

Perspectives on treating hypertension in old age: the burden of polypharmacy, risks of treatment and GPs' treatment probability Streit, S.R.

### Citation

Streit, S. R. (2018, September 25). *Perspectives on treating hypertension in old age : the burden of polypharmacy, risks of treatment and GPs' treatment probability.* Retrieved from https://hdl.handle.net/1887/66111

Version: Not Applicable (or Unknown)

License: License agreement concerning inclusion of doctoral thesis in the

Institutional Repository of the University of Leiden

Downloaded from: <a href="https://hdl.handle.net/1887/66111">https://hdl.handle.net/1887/66111</a>

**Note:** To cite this publication please use the final published version (if applicable).

### Cover Page



## Universiteit Leiden



The handle <a href="http://hdl.handle.net/1887/66111">http://hdl.handle.net/1887/66111</a> holds various files of this Leiden University dissertation.

Author: Streit, S.R.

Title: Perspectives on treating hypertension in old age: the burden of polypharmacy, risks

of treatment and GPs' treatment probability

**Issue Date**: 2018-09-25

#### Stellingen behorend bij het proefschrift

# Perspectives on treating hypertension in old age – The burden of polypharmacy, risks of treatment and GPs' treatment probability

- 1. In old age, patients with a diagnosis of hypertension have a nine-fold increased risk to have polypharmacy (defined as 5 and more chronic medication) compared to those without hypertension (this thesis).
- 2. Older patients with a low blood pressure during antihypertensive treatment have an increased risk to die or suffer from cognitive decline, especially when they are frail (this thesis).
- 3. There is a large variation in treating hypertension in old age, between general practitioners and between countries (this thesis).
- 4. Frailty, low blood pressure (140mmHg) and absent history of cardiovascular disease (CVD) are strong drivers for GPs not to treat hypertension in old age especially in countries where life-expectancy is longer than the international average (this thesis).
- 5. How to treat hypertension in old age is a multiple-choice question with more than one correct answer (Wu C et al. JAGS 2018).
- 6. Results from hypertension trials are not representative for older patients seen in general practice, since of every 100 patients who were contacted in a trial, 12 met the initial study criteria, 3 completed a baseline visit, and only 1 underwent randomization (Messerli F et al, NEJM 2008).
- 7. Since the current 'lower is better' paradigm does not apply to blood pressure management in all older persons, guidelines need to take into account the variation between older persons.
- 8. Only deprescribing trials can test the effectiveness of stopping/reducing antihypertensive treatment on patient-centered outcomes in old age.
- 9. Since uncertainty in medicine is inevitable, general practitioners have to deal with probabilities.
- 10. The need for new insights and approaches to solve a common problem is the driver for successful research collaboration
- 11. Old age is strength means survivorship and triumph over all kinds of disappointments and illnesses (adapted from Maggie Kuhn, 1905-1995).
- 12. I don't want a longer life, but I want to keep my daily life for as long as possible (as said by frail Mrs. S, 90-years old).

Sven Streit, Bern, 25 September 2018