

celkové fyzické zdatnosti, mobility, soběstačnosti, kognice a stupně křehkosti. Dostatek času věnujeme přáním a preferencím pacienta s cílem dosáhnout shody v terapeutických cílech. Identifikujeme pacienty, pro něž je bezpečnější mírnější pokles krevního tlaku i za cenu nižší KV protekce. Depreskripci však velmi pečlivě zvažujeme a přistupujeme

k ní pouze pokud a) máme dostatek kvalitně provedených měření TK, b) nízké hodnoty TK jsou spojeny se symptomy nebo jinými NÚ (elektrolytové poruchy), c) jsou možné časté kontroly hodnot TK i orgánových funkcí (výskyt a kompenzace srdečního selhání, renálních funkcí i metabolických parametrů) a monitorováním celkového stavu pacienta.

**PROHLÁŠENÍ AUTORŮ: Prohlášení o původnosti:** Publikace byla zpracována s využitím uvedené literatury a nebyla publikována ani zaslána k recenznímu řízení do jiného média. **Střet zájmů:** Žádný. **Financování:** Práce ET byla podpořena projektem NETPHARM /Nové technologie pro translační výzkum ve farmaceutických vědách, reg. Č. CZ.02.01.01/00/22\_008/0004607/, za spolufinancování EU. **Poděkování:** Ne. **Registrace v databázích:** N/A. **Projednáni etikou komisí:** N/A.

## LITERATURA

- Marengoni A, Angleman S, Melis R, et al. Aging with multimorbidity: a systematic review of the literature. *Ageing Res Rev.* 2011;10(4):430-439. doi:10.1016/j.arr.2011.03.003
- Guthrie B, Payne K, Alderson P, et al. Adapting clinical guidelines to take account of multimorbidity. *BMJ.* 2012;345(7878). doi:10.1136/bmj.e6341.
- Shantsila E, Lip GH, Shantsila A, et al. Antihypertensive treatment in people of very old age with frailty: time for a paradigm shift? *J Hypertens.* 2023 Oct 1;41(10):1502-1510. doi: 10.1097/HJH.0000000000003495.
- Forman DE, Maurer MS, Boyd C, et al. Multimorbidity in Older Adults With Cardiovascular Disease. *J Am Coll Cardiol.* 2018;71(19):2149-2161. doi:10.1016/j.jacc.2018.03.022
- McDonagh STJ, Mejzner N, Clark CE. Prevalence of postural hypotension in primary, community and institutional care: a systematic review and meta-analysis. *BMC Fam Pract.* 2021;22(1):1-23. doi:10.1186/s12875-020-01313-8
- Fialová D, Laffon B, Marinkovic, et al. Medication use in older people and age-blind approach: narrative literature review (insufficient evidence on the efficacy and safety of drugs in older age, frequent use of PIMs and polypharmacy, and underuse of highly bene nonpharmacological strategie). *Eur J Clin Pharmacol.* 2019;75(4):451-466. doi: 10.1007/s00228-018-2603-5.
- Williams B, Mancia G, Spiering W, et al. 2018 ESC/ESH Guidelines for the management of Arterial Hypertension. *Eur Heart J* 2018;39(33):3021-3104. doi: 10.1093/eurheartj/ehy339.
- Mancia G, Kreutz R, Brunström M, et al. 2023 ESH Guidelines for the management of arterial hypertension: The Task Force for the management of arterial hypertension of the European Society of Hypertension: Endorsed by the International Society of Hypertension (ISH) and the European Renal Association (ERA). *J Hypertens.* 2023 Dec 1;41(12):1874-2071. doi: 10.1097/HJH.0000000000003480.
- Thomopoulos C. Target blood pressure in isolated systolic hypertension. A meta-analysis of randomized outcome trials. *J Hypertens* 2023;41(12):2113-2114. doi: 10.1097/HJH.0000000000003476.
- Curtin D, Gallagher P, O'Mahony D. Deprescribing in older people approaching end-of-life: development and validation of STOPPFrail version 2. *Age Ageing.* 2021;50(2):465-471. doi: 10.1093/ageing/afaa159.
- Topinková E, Fialová D. Doporučené nástroje pro revizi medikace a optimalizaci preskripcí u geriatrických pacientů. *Geriatr Gerontol.* 2023; 12(3):114-126
- Filipovský J. Arteriální hypertenze ve stáří. *Geriatr Gerontol.* 2024;13(1):7-13.
- Agarwal R, Sinha AD, Cramer AE, et al. Chlorthalidone for Hypertension in Advanced Chronic Kidney Disease. *N Engl J Med.* 2021 Dec 30;385(27):2507-2519. doi: 10.1056/NEJMoa2110730.
- Widimský J, Filipovský J, Ceral J, et al. Diagnostické a léčebné postupy u arteriální hypertenze. Doporučení České společnosti pro hypertenzi. *Hypertenze a KV prevence* 2022; 2: 1-25. dostupné z: [https://www.hypertenze.cz/wp-content/uploads/2023/01/Widimsky\\_guidelines-CSH-2022.pdf](https://www.hypertenze.cz/wp-content/uploads/2023/01/Widimsky_guidelines-CSH-2022.pdf).
- Beckett NS, Peters R, Fletcher AE, et al. HYVET Study Group. Treatment of hypertension in patients 80 years of age or older. *N Engl J Med.* 2008;358(18):1887-98. doi: 10.1056/NEJMoa0801369.
- Warwick J, Falaschetti E, Rockwood K, et al. No evidence that frailty modifies the positive impact of antihypertensive treatment in very elderly people: an investigation of the impact of frailty upon treatment effect in the Hypertension in the Very Elderly Trial (HYVET) study, a double-blind, placebo. *BMC Med.* 2015;13(1). doi:10.1186/s12916-015-0328-1
- Williamson JD, Supiano MA, Applegate WB, Berlowitz DR, Campbell RC, Chertow GM, et al. Intensive vs standard blood pressure control and cardiovascular disease outcomes in adults aged ≥75 years: a randomized clinical trial. *JAMA* 2016; 315:2673–2682. doi: 10.1001/jama.2016.7050.
- Streit S, Poortvliet RKE, Gussekloo J. Lower blood pressure during antihypertensive treatment is associated with higher all-cause mortality and accelerated cognitive decline in the oldest-old. Data from the Leiden 85-plus Study. *Age Ageing* 2018; 47:545–550. doi: 10.1093/ageing/afy072.
- Douros A, Tölle M, Ebert N, et al. Control of blood pressure and risk of mortality in a cohort of older adults: the Berlin Initiative Study. *Eur Heart J* 2019; 40:2021–2028. doi: 10.1093/eurheartj/ehz071.
- Rea F, Cantarutti A, Merlino L, et al. Antihypertensive treatment in elderly frail patients: evidence from a large Italian database. *Hypertension* 2020; 76:442–449. doi: 10.1161/HYPERTENSIONAHA.120.14683.
- Sheppard JP, Lown M, Burt J, et al. Generalizability of Blood Pressure Lowering Trials to Older Patients: Cross-Sectional Analysis. *J Am Geriatr Soc* 2020;68:2508-15. <https://doi.org/10.1111/jgs.16749>.
- Todd OM, Wilkinson C, Hale M, Wong NL, Hall M, Sheppard JP, et al. Is the association between blood pressure and mortality in older adults different with frailty? A systematic review and meta-analysis. *Age Ageing* 2019;48:627-35. <https://doi.org/10.1093/ageing/afz072>.
- Benetos A, Petrovic M, Strandberg T. Hypertension management in older and frail older patients. *Circ Res* 2019; 124:1045–1060. doi: 10.1161/CIRCRESAHA.118.313236.
- Dave CV, Li Y, Steinman MA, et al. Strategies for Identifying Patients for Deprescribing of Blood Pressure Medications in Routine Practice: An Evidence Review. *Curr Hypertens Rep* 26, 225–236 (2024). <https://doi.org/10.1007/s11906-024-01293-5>.
- van der Wardt V, Harrison JK, Welsh T, et al. Withdrawal of antihypertensive medication: a systematic review. *J Hypertens* 2017; 35:1742–1749. doi: 10.1097/HJH.0000000000001405.
- Ekbom T, Lindholm LH, Odén A, et al. A 5-year prospective, observational study of the withdrawal of antihypertensive treatment in elderly people. *J Intern Med* 1994; 235:581–588. doi: 10.1111/j.1365-2796.1994.tb01265.x.
- Hirakawa Y, Arima H, Webster R, et al. Risks associated with permanent discontinuation of blood pressure-lowering medications in patients with type 2 diabetes. *J Hypertens* 2016; 34:781–787. doi: 10.1097/HJH.0000000000000841.
- National Institute for Health and Care Excellence. Multimorbidity: clinical assessment and management [Internet]. 2016. Dostupné z: <https://www.nice.org.uk/guidance/ng56/resources/multimorbidity-clinical-assessment-and-management-pdf-1837516654789>.
- Reeve E, Jordan V, Thompson W, et al. Withdrawal of antihypertensive drugs in older people. *Cochrane Database Syst Rev.* 2020;6(6):CD012572. doi: 10.1002/14651858.CD012572.pub2.
- Crisafulli S, Luxi N, Coppini R, et al. Anti-hypertensive drugs deprescribing: an updated systematic review of clinical trials. *BMC Fam Pract.* 2021;22(1):208. doi: 10.1186/s12875-021-01557-y.
- Sheppard JP, Lown M, Burt J, et al. Blood pressure changes following antihypertensive medication reduction, by drug class and dose chosen for withdrawal: exploratory analysis of data from the OPTiMISE Trial. *Front Pharmacol.* 2021;12: 619088. <https://doi.org/10.3389/fphar.2021.619088>.
- Rivasi G, Fedorowski A. Harm vs. benefit of antihypertensive treatment in very old and frail people – do not miss the forest for the trees. *J Hypertens.* 2023;41(10):1551-1553. doi: 10.1097/HJH.0000000000003519.
- Topinková E. Doporučení pro screening a stratifikaci rizika pádu u seniorů z pohledu nových Celosvětových guidelines pro prevenci a management pádů u starších osob *Geriatr Gerontol.* 2023;12(1):12-17.

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