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Response to Letter Regarding Article, “Cost-Effectiveness of Intensive Versus Standard Blood Pressure Control”

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We thank Sexton and colleagues for their comments. Serious adverse event (SAE) risks in SPRINT may not reflect risks among community-treated, older patients. Sexton et al.’s community-based study of SPRINT-eligible Irish adults aged ≥ 75 years showed injurious falls or syncope risks about five times those in SPRINT.¹ However, this may be due to different methods of ascertainment for injurious falls and syncope between studies; self-report or proxy compared to those requiring an emergency department visit in SPRINT.^{1,2}

In our analysis, we excluded injurious falls based on the results of SPRINT and SPRINT-SENIOR.^{2,3} However, we examined cost-effectiveness over a range of baseline and intensive treatment-related SAE risks.⁴ We estimated the risk of SAEs would need to be seven times the risk in SPRINT to make intensive systolic blood-pressure control lower value (i.e., ICER $> \$100,000/\text{QALY}$). Nonetheless, SAE risk is important to consider when deciding the intensity of blood-pressure control in older patients. Health-systems and providers need an objective means to identify patients most likely to benefit from intensive blood-pressure control while at low risk of serious harms.

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