

CLAHRCBITE

Brokering innovation through evidence

Withdrawal of antihypertensive therapy



Results

About 1/4 of people treated for hypertension can withdraw treatment without becoming hypertensive again over the next two years.

Who needs to know?

- Those preparing guidelines for the treatment of hypertension
- Those providing treatment of hypertension
- People being treated with hypertension

What did we do:

A systematic review of the published literature in which anti-hypertensive drugs were withdrawn. Most of these were “wash out” studies in which people on treatment had their medication withdrawn so that they could be entered into trials of new drugs. We found 28 relevant studies.

What we found and what does this mean:

37% of people who withdrew antihypertensive medication remained with a normal blood pressure at 6 months and 26% did so at 2 years or longer. This means that patients whose blood pressure is controlled on treatment could be offered the opportunity to withdraw their medication and that around one in four people who do so may not need to have antihypertensive therapy re-started.

What next:

- Guidelines need to reflect this observation and consider greater guidance on de-prescribing practice
- Practitioners should include this information when obtaining and re-affirming consent in the drug treatment of hypertension
- Patients should take this into account when considering accepting or declining treatment advice
- Studies examining the benefits, harms and costs of de-prescribing these drugs would help

Evidence:

van der Wardt V, Harrison JK, Welsh T, Conroy SP, Gladman JRF. Withdrawal of antihypertensive therapy: a systematic review. *Journal of Hypertension* 2017 35(9):1742–1749, SEP 2017. DOI: 10.1097/HJH.0000000000001405

What is NIHR CLAHRC EM?

NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) are collaborations between the NHS, universities and local organisations. Our goals are to conduct applied health research across the East Midlands and translate our research findings into improved outcomes for the public.

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