**Intensive versus Standard Blood-Pressure Control**

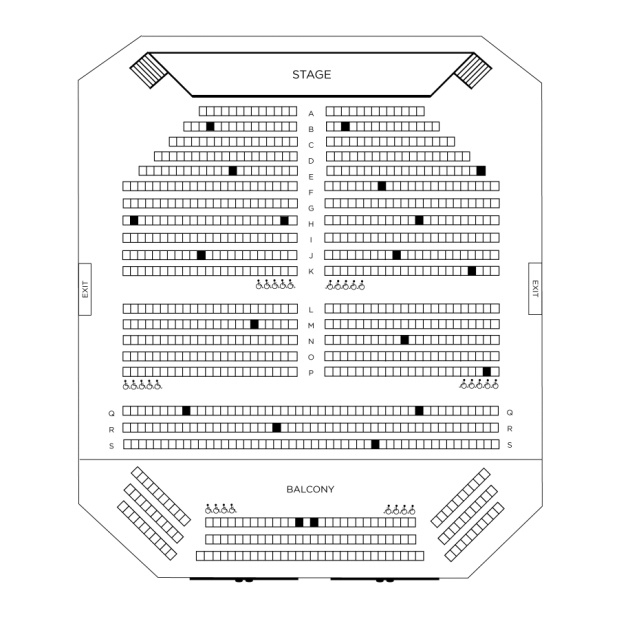
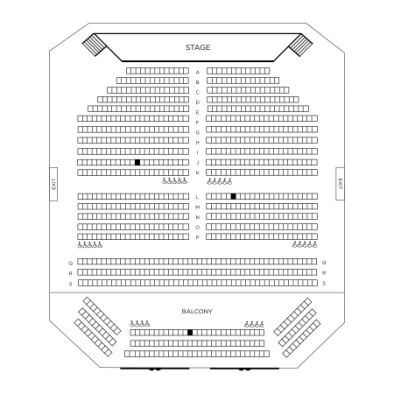
In September, 2015, the front pages of several newspapers such as *The Washington Post* and *The New York Times* declared that the landmark SPRINT study supported more aggressive blood pressure targets. SPRINT proved the value of aggressive blood pressure reduction (lowering systolic pressure below 120) by decreasing death by 27% and cardiovascular death by 43%. But what are the actual risks and benefits?

**BENEFIT OF AGGRESSIVE BLOOD PRESSURE CONTROL:**

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The blackened seats represent the additional number of people who did not die (3.5) in a year among 1000 people with intensive blood pressure management compared to 1000 people who had standard intensive treatment. The 996.5 empty seats represent the people who did not benefit from intensive treatment. Of note, most other previous studies **did not** show benefit with aggressive control, and some showed increase death (especially among diabetics, people with kidney disease, and those with past MI/Stroke) including the more recent HOPE-3 study (*New England Journal of Medicine*, 4/16) that showed 8 additional deaths in people whose pressure was pushed below 130.

**RISK OF AGGRESSIVE BLOOD PRESSURE CONTROL:**

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The blackened seats represent the additional number of people who developed serious side effects (20) including life threatening or lethal hypotension (3) and severe kidney disease (6) in a year among 1000 people who had intensive blood pressure management compared to 1000 people who did not have intensive treatment. Approximately 1/3 of people in both groups developed major side effects.

**\*Of note, minor side effects such as dizziness, fatigue, memory loss, and worse balance were not calculated by this study, but in prior studies those side effects could be substantial with aggressive control, especially among the elderly.**