**Urgent need to increase the rates of diagnosing, treating and controlling hypertension in older women. A call for all levels of government, health professional associations, health charities and clinicians to reengage and to take action.**

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Increased blood pressure is a leading risk for death and disability, and this risk increases with age. Controlling hypertension is one of the most effective means to reduce death and disability especially, in those at higher risk. Unfortunately, in Canada, the rates of diagnosing, treating and controlling hypertension in older women (e.g. age > 60 years) have been decreasing for almost a decade with a corresponding increase in the rates of cardiovascular death and disability (figures). Cardiovascular disease is highly preventable through adoption of best clinical practices.

1. Correctly measure blood pressure routinely in all adults and especially older women.

2. Treat people with hypertension with antihypertensive drugs to achieve control.

3. Consider initiating treatment at a systolic blood pressure of > 130 mmHg and lowering the systolic blood pressure to < 120 mm Hg in those at high cardiovascular risk (e.g., Framingham risk score of > 15%, or men or women aged 75 years or higher), to optimize risk reduction. Persons with diabetes should have a blood pressure treatment threshold of 130/80 mm Hg and target of < 130/80 mm Hg.

4. Use validated automated blood pressure devices, where feasible home blood pressure measurement and 24 hr ambulatory blood pressure measurement. For a systolic target <120 mmHg consider automated devices that operate without an observer present and that take and average multiple readings.

5. Use standardized treatment protocols.

6. Use registries with performance reporting to enhance hypertension control.

It is critical for the federal, provincial and territorial governments to form a strategic public health approach to the prevention and control of hypertension and to collaborate with the health and scientific sector on monitoring and evaluation and implementation.

**Hypertension control rate in Canadian women Cardiovascular death rate per 100,000 in Canada**

**Disability adjusted life years due to cardiovascular disease in Canada**