**2016 UPDATE ON TREATMENT OF HYPERTENSION**

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Numerous guidelines from 2011 through 2015 except for JNC 8 recommended that the blood pressure (BP) goal should be <140/90 mm Hg in persons younger than 80 years and <150 mm Hg in persons 80 years and older. JNC 8 recommended that the BP goal should be <150/90 mm Hg in persons 60 years and older without diabetes or chronic kidney disease. The SPRINT trial randomized 9,361 persons, mean age 67.9 years (28.2% 75 years or older), with a systolic BP of 130-180 mm Hg and an increased cardiovascular risk but without diabetes, prior stroke, recent heart failure, or an ejection fraction <35% to a systolic BP target of <120 versus <140 mm Hg. At 1 year, the systolic BP was 121.4 mm Hg versus 136.2 mm Hg. Median follow-up was 3.26 years. The primary outcome of myocardial infarction, other acute coronary syndrome, stroke, heart failure, or cardiovascular death was reduced 25%, p<0.001) by the lower systolic BP. All-cause mortality was reduced 27%, p = 0.003 by the lower systolic BP. Heart failure was reduced 38%, p=0.002, by the lower systolic BP. Cardiovascular death was reduced 43%, p = 0.005, by the lower systolic BP. The primary outcome or death was reduced 22%, p <0.001, by the lower systolic BP. The lower systolic BP reduced the primary outcome 33% in persons 75 years and older and 20% in persons aged 50 to 74 years. Serious adverse events were similar in both groups. However, the lower systolic BP caused more hypotension, syncope, electrolyte abnormality, and acute kidney injury or acute renal failure. On the basis of these data, older and younger persons should be treated to a systolic BP goal of <120 mm Hg with more intensive monitoring for serious adverse events.