

## EVIDENCE BASED MEDICINE

### Over 80s often over-treated for stroke prevention

*Doctors need to rethink common prescribing patterns in this age group*

[Overenthusiastic stroke risk factor modification in the over-80s: Are we being disingenuous to ourselves, and to our oldest patients? Online First doi:10.1136/eb-2013-101646]

People in their 80s are often prescribed drugs to ward off a stroke when the risk of a stroke is not that high and the drugs have other side effects, finds a perspective published online in ***Evidence Based Medicine***.

People in this age group are being “over-treated,” and doctors need to actively rethink their priorities and beliefs about stroke prevention, argues Dr Kit Byatt of the Department of Geriatric Medicine, The County Hospital in Hereford, UK.

Statins and antihypertensive drugs were the most commonly prescribed cardiovascular drugs in the UK in 2006. And they are widely prescribed to patients in their 80s to ward off stroke.

This is despite the fact that the research shows that, by this age, high blood pressure is not a key contributory risk factor, and high cholesterol has little effect on stroke risk, overall, says Dr Byatt.

He points out that the largest trials of antihypertensive therapy and statins for people in this age group have shown only a marginal reduction in stroke and very modest reductions in other cardiovascular events.

Older patients have diverse views on the relative importance of stroke and death as end points, which differ from clinicians' beliefs, he argues.

The evidence suggests that statins and antihypertensive drugs are greatly over-prescribed in the healthy elderly and are mostly irrelevant in the frail elderly.

Most older patients would probably reject the modest potential benefit conferred by these medicines, in favour of taking fewer drugs every day and not having to put up with their possible side-effects, he suggests.

“The data strongly suggest that we are over-treating many healthy patients aged 80+ regarding stroke prevention,” he concludes.

And he questions whether these drugs should ever be used in frail older patients with several underlying conditions

“Should we ever use these medications in frail older patients with multi-morbidity? We need actively to rethink our priorities and beliefs about stroke prevention, actively informing and involving the views of the key person, the patient,” he insists.