**UPDATE ON EFFECT OF ISOLATED SYSTOLIC VERSUS SYSTOLIC-DIASTOLIC HYPERTENSION IN OLDER ADULTS**

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***Background:*** Among older adults isolated systolic hypertension (ISH) is more common than systolic-diastolic hypertension (SDH) and both appear to have similar effect on incident heart failure (HF) and all-cause mortality (Circulation. 2014; 130:A18649). However, these findings were limited by bias associated with misclassification based on inclusion of controlled hypertension in the normal blood pressure (BP) reference group.

***Objective:*** To examine the effect of ISH and SDH on outcomes.

***Methods:*** In Cardiovascular Health Study (CHS), of the 4927 community-dwelling older adults free of isolated diastolic hypotension (**PMID:** 21947466) and isolated diastolic hypertension, 1918 had ISH (systolic BP>140 and diastolic BP<90), 250 had SDH (systolic BP>140 and diastolic BP>90), and 1417 had normal BP with no anti-hypertensive medication use or no prior history of hypertension. After excluding those with baseline HF, the study cohort consisted of 1838 ISH, 240 SDH and 1417 normal-BP. Multivariable Cox regression models were used to estimate associations of ISH and SDH (vs. normal-BP) with centrally-adjudicated incident HF and all-cause mortality during 13 years of follow-up adjusting for major HF risk factors.

***Results:*** Participants had a mean (±SD) age of 73 (±6) years, 57% were women, and 16% were African American. Unadjusted incident HF occurred in 25%, 22% and 11% of those with ISH, SDH and normal-BP, respectively. Compared to no hypertension, multivariable-adjusted hazard ratios (HR) and 95% confidence intervals (CI) for incident HF for those with ISH and SDH were 1.86 (1.51–2.30) and 1.73 (1.23–2.42), respectively. Unadjusted all-cause mortality occurred in 49%, 50% and 34% of those with ISH, SDH and normal-BP, respectively, with respective multivariable-adjusted HRs (95% CIs) of 1.22 (1.07–1.39) and 1.45 (1.16-1.80).

***Conclusion:*** Among older adults without HF, ISH is more common than SDH; both contribute similarly to incident HF, though SDH appears to have a more pronounced effect on mortality.