

## Hypertension in Frail Older Adults

### Introduction

High blood pressure remains the leading cause of death and disability worldwide, making it the most prevalent, modifiable risk factor for cardiovascular disease. In response, professional organizations have updated their guidelines to emphasize lower blood pressure targets. However, tighter blood pressure control in frail older adults can increase the risk of adverse consequences, including falls and fractures.

### Frailty

The term **“frailty”** is used to describe individuals with multiple complex conditions, resulting in compromised ability to conduct tasks independently. Presence of frailty characteristics in older adults increases their vulnerability to adverse effects and negative health outcomes with traditional disease state management.

Though frailty is a result of aging, not all older adults are considered frail. Physician's can measure an individual's degree of frailty using validated tools such as the **Frailty Assessment for Care-Planning Tool (FACT)** and **Physical Frailty Phenotype Score**. Tools like these assist providers in treatment-making decisions and prevention of predictable harm.

### Hypertension in Frail Adults

Antihypertensive use in frail older adults presents a unique challenge to providers as evidence supports intensive lowering of blood pressure in community-dwelling seniors but omits guidance for individuals exhibiting characteristics of frailty. Aggressive blood pressure control in frail older adults increases the risk of adverse effects including orthostatic hypotension, falls, fractures, and acute kidney injury.

To promote safer use of antihypertensives in this population, the *Palliative and Therapeutic Harmonization (PATH) Program* developed the hypertension guideline, [Promoting Higher Blood Pressure Targets for Frail Older Adults.](#)

For older adults with a FACT score of  $\geq 7$ , the guideline emphasizes the following recommendations:

- Target a goal seated systolic blood pressure range between 140 and 160mmHg.
- Goal blood pressure range may be adjusted higher if systolic blood pressure drops below 140mmHg upon standing or if the patient becomes symptomatic.
- Consider initiating treatment if systolic blood pressure is 160mmHg or greater.
- If systolic blood pressure is less than 140mmHg, antihypertensives can be reduced as long as they are not indicated for other conditions (e.g., heart failure).
- In general, avoid using more than 2 antihypertensives to manage high blood pressure.
- In severely frail adults (nearing end of life), a target systolic blood pressure of 160-190mmHg is reasonable.

### Frailty Assessment for Care-Planning Tool (FACT)

Score	Mobility	Social Situation	Function	Cognition
<b>1</b>	Very fit, exercises regularly (among fittest for age)	In charge of organizing social events	Still working at high-level job or hobby	Recalls 3 of 3 items, has no subjective cognitive complaints and regularly performs high-level cognitive tasks
<b>2</b>	Fit, active occasionally (seasonally)	Socializes weekly and would have a caregiver if needed	No impairment (i.e. does everything on own)	Recalls 2 or 3 items, has no subjective cognitive complaints
<b>3</b>	Not regularly active beyond routine walking	Socializes weekly and might have a caregiver if needed	Subjective impairment (i.e., does everything on own but finds things more difficult)	Recalls 2 or 3 items, has subjective cognitive complaints but family is not concerned about memory
<b>4</b> (vulnerable)	Starting to slow down and often tired during the day	Socializes less than weekly and might have a caregiver if needed	Not dependent on others but symptoms often limit activities	Recalls 0 or 1 item but can recall current events, OR recalls 2 or 3 items and can recall current events, but clock drawing is abnormal
<b>5</b> (mild)	Walking slower and regularly uses (or needs to use) a cane or walker	Socializes rarely and might have a caregiver if needed, or might not have a caregiver	Needs help with some instrumental acts of daily living (IADLs) (e.g., someone else does finances or housework)	Vague or incorrect recall of current events, but can recall name of current US president
<b>6</b> (moderate)	Needs help of another person when going up or down stairs, walking on uneven ground, or getting in or out of bath, OR has fallen more than once in the past 6 months, excluding slip on ice	Mostly housebound and might have a caregiver if needed	Needs cueing with basic activities of daily living (BADLs) such as dressing (e.g., help choosing what to wear)	Incorrect recall of name of current US president, can recall names of children or spouse
<b>7</b> (severe)	Always needs help when moving around OR unable to propel self in manual wheelchair	Housebound and isolated with caregiver stress or no caregiver available	Needs hands-on help with BADLs (e.g., bathing, toileting, dressing)	Vague or incorrect names of children or spouse
<b>8</b> (very severe)	Bed-bound, unable to participate in transfers	Unable to participate in any social exchange, even when visited	Dependent for all aspects of daily life	Limited language skills with fewer than 10 words verbalized
<b>9</b>	Terminally ill with a life expectancy of 6 months or less regardless of function, cognition, or mobility status			

For each column, the assessor indicates the patient's baseline status. Information about mobility, social situation, and function should come from a collateral source (family or caregiver). The FACT or Clinical Frailty Scale score is the highest number in any column.