

How low is too low? Experts debate blood pressure targets in post-SPRINT era

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Following the landmark SPRINT trial, there is a growing body of evidence for reducing systolic blood pressure targets, resulting in the development of new US guidelines. However, this has led to many

questions about the impact of such fundamental changes in blood pressure management, and whether they should be implemented in other constituencies. Two new studies published in the *Canadian Journal of Cardiology* assess the benefits and costs of incorporating these more aggressive goals into clinical practice.

The Systolic Blood Pressure Intervention Trial (SPRINT) published in 2015 was a randomized, controlled, open-label trial conducted at 102 clinical sites in the US. It compared an intensive [systolic blood pressure](#) target of 120 mmHg to the current standard target of 140 mmHg in individuals at high cardiovascular risk and without diabetes. It was halted early after interim analyses showed patients in the intensive arm showed a significant decrease in fatal and nonfatal cardiovascular events and death from any cause.

Based on these statistically-significant findings, as well as the growing global body of evidence showing a strong association between lower systolic blood pressure targets and a reduction in cardiovascular events, an intensive systolic treatment target of

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