intensively debated since the publication of the SPRINT study in 2015. While current guidelines recommend a systolic blood pressure goal < 140 mm Hg, SPRINT found additional mortality and cardiovascular disease reduction with a goal < 120 mm Hg. New guidelines were released at the AHA Scientific Sessions that reduce the recommendations.

The Umeå study shows that treatment does not affect mortality or cardiovascular events if systolic blood pressure is < 140 mm Hg. The beneficial effect of treatment at low blood pressure levels is limited to trials in people with coronary heart disease.

"Our findings are of great importance to the debate concerning blood pressure treatment goals," says Dr. Mattias Brunström, researcher at the Department of Public Health and Clinical Medicine, Umeå University and lead author.

The study is a meta-analysis, combining data from 74 randomized clinical trials, including more than 300 000 patients. The researchers separated primary preventive studies from studies in people with coronary heart disease or previous stroke. The analysis found that the treatment effect was dependent on how high blood pressure was in previously healthy individuals. If systolic blood pressure was above 140 mm Hg, treatment reduced the risk of death and cardiovascular disease. Below 140 mm Hg, treatment did not affect mortality or the risk of first-ever cardiovascular events.

"Several previous meta-analyses have found that blood pressure lowering treatment is beneficial down to levels below 130 mm Hg. We show that the beneficial effect of treatment at low blood pressure levels is limited to trials in people with coronary heart disease. In primary preventive trials, treatment effect was neutral," says Mattias Brunström.

Systolic Blood Pressure Intervention Trial (SPRINT), was a large randomized controlled study that was published in 2015.

Cardiology特集
AHA2017 (第90回米国心臓病協会)

トピックス一覧

[News01]
130が新たな高値

[News02]
スタディの結果、抗炎症薬が最も奏功する患者が同定された

[News03]
エボロクマブはPAD患者における心血管イベントリスクを低下させる

[News04]
一次予防としての140未満への血圧降下

[News05]
下限値を低下させることにより輸血量が減少する

[News06]
ストレスフルイベントは女性の肥満率を上昇させる

[News07]
日本のスタディにおいて高用量のピタバスタチンによる治療は低用量の治療を上回った

[News08]
PCI後患者に対する術前アスピリン投与は有益である可能性がある

[News09]
ダビガトランを含む2剤併用療法はサブグループ間で一貫して有益である

[News10]
心房細動に対するボツリヌス毒素

[News11]
肥満手術は降圧薬の必要性を軽減する

[News12]
CTスキャンと負荷試験はMI否定には役立たない