Health officials have changed their minds — again — about blood pressure guidelines.

For decades, medical experts agreed that the goal should be to keep blood pressure readings below 140/90. Then, two years ago, a prestigious panel upended that and said a [slightly higher reading](http://www.aarp.org/health/conditions-treatments/info-2014/new-blood-pressure-guidelines-raise-controversy.html?intcmp=AE-BL-IL-DOTORG) of 150/90 or below was OK for older adults in order to avoid potentially dangerous side effects — such as dizziness and falls — from too much blood pressure medication.

Now, in a dramatic U-turn, the government announced last week that older adults should aim lower — much lower.

The target should be a systolic pressure (the top number in blood pressure readings) of 120 — lower than any previous guidelines have suggested — based on a landmark clinical blood pressure trial of 9,300 adults ages 50-plus with high blood pressure and a risk for heart disease. In fact, the benefits of this lower target were so clear, the government said, that it had ended the trial a year early because of its “potentially lifesaving information.”

According to the study, dubbed [SPRINT](https://www.sprinttrial.org/public/dspHome.cfm), for Systolic Blood Pressure Intervention Trial, aggressively using medication to lower older adults’ systolic blood pressure to 120 reduced the number of heart attacks and strokes by almost 30 percent, and the risk of death by nearly 25 percent, compared with a target of 140.

[**Read the latest discoveries, exercise and memory-sharpening tips, health care reform and more! — AARP Health Newsletter »**](https://login.aarp.org/online-community/loginform.action?referer=http%3A%2F%2Fwww.aarp.org%2Fonline-community%2Fpeople%2FsubscribeFromEmail.action%3Fid%3D19061&intcmp=AE-BL-IL-NL-HEA)

In the study, half the subjects used, on average, two medications to achieve a top reading of less than 140, while the other half used, on average, three drugs to reach 120 or below. Meaning, if these findings are followed, millions of Americans may need to take more drugs.

Officials with the National Heart, Lung and Blood Institute (NHLBI) made their announcement about the SPRINT results in a [press release](http://www.nhlbi.nih.gov/news/press-releases/2015/landmark-nih-study-shows-intensive-blood-pressure-management-may-save-lives), noting that these were preliminary results and that primary data won’t be published for another few months. In addition, the effects that aggressively lowering blood pressure have on cognitive function, dementia and kidneys won’t be available for a year.

Which raises the question: Why release this information now, when the data is still being analyzed? Why not wait and publish the results in a reputable scientific journal, where experts can examine the findings? While the announcement certainly received widespread media coverage, the lack of any details leaves patients and doctors in a quandary. Even the NHLBI recommended in a [question-and-answer statement](http://www.nhlbi.nih.gov/news/spotlight/fact-sheet/systolic-blood-pressure-intervention-trial-sprint-questions-and-answers) that doctors “hold off on any significant treatment changes since the findings are still preliminary.”

Aaron Carroll, M.D., a health-research blogger and associate professor of pediatrics at Indiana University School of Medicine, [criticized the announcement this way:](http://theincidentaleconomist.com/wordpress/twitter-isnt-good-for-nuance-so-heres-what-i-really-think-about-the-sprint-study-news/) “This is basically the release of conclusions without methods or even results. It hasn’t been peer reviewed. No one outside the study has checked the findings or statistics.”

Steven Nissen, M.D., chairman of cardiovascular medicine at the Cleveland Clinic, expressed similar concerns. These results “should be considered highly preliminary. The medical community will not be able to evaluate whether to target lower blood pressure until we have the ability to analyze and review the full data set,” he told [*USA Today*](http://www.usatoday.com/story/news/2015/09/11/study-suggests-more-americans-need-blood-pressure-medications/72062034/)*.*

[**Get discounts on prescriptions, health exams, eye care and more — AARP Member Advantages »**](http://discounts.aarp.org/category/supercategory/categoryId/724/subCategoryId/726/uSource/HCTN?intcmp=AE-BL-HEA-DISC)

There’s also the question of whether, realistically, older adults can hit the new target, given that only 52 percent of those who currently have [high blood pressure](http://blog.aarp.org/2014/08/29/7-ways-to-lower-your-blood-pressure-naturally/?intcmp=AE-BL-IL-BLOG) have managed to control it to 140/90 or lower, according to the Centers for Disease Control and Prevention.

About 1 in 3 Americans have high blood pressure, a condition that is a major risk factor for heart disease and stroke, the leading causes of death in the U.S. Of those who suffer a first stroke, nearly 80 percent have blood pressure above 140/90.

A member of the team of researchers who led the SPRINT study said the recent push among physicians toward a higher blood pressure target number for older adults has been pursued “without the benefit of a definitive, large clinical trial to test the hypothesis of whether it is better or not. That’s what we set out to do,” David Reboussin of Wake Forest Baptist Medical Center in Winston-Salem, N.C., told [WebMD](http://www.webmd.com/hypertension-high-blood-pressure/news/20150911/blood-pressure-how-low).

The trial’s results, said NHLBI’s Lawrence Fine, M.D., show that “a lower goal in older or high-risk patients can be beneficial and yield better health results overall. But patients should talk to their doctor to determine whether this lower goal is best for their individual care.”

*Photo:* [*kivoart/iStock*](https://secure.istockphoto.com/profile/kivoart)

**Also of Interest**

* [Do this for 15 minutes daily. You’ll live longer](http://blog.aarp.org/2015/09/02/do-this-for-15-minutes-youll-live-longer/?intcmp=AE-ENDART1-BL-REL)
* [10 Top fall foliage trips in the U.S.](http://travel.aarp.org/articles-tips/articles/info-09-2014/fall-foliage-trips-photo.html#slide1?intcmp=AE-ENDART2-BL-BOS)
* [Get help: Find out if you’re eligible for public benefits with Benefits QuickLINK](https://www.benefitscheckup.org/cf/index.cfm?partner_id=22&intcmp=AE-BL-ENDART3-ADV-QUICKLINK)
* [Join AARP](https://appsec.aarp.org/MSS/join/application?keycode=U9ZTPH9&intcmp=AE-ENDART3-BL-MEM): Savings, resources and news for your well-being

See the [AARP home page](http://www.aarp.org/?intcmp=AE-ENDART3-BL-HP) for deals, savings tips, trivia and more.

**Tagged:** [Candy Sagon](http://blog.aarp.org/tag/candy-sagon/), [heart attack](http://blog.aarp.org/tag/heart-attack/), [high blood pressue](http://blog.aarp.org/tag/high-blood-pressue/), [Hypertension](http://blog.aarp.org/tag/hypertension/), [Lung and Blood Institute](http://blog.aarp.org/tag/lung-and-blood-institute/), [National Heart](http://blog.aarp.org/tag/national-heart/), [NHLBI](http://blog.aarp.org/tag/nhlbi/), [stroke](http://blog.aarp.org/tag/stroke/), [systolic blood pressure](http://blog.aarp.org/tag/systolic-blood-pressure/)