

SUPPLEMENTAL MATERIAL

The effect of antihypertensive treatment on cerebral blood flow in older adults

A systematic review and meta-analysis

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Supplemental methods 1. Data extraction

First, the study characteristics were extracted. These included study design, median/mean age, number of participants, study population, antihypertensive drug class, acute (<24 hours) or chronic (>2 weeks) assessment of the effect, method measuring CBF, units in which CBF was expressed, and follow-up time. Follow-up means the time between the measurement of CBF before and after AHT.

Supplemental references

1. Akopov SE, Simonian NA, Kazarian AV. Effects of nifedipine and nicardipine on regional cerebral blood flow distribution in patients with arterial hypertension. Methods Find Exp Clin Pharmacol.18:685-692
2. Bertel O, Conen D, Radü EW, Müller J, Lang C, Dubach UC. Nifedipine in hypertensive emergencies. Br Med J (Clin Res Ed).286:19-21
3. Brown FD, Hanlon K, Crockard HA, Mullan S. Effect of sodium nitroprusside on cerebral blood flow in conscious human beings. Surg Neurol.7:67-70
4. Canova D, Roatta S, Micieli G, Bosone D. Cerebral oxygenation and haemodynamic effects induced by nimodipine in healthy subjects. Functional Neurology.27:169-176
5. Chrysant SG, Frohlich ED, Papper S. Why hypertension is so prevalent in the elderly-and how to treat it. Geriatrics.31:101-104,108
6. Claassen JA, Levine BD, Zhang R. Cerebral vasomotor reactivity before and after blood pressure reduction in hypertensive patients. Am J Hypertens.22:384-391
7. Croall ID, Tozer DJ, Moynihan B, Khan U, O'Brien JT, Morris RG, Cambridge VC, Barrick TR, Blamire AM, Ford GA, Markus HS. Effect of standard vs intensive blood pressure

control on cerebral blood flow in small vessel disease the preserve randomized clinical trial. *JAMA Neurology*. 2018;75:720-727

8. De Bray JM, Joseph PA, Jeanvoine H, Dauzat M, Maugin D. Transcranial doppler sonography for blood flow velocity measurement during pharmacological tests. *Int Angiol*.6:133-137
9. Fagan SC, Robert S, Ewing JR, Levine SR, Ramadan NM, Welch KM. Cerebral blood flow changes with enalapril. *Pharmacotherapy*. 1992;12:319-323
10. Ferrarini F, Cavestri R, Radice L, Longhini M, Longhini E. Influence of lisinopril treatment on cerebral blood flow in essential hypertension. *Clinical Trials and Meta-Analysis*. 1992;28:57-62
11. Fu CH, Yang CC, Kuo TB. Effect of angiotensin ii receptor antagonism on cerebral vasomotor reserve in humans. *J Cardiovasc Pharmacol*.42:714-718
12. Fu CH, Yang CC, Kuo TB. Effects of different classes of antihypertensive drugs on cerebral hemodynamics in elderly hypertensive patients. *Am J Hypertens*. 2005;18:1621-1625
13. Gifford RW, Jr. Effect of reducing elevated blood pressure on cerebral circulation. *Hypertension*.5:lii17-20
14. Glodzik L, Rusinek H, Tsui W, Pirraglia E, Kim HJ, Deshp, e A, Li Y, Storey P, all C, Chen J, Osorio RS, Butler T, Tanzi E, McQuillan M, Harvey P, Williams SK, Ogedegbe G, Babb JS, de Leon MJ. Different relationship between systolic blood pressure and cerebral perfusion in subjects with and without hypertension. *Hypertension*.73:197-205
15. Guell A, Pavé le Traon A, Chatellier G, Bes A. Effects of clonidine on cerebral blood flow in hypertensive patients. *Current Therapeutic Research - Clinical and Experimental*. 1991;49:801-806

16. Hajjar I, Hart M, Mac KW, Lipsitz LA. Aldosterone, cognitive function, and cerebral hemodynamics in hypertension and antihypertensive therapy. *American Journal of Hypertension*. 28:319-325
17. James IM, Yogendran L, McLaughlin K, Munro C. Blood pressure lowering and cerebral blood flow: A comparison of the effects of carvedilol and propranolol on the cerebral circulation in hypertensive patients. *Journal of Cardiovascular Pharmacology*. 1992;19:S40-S43
18. Jennings JR, Christie IC, Muldoon MF, Ryan CM, Price JC, Meltzer CC. Brain function, cognition, and the blood pressure response to pharmacological treatment. *Psychosom Med*. 72:702-711
19. Jennings JR, Muldoon MF, Whyte EM, Scanlon J, Price J, Meltzer CC. Brain imaging findings predict blood pressure response to pharmacological treatment. *Hypertension*. 2008;52:1113-1119
20. Joshi S, Young WL, Duong H, Aagaard BA, Ostapkovich ND, Connolly ES, Pile-Spellman J. Intracarotid nitroprusside does not augment cerebral blood flow in human subjects. *Anesthesiology*. 96:60-66
21. Kimura Y, Kitagawa K, Oku N, Kajimoto K, Kato H, Tanaka M, Sakaguchi M, Hougaku H, Sakoda S, Hatazawa J. Hemodynamic influences of azelnidipine, a novel calcium channel blocker, on cerebral circulation in hypertensive patients with ischemic white matter lesions. *Hypertens Res*. 31:2147-2154
22. Kimura Y, Kitagawa K, Oku N, Kajimoto K, Kato H, Tanaka M, Sakaguchi M, Hougaku H, Sakoda S, Hatazawa J. Blood pressure lowering with valsartan is associated with maintenance of cerebral blood flow and cerebral perfusion reserve in hypertensive

patients with cerebral small vessel disease. *Journal of Stroke and Cerebrovascular Diseases*. 2010;19:85-91

23. Lahiri S, Nezhad M, Schlick KH, Rinsky B, Rosengart A, Mayer SA, Lyden PD. Paradoxical cerebrovascular hemodynamic changes with nicardipine. *J Neurosurg.* 128:1015-1019
24. Lawlor B, Segurado R, Kennelly S, Olde Rikkert MGM, Howard R, Pasquier F, Borjesson-Hanson A, Tsolaki M, Lucca U, Molloy DW, Coen R, Riepe MW, Kalman J, Kenny RA, Clegg F, O'Dwyer S, Walsh C, Adams J, Banzi R, Breuilh L, Daly L, Hendrix S, Aisen P, Gaynor S, Sheikhi A, Taekema DG, Verhey FR, Nemni R, Nobili F, Franceschi M, Frisoni G, Zanetti O, Konsta A, Anastasios O, Nenopoulou S, Tsolaki-Tagaraki F, Pakaski M, Dereeper O, de la Sayette V, Senechal O, Lavenue I, Devendeville A, Calais G, Crawford F, Mullan M. Nilvadipine in mild to moderate alzheimer disease: A randomised controlled trial. *PLoS Medicine*. 2018;15
25. Lemkuil BP, Gierl BT, Patel PM, Pearn ML, Nguyen LC, Minokadeh A, Drummond JC. The effect of clevidipine on cerebral blood flow velocity and carbon dioxide reactivity in human volunteers. *J Neurosurg Anesthesiol*. 2016;28:337-340
26. Lipsitz LA, Gagnon M, Vyas M, Illoputaife I, Kiely DK, Sorond F, Serrador J, Cheng DM, Babikian V, Cupples LA. Antihypertensive therapy increases cerebral blood flow and carotid distensibility in hypertensive elderly subjects. *Hypertension*. 2005;45:216-221
27. Liu J, Tseng BY, Khan MA, Tarumi T, Hill C, Mirshams N, Hodics TM, Hynan LS, Zhang R. Individual variability of cerebral autoregulation, posterior cerebral circulation and white matter hyperintensity. *Journal of Physiology*. 2016;594:3141-3155
28. Markus HS, Croall ID, Barrick TR, Moynihan B, Khan U, Cambridge VC, O'Brien JT, Dixit AK, Tozer DJ, Blamire AM, Ford GA. The preserve trial (perfusion substudy): Intensive

blood pressure lowering and cerebral blood flow in small vessel disease. International Journal of Stroke.12:14-15

29. Meyer JS, Shimazu K, Okamoto S, Koto A, Ito Y, Sari A, Ericsson AD. Two separate mechanisms controlling cerebral blood flow: Effect of alpha adrenergic blockade on cerebral autoregulation and chemical vasomotor control. Trans Am Neurol Assoc. 1973;98:284-286
30. Minematsu K, Yamaguchi T, Tsuchiya M, Ito K, Ikeda M, Omae T. Effect of angiotensin converting enzyme inhibitor (captopril) on cerebral blood flow in hypertensive patients without a history of stroke. Clin Exp Hypertens A. 1987;9:551-557
31. Muller M, Van Der Graaf Y, Visseren FL, Mali WPTM, Geerlings MI. Hypertension and longitudinal changes in cerebral blood flow: The smart-mr study. Annals of Neurology.71:825-833
32. Muller M, Osterreich M, Lakatos L, Hessling AV. Cerebral macro- and microcirculatory blood flow dynamics in successfully treated chronic hypertensive patients with and without white mater lesions. Scientific reports.10:9213
33. Olesen J. Quantitative evaluation of normal and pathologic cerebral blood flow regulation to perfusion pressure. Changes in man. Arch Neurol.28:143-149
34. Ostroumova TM, Ostroumova OD, Parfenov VA, Perepelova EM, Perepelov VA, Kochetkov AI. Effect of perindopril/indapamide on cerebral blood flow in middle-aged, treatment-naïve patients with hypertension. Adv Ther.37:4930-4943
35. Périard D, Rey MA, Casagr, e D, Vesin JM, Carrera E, Hayoz D. The effect of valsartan versus non-raas treatment on autoregulation of cerebral blood flow. Cerebrovasc Dis. 2012;34:78-85

36. Schmidt JF, Olsen KS, Waldemar G, Jørgensen BC, Paulson OB. Effect of ketanserin on cerebral blood flow autoregulation in healthy volunteers. *Acta Neurochir (Wien)*. 1991;111:138-142
37. Siegelova J, Hofirek I, Fiser B, Dusek J, Placheta Z, Jancik J, Dobsak P, Svacinova H, Vank P, Toman J, Savin E, Martineaud JP. Pulse pressure and carotid blood flow in essential hypertension. *Scripta Medica Facultatis Medicinae Universitatis Brunensis Masarykianae*. 2003;76:301-304
38. Sijbesma J, Meulenbroek O, Claassen J. Exploring the link between hypertension and dementia: Effects of blood pressure variability on brain perfusion and cognition in an elderly population. *Alzheimer's and Dementia*. 7:S598
39. Simard D, Olesen J, Paulson OB, Lassen NA, Skinhøj E. Regional cerebral blood flow and its regulation in dementia. *Brain*. 1971;94:273-288
40. Strandgaard S. Cerebral ischaemia caused by overzealous blood pressure lowering. *Danish Medical Bulletin*. 1987;34:5-7
41. Tzeng YC, Chan GS, Willie CK, Ainslie PN. Determinants of human cerebral pressure-flow velocity relationships: New insights from vascular modelling and Ca^{2+} channel blockade. *J Physiol*. 589:3263-3274
42. van Dalen JW, Mutsaerts HJ, Petr J, Caan MW, Moll van Charante EP, MacIntosh BJ, van Gool WA, Nederveen AJ, Richard E. Longitudinal relation between blood pressure, antihypertensive use, and cerebral blood flow, using arterial spin labelling mri. *J Cereb Blood Flow Metab*. 271678x20966975
43. Weyl, A, Stephan H, Grune F, Weyl, W, Sonntag H. Effect of ketanserin on global cerebral blood flow and middle cerebral artery flow velocity. *Anesthesia and Analgesia*. 1995;80:64-70

44. Yagi S, Akaike M, Aihara KI, Iwase T, Yoshida S, Sumitomo-Ueda Y, Ikeda Y, Ishikawa K, Matsumoto T, Sata M. High plasma aldosterone concentration is a novel risk factor of cognitive impairment in patients with hypertension. *Hypertension Research*.34:74-78
45. Yamano S, Sawai F, Yamamoto Y, Sawai N, Minami S, Akai M, Nomura K, Takaoka M, Fukui R, Dohi K. Relationship between brain atrophy estimated by a longitudinal computed tomography study and blood pressure control in patients with essential hypertension. *Jpn Circ J*.63:79-84
46. Zhang L, Pasha EP, Liu J, Xing CY, Cardim D, Tarumi T, Womack K, Hynan LS, Cullum CM, Zhang R. Steady-state cerebral autoregulation in older adults with amnestic mild cognitive impairment: Linear mixed model analysis. *Journal of applied physiology* (Bethesda, Md %V: 1985). 129.377-385
47. Zhang P, Huang Y, Li Y, Lu M, Wu Y. A large-scale study on relationship between cerebral blood flow velocity and blood pressure in a natural population. *J Hum Hypertens*.20:742-748
48. Zhang R, Witkowski S, Fu Q, Claassen JA, Levine BD. Cerebral hemodynamics after short- and long-term reduction in blood pressure in mild and moderate hypertension. *Hypertension*. 2007;49:1149-1155
49. Guyatt GH, Oxman AD, Vist GE, Kunz R, Falck-Ytter Y, Alonso-Coello P, Schünemann HJ. Grade: An emerging consensus on rating quality of evidence and strength of recommendations. *Bmj*. 2008;336:924-926
50. Conen D, Rüttimann S, Noll G, Schneider K, Müller J. Short- and long-term cerebrovascular effects of nitrendipine in hypertensive patients. *J Cardiovasc Pharmacol*. 1988;12 Suppl 4:S64-68

51. Cutler NR, Sramek JJ, Luna A, Mena I, Brass EP, Kurtz NM, Brennan JJ. Effect of the ace inhibitor ceronapril on cerebral blood flow in hypertensive patients. *Ann Pharmacother.* 1996;30:578-582
52. de Jong DLK, de Heus RAA, Rijpma A, Donders R, Olde Rikkert MGM, Gunther M, Lawlor BA, van Osch MJP, Claassen J. Effects of nilvadipine on cerebral blood flow in patients with alzheimer disease. *Hypertension.* 2019;74:413-420
53. Efimova IY, Efimova NY, Triss SV, Lishmanov YB. Brain perfusion and cognitive function changes in hypertensive patients. *Hypertens Res.* 2008;31:673-678
54. Globus M, Keren A, Eldad M, Granot C, Tzivoni D, Lavy S, Stern S. The effect of chronic propranolol therapy on regional cerebral blood flow in hypertensive patients. *Stroke.* 1983;14:964-967
55. Griffith DN, James IM, Newbury PA, Woollard ML. The effect of beta-adrenergic receptor blocking drugs on cerebral blood flow. *Br J Clin Pharmacol.* 1979;7:491-494
56. Hajjar I, Hart M, Chen YL, Mack W, Novak V, H CC, Lipsitz L. Antihypertensive therapy and cerebral hemodynamics in executive mild cognitive impairment: Results of a pilot randomized clinical trial. *J Am Geriatr Soc.* 2013;61:194-201
57. Hamdy RC, Davies A, Arnold K, Tovey JD, Saimbi SS, Short MD, Exton-Smith AN. The short-term effects of reducing elevated blood pressure in elderly patients with propranolol and dyazide. *Age Ageing.* 1984;13:83-88
58. Hanyu H, Hirao K, Shimizu S, Iwamoto T, Koizumi K, Abe K. Favourable effects of nilvadipine on cognitive function and regional cerebral blood flow on spect in hypertensive patients with mild cognitive impairment. *Nucl Med Commun.* 2007;28:281-287

59. James IM, Dickenson EJ, Burgoyne W, Jeremy JY, Barradas MA, Mikhailidis DP, Dandona P. Treatment of hypertension with captopril: Preservation of regional blood flow and reduced platelet aggregation. *J Hum Hypertens.* 1988;2:21-25
60. Jennings JR, Muldoon MF, Price J, Christie IC, Meltzer CC. Cerebrovascular support for cognitive processing in hypertensive patients is altered by blood pressure treatment. *Hypertension.* 2008;52:65-71
61. Kashiwagi S, Yoshikawa K, Yamashita K, Kato S, Ito H. Effects of nitrendipine on the cerebral hemodynamics of elderly hypertensive patients. *Current Therapeutic Research.* 1998;59:521-527
62. Kume K, Hanyu H, Sakurai H, Takada Y, Onuma T, Iwamoto T. Effects of telmisartan on cognition and regional cerebral blood flow in hypertensive patients with alzheimer's disease. *Geriatr Gerontol Int.* 2012;12:207-214
63. Landmark K, Forsman M, Lindberg K, Ryman T, Martmann-Moe K, Haaverstad S, Wiel S. Nitrendipine and mefruside in elderly hypertensives: Effects on blood pressure, cardiac output, cerebral blood flow and metabolic parameters. *J Hum Hypertens.* 1995;9:281-285
64. Miyamori I, Yasuhara S, Matsubara T, Takasaki H, Takeda R. Effects of a calcium entry blocker on cerebral circulation in essential hypertension. *J Clin Hypertens.* 1987;3:528-535
65. Nagata R, Kawabe K, Ikeda K. Olmesartan, an angiotensin ii receptor blocker, restores cerebral hypoperfusion in elderly patients with hypertension. *J Stroke Cerebrovasc Dis.* 2010;19:236-240
66. Nasrallah IM, Gaussoin SA, Pomponio R, Dolui S, Erus G, Wright CB, Launer LJ, Detre JA, Wolk DA, Davatzikos C, Williamson JD, Pajewski NM, Bryan RN. Association of

intensive vs standard blood pressure control with magnetic resonance imaging biomarkers of alzheimer disease: Secondary analysis of the sprint mind randomized trial. JAMA Neurol. 2021;78:568-577

67. Oku N, Kitagawa K, Imaizumi M, Takasawa M, Piao R, Kimura Y, Kajimoto K, Matsumoto M, Hori M, Hatazawa J. Hemodynamic influences of losartan on the brain in hypertensive patients. Hypertens Res. 2005;28:43-49
68. Pandita-Gunawardena ND, Clarke SE. Amlodipine lowers blood pressure without affecting cerebral blood flow as measured by single photon emission computed tomography in elderly hypertensive subjects. Age Ageing. 1999;28:451-457
69. Pandita-Gunawardena ND, Dorrance DE, MacDonald G. Efficacy of nitrendipine in the treatment of elderly hypertensive subjects, and its effect on cerebral blood flow. J Cardiovasc Pharmacol. 1989;14 Suppl 10:S52-58
70. Ram CV, Meese R, Kaplan NM, Devous MD, Sr., Bonte FJ, Forland SC, Cutler RE. Antihypertensive therapy in the elderly. Effects on blood pressure and cerebral blood flow. Am J Med. 1987;82:53-57
71. Shimamoto H, Shimamoto Y. Nilvadipine increases cerebral blood flow in elderly hypertensives: Comparison with nifedipine. J Hum Hypertens. 1995;9:271-279
72. Thulin T, Fagher B, Grabowski M, Ryding E, Elmqvist D, Johansson BB. Cerebral blood flow in patients with severe hypertension, and acute and chronic effects of felodipine. J Hypertens. 1993;11:83-88
73. Traub YM, Shapiro AP, Dujovny M, Nelson D. Cerebral blood flow changes with diuretic therapy in elderly subjects with systolic hypertension. Clin Exp Hypertens A. 1982;4:1193-1201

74. Tryambake D, He J, Firbank MJ, O'Brien JT, Blamire AM, Ford GA. Intensive blood pressure lowering increases cerebral blood flow in older subjects with hypertension. Hypertension. 2013;61:1309-1315
75. Waldemar G, Ibsen H, Strandgaard S, Andersen AR, Rasmussen S, Paulson OB. The effect of fosinopril sodium on cerebral blood flow in moderate essential hypertension. Am J Hypertens. 1990;3:464-470
76. Weiner MF, Bonte FJ, Tintner R, Ford N, Svetlik D, Riall T. Ace inhibitor lacks acute effect on cognition or brain blood flow in alzheimer's disease. Drug Development Research. 1992;26:467-471
77. Fagan SC, Bindlish V, Robert S, Steigerwalt SP, Ramadan NM. Transcranial doppler to evaluate the effects of antihypertensive medication on cerebral blood flow velocity. J Clin Pharmacol. 1992;32:66-69
78. Fagan SC, Levine SR, Ewing JR, Ramadan NM, Welch KM. Age and carotid artery occlusive disease are important determinants of cerebral blood flow changes after antihypertensive therapy. Pharmacotherapy. 1995;15:573-578
79. Kamlow F, Cruickshank JM, Neil-Dwyer G, Dorrance DE, Hayes Y, Patel S, Wainwright RJ. First-dose effects of enalapril and atenolol upon blood pressure and cerebral blood flow in patients with mild hypertension on diuretic therapy. J Hum Hypertens. 1990;4:281-285
80. Miller JB, Calo S, Reed B, Thompson R, Nahab B, Wu E, Chaudhry K, Levy P. Cerebrovascular risks with rapid blood pressure lowering in the absence of hypertensive emergency. Am J Emerg Med. 2019;37:1073-1077

81. Zazulia AR, Videen TO, Morris JC, Powers WJ. Autoregulation of cerebral blood flow to changes in arterial pressure in mild alzheimer's disease. *J Cereb Blood Flow Metab.* 2010;30:1883-1889

Systematic Review Search Strategies

PubMed	Embase	Cochrane Library	Web of science
<p>Concept 1: antihypertensive drugs/lowering blood pressure</p> <p><u>MeSH</u></p> <p>Adrenergic alpha-antagonists [MeSH] OR Adrenergic beta-antagonists [MeSH] OR Angiotensin-converting enzyme inhibitors [MeSH] OR Antihypertensive agents [MeSH] OR Antihypertensive agents [pharmacological action] OR Diuretics [MeSH] OR Ganglionic blockers [MeSH] OR Vasodilator agents [MeSH] OR adrenergic beta-antagonists [Pharmacological action] OR Adrenergic alpha-antagonists [Pharmacological action] OR Angiotensin-Converting Enzyme Inhibitors [Pharmacological action] OR Diuretics [Pharmacological action] OR Ganglionic Blockers [Pharmacological action] OR Vasodilator agents [Pharmacological action] OR Calcium channel blockers [MeSH] OR Calcium channel blockers [Pharmacological action]</p> <p>OR</p> <p><u>Tiab</u></p> <p>Adrenergic alpha-antagonist* [tiab] OR Adrenergic beta-antagonist* [tiab] OR Angiotensin-converting enzyme inhibitor* [tiab] OR Anti-hypertensive* [tiab] OR Antihypertensive* [tiab] OR Blood pressure lowering [tiab] OR</p>	<p>Concept 1: antihypertensive drugs/lowering blood pressure</p> <p>Emtree Exp Antihypertensive agent/ OR Exp Alpha adrenergic receptor blocking agent/ OR Exp Beta adrenergic receptor blocking agent/ OR Exp Dipeptidyl carboxypeptidase inhibitor/ OR Exp Diuretic agent/ OR Exp Ganglion blocking agent/ OR Exp Vasodilator agent/ OR <u>Tiab</u> (Adrenergic alpha-antagonist* OR Adrenergic beta-antagonist* OR Angiotensin-converting enzyme inhibitor* OR Antihypertensive* OR Blood pressure lowering OR Calcium channel blocker* OR Diuretic* OR Ganglionic block* OR Vasodilat*).ti,ab,kw OR (Diuretic* or Bumetanide or Furosemide or Lasix or Chlorthalidone or Hydrochlorothiazide or Amiloride or Acetazolamide or anaritide or azosemide or Bendroflumethiazide or bumepamine or buthiazide or canrenoic acid or canrenone or chlorothiazide or cicletanine or clopamide or cyclopenthiazide or drospirenone or eplerenone or Ethacrynic Acid or ethoxzolamide or ethylisopropylamiloride or etozolin or fenquizone or hydroflumethiazide or ibopamine or indocrinone or indapamide or isosorbide or mannitol or mefruside or methazolamide or methyclothiazide or metolazone or muzolimine or ozolinone or piretanide or polythiazide or quinethazone or rolofylline or spiradoline or</p>	<p>Concept 1: antihypertensive drugs/lowering blood pressure</p> <p>(Adrenergic alpha-antagonist* OR Adrenergic beta-antagonist* OR Angiotensin-converting enzyme inhibitor* OR Antihypertensive* OR Blood pressure lowering OR Calcium channel blocker* OR Diuretic* OR Ganglionic block* OR Vasodilat*):ti,ab,kw OR (Diuretic* or Bumetanide or Furosemide or Lasix or Chlorthalidone or Hydrochlorothiazide or Amiloride or Acetazolamide or anaritide or azosemide or Bendroflumethiazide or bumepamine or buthiazide or canrenoic acid or canrenone or chlorothiazide or cicletanine or clopamide or cyclopenthiazide or drospirenone or eplerenone or Ethacrynic Acid or ethoxzolamide or ethylisopropylamiloride or etozolin or fenquizone or hydroflumethiazide or ibopamine or indocrinone or indapamide or isosorbide or mannitol or mefruside or methazolamide or methyclothiazide or metolazone or muzolimine or ozolinone or piretanide or polythiazide or quinethazone or rolofylline or spiradoline or</p>	<p>Concept 1: antihypertensive drugs/lowering blood pressure</p> <p>TS=(“Adrenergic alpha-antagonist*” OR “Adrenergic beta-antagonist*” OR “Angiotensin-converting enzyme inhibitor*” OR Antihypertensive* OR “Blood pressure lowering” OR “Calcium channel blocker*” OR Diuretic* OR “Ganglionic block*” OR “Vasodilat*”) OR TS=(Diuretic* or Bumetanide or Furosemide or Lasix or Chlorthalidone or Hydrochlorothiazide or Amiloride or Acetazolamide or anaritide or azosemide or Bendroflumethiazide or bumepamine or buthiazide or canrenoic acid or canrenone or chlorothiazide or cicletanine or clopamide or cyclopenthiazide or drospirenone or eplerenone or Ethacrynic Acid or ethoxzolamide or ethylisopropylamiloride or etozolin or fenquizone or hydroflumethiazide or ibopamine or indocrinone or indapamide or isosorbide or mannitol or mefruside or methazolamide or methyclothiazide or metolazone or muzolimine or ozolinone or piretanide or polythiazide or quinethazone or rolofylline or spiradoline or spironolactone or telmisartan or</p>

<p>Calcium channel blocker* [tiab] OR Diuretic* [tiab] OR Ganglionic block* [tiab] OR Vasodilat* [tiab]</p> <p>OR</p> <p><i>Diuretics</i></p> <p>Diuretic* [tiab] OR Bumetanide[tiab] OR Furosemide[tiab] OR Lasix[tiab] OR Chlorthalidone[tiab] OR Hydrochlorothiazide[tiab] OR Amiloride[tiab] OR Acetazolamide [tiab] OR anaritide [tiab] OR azosemide [tiab] OR Bendroflumethiazide [tiab] OR bumepamine[tiab] OR buthiazide [tiab] OR “canrenoic acid” [tiab] OR canrenone [tiab] OR chlorothiazide [tiab] OR cicletanine [tiab] OR clopamide [tiab] OR cyclopenthiazide [tiab] OR drospirenone[tiab] OR eplerenone [tiab] OR “ Ethacrylic Acid” [tiab] OR ethoxzolamide [tiab] OR ethylisopropylamiloride [tiab] OR etozolin [tiab] OR fenquizone [tiab] OR hydroflumethiazide [tiab] OR ibopamine [tiab] OR indocrinone[tiab] OR indapamide [tiab] OR isosorbide [tiab] OR mannitol[tiab] OR mefruside [tiab] OR methazolamide [tiab] OR metolazone [tiab] OR muzolimine [tiab] OR ozolinone [tiab] OR piretanide [tiab] OR polythiazide [tiab] OR quinethazone [tiab] OR rolofylline[tiab] OR spiradoline[tiab] OR spironolactone [tiab] OR telmisartan [tiab] OR ticrynafen [tiab] OR tifluadom [tiab] OR torsemide [tiab] OR traxanox [tiab] OR triamterene [tiab] OR</p>	<p>cyclopenthiazide or drospirenone or eplerenone or Ethacrylic Acid or ethoxzolamide or ethylisopropylamiloride or etozolin or fenquizone or hydroflumethiazide or ibopamine or indocrinone or indapamide or isosorbide or mannitol or mefruside or methazolamide or methyclothiazide or metolazone or muzolimine or ozolinone or piretanide or polythiazide or quinethazone or rolofylline or spiradoline or spironolactone or telmisartan or ticrynafen or tifluadom or torsemide or traxanox or triamterene or trichlormethiazide or tripamide or xipamide or ularitide).ti,ab,kw</p> <p>OR</p> <p><i>Beta blockers</i></p> <p>(Beta-block* or Beta-adrenergic antagonist* or Beta-adrenergic receptor antagonist* or Beta-adrenergic block* or Beta-adrenergic receptor block* or Beta-adrenoreceptor antagonist* or Adrenergic beta-Antagonist* or Adrenergic beta-1 Receptor Antagonist* or Adrenergic beta-block* or Adrenergic beta-receptor block* or Acebutolol or Alprenolol or amosulalol or arotinolol or atenolol or befunolol or betaxolol or bevantolol or bisoprolol or bopindolol or Brimonidine Tartrate or bromoacetylalprenololmenthane or bucindolol or bufetolol or bufuralol or bunolol or bupranolol or butofilol or butoxamin* or carazolol or carteolol or carvedilol or celiprolol or cyanopindolol or dihydroalprenolol or epanolol or esmolol or exaprolol or flestolol or indenolol or iodocyanopindolol or labetalol or levobunolol or medroxalol or mepindolol or metipranolol or metoprolol or nadolol or nifradilol or oxprenolol or penbutolol or pindolol or practolol or prizidilol or propranolol or sotalol or talinolol or tertatolol or tilisolol or timolol or tobanum).ti,ab,kw</p> <p>OR</p> <p>(Calcium Channel Block* or Calcium channel antagonist* or Amlodipin* or</p>	<p>spironolactone or telmisartan or ticrynafen or tifluadom or torsemide or traxanox or triamterene or trichlormethiazide or tripamide or xipamide or ularitide)</p> <p>OR</p> <p>TS=(“Beta-block*” or “Beta-adrenergic antagonist*” or “Beta-adrenergic receptor antagonist*” or “Beta-adrenergic block*” or “Beta-adrenergic receptor block*” or “Beta-adrenoreceptor antagonist*” or “Adrenergic beta-Antagonist*” or “Adrenergic beta-1 Receptor Antagonist*” or “Adrenergic beta-block*” or “Adrenergic beta-receptor block*” or Acebutolol or Alprenolol or amosulalol or arotinolol or atenolol or befunolol or betaxolol or bevantolol or bisoprolol or bopindolol or Brimonidine Tartrate or bromoacetylalprenololmenthane or bucindolol or bufetolol or bufuralol or bunolol or bupranolol or butofilol or butoxamin* or carazolol or carteolol or carvedilol or celiprolol or cyanopindolol or dihydroalprenolol or epanolol or esmolol or exaprolol or flestolol or indenolol or iodocyanopindolol or labetalol or levobunolol or medroxalol or mepindolol or metipranolol or metoprolol or nadolol or nifradilol or oxprenolol or penbutolol or pindolol or practolol or prizidilol or propranolol or sotalol or talinolol or tertatolol or tilisolol or timolol or tobanum)</p> <p>OR</p>	
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<p>trichlormethiazide [tiab] OR tripamide [tiab] OR xipamide [tiab] OR ularitide [tiab]</p> <p>OR</p> <p><i>Beta blockers</i></p> <p>Beta-block*[tiab] OR Beta-adrenergic antagonist*[tiab] OR Beta-adrenergic receptor antagonist*[tiab] OR Beta-adrenergic block*[tiab] OR Beta-adrenergic receptor block*[tiab] OR Beta-adrenoreceptor antagonist*[tiab] OR Adrenergic beta-Antagonist*[tiab] OR Adrenergic beta-1 Receptor Antagonist*[tiab] OR Adrenergic beta-block*[tiab] OR Adrenergic beta-receptor block*[tiab] OR Acebutolol [tiab] OR Alprenolol [tiab] OR amosulalol [tiab] OR arotinolol [tiab] OR atenolol[tiab] OR befunolol [tiab] OR betaxolol [tiab] OR bevantolol[tiab] OR bisoprolol [tiab] OR bopindolol [tiab] OR Brimonidine Tartrate [tiab] OR bromoacetylalprenololmenthane [tiab] OR bucindolol [tiab] OR bufetolol[tiab] OR bufuralol [tiab] OR bunolol [tiab] OR bupranolol [tiab] OR butofilotolol [tiab] OR butoxamin* [tiab] OR carazolol[tiab] OR carteolol [tiab] OR carvedilol [tiab] OR celiprolol [tiab] OR cyanopindolol [tiab] OR dihydroalprenolol [tiab] OR epanolol [tiab] OR esmolol [tiab] OR exaprolol[tiab] OR flestolol [tiab] OR indenolol [tiab] OR iodocyanopindolol [tiab] OR labetalol [tiab] OR levobunolol [tiab] OR medroxalol [tiab] OR mepindolol[tiab] OR metipranolol [tiab] OR metoprolol [tiab] OR nadolol [tiab]</p>	<p>or dihydroalprenolol or epanolol or esmolol or exaprolol or flestolol or indenolol or iodocyanopindolol or labetalol or levobunolol or medroxalol or mepindolol or metipranolol or metoprolol or nadolol or nifradilol or oxprenolol or penbutolol or pindolol or practolol or prizidilol or propranolol or sotalol or talinolol or tertatolol or tilisolol or timolol or tobanum).ti,ab,kw</p> <p>OR</p> <p><i>Calcium channel blockers</i></p> <p>(Calcium Channel Block* or Calcium channel antagonist* or Amlodipin* or Nifedipin* or Verapamil or Diltiazem or Nilvadipin* or Felodipin* or Isradipin* or Nicardipin* or Nimodipin* or Nisoldipin* or Nitrendipin* or Efonidipin*).ti,ab,kw.</p> <p>OR</p> <p><i>ACE inhibitors</i></p> <p>(Angiotensin-Converting Enzyme Inhibitor* or Angiotensin I-Converting Enzyme Inhibitor* or Angiotensin Converting Enzyme Antagonist* or ACE inhibitor* or Kininase II Inhibitor* or Captopril or Enalapril* or Lisinopril or Ramipril* or Alacepril or Benazepril* or ceronapril or cilazapril* or delapril or fosinopril* or gemopatrilat or imidapril* or libenzapril or moexipril or omapatrilat or perindopril* or quinapril* or rentiaprile or spirapril or temocapril or teprotide or trandolapril or zofenopril or "angiotensin I-converting enzyme antagonist").ti,ab,kw</p> <p>OR</p> <p>(Angiotensin-receptor blocker* or Angiotensin receptor antagonist* Angiotensin II Type 2 Receptor Blocker* or angiotensin II type 2 receptor blocker* or angiotensin II type 2 receptor blocker* or Angiotensin II Receptor Antagonist* or Angiotensin II Receptor Blocker* or Losartan or Valsartan or Candesartan or eprosartan or telmisartan or Olmesartan or azilsartan or Irbesartan or angiotensin II type 2 receptor antagonist*).ti,ab,kw</p> <p>AND</p>	<p>Nifedipin* or Verapamil or Diltiazem or Nilvadipin* or Felodipin* or Isradipin* or Nicardipin* or Nimodipin* or Nisoldipin* or Nitrendipin* or Efonidipin*):ti,ab,kw</p> <p>OR</p> <p>(Angiotensin-Converting Enzyme Inhibitor* or "Angiotensin I-Converting Enzyme Inhibitor" or "Angiotensin Converting Enzyme Antagonist" or "ACE inhibitor" or "Kininase II Inhibitor" or Captopril or Enalapril* or Lisinopril or Ramipril* or Alacepril or Benazepril* or ceronapril or cilazapril* or delapril or fosinopril* or gemopatrilat or imidapril* or libenzapril or moexipril or omapatrilat or perindopril* or quinapril* or rentiaprile or spirapril or temocapril or teprotide or trandolapril or zofenopril or “angiotensin I-converting enzyme antagonist”)</p> <p>OR</p> <p>(Angiotensin-receptor blocker** or "Angiotensin receptor antagonist"** "Angiotensin II Type 2 Receptor Blocker"** or "angiotensin II type 2 receptor blocker"** or "angiotensin II type 2 receptor blocker"** or "angiotensin II Receptor Antagonist"** or "Angiotensin II Receptor Blocker"** or Losartan or Valsartan or Candesartan or eprosartan or telmisartan or Olmesartan or azilsartan or Irbesartan or angiotensin II type 2 receptor antagonist**).ti,ab,kw</p>	<p>TS=(“Calcium Channel Block” or “Calcium channel antagonist” or Amlodipin* or Nifedipin* or Verapamil or Diltiazem or Nilvadipin* or Felodipin* or Isradipin* or Nicardipin* or Nimodipin* or Nisoldipin* or Nitrendipin* or Efonidipin*)</p> <p>OR</p> <p>TS=(“Angiotensin-Converting Enzyme Inhibitor” or “Angiotensin I-Converting Enzyme Inhibitor” or “Angiotensin Converting Enzyme Antagonist” or “ACE inhibitor” or “Kininase II Inhibitor” or Captopril or Enalapril* or Lisinopril or Ramipril* or Alacepril or Benazepril* or ceronapril or cilazapril* or delapril or fosinopril* or gemopatrilat or imidapril* or libenzapril or moexipril or omapatrilat or perindopril* or quinapril* or rentiaprile or spirapril or temocapril or teprotide or trandolapril or zofenopril or “angiotensin I-converting enzyme antagonist”)</p> <p>OR</p> <p>TS=(“Angiotensin-receptor blocker” or “Angiotensin receptor antagonist” “Angiotensin II Type 2 Receptor Blocker” or “angiotensin II type 2 receptor blocker” or “angiotensin II type 2 receptor blocker” or “angiotensin II Receptor Antagonist” or “Angiotensin II Receptor Blocker” or Losartan or Valsartan or Candesartan or eprosartan or telmisartan or Olmesartan or azilsartan or Irbesartan or angiotensin II type 2 receptor antagonist”).ti,ab,kw</p>
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<p>OR nipradilol [tiab] OR oxprenolol [tiab] OR penbutolol [tiab] OR pindolol [tiab] OR practolol [tiab] OR prizidilol[tiab] OR propranolol [tiab] OR sotalol [tiab] OR talinolol[tiab] OR tertatolol [tiab] OR tilisolol [tiab] OR timolol [tiab] OR tobanum [tiab]</p> <p>OR</p> <p><i>Calcium channel blockers</i> Calcium Channel Block* [tiab] OR Calcium channel antagonist*[tiab] OR Amlodipin*[tiab] OR Nifedipin*[tiab] OR Verapamil[tiab] OR Diltiazem[tiab] OR Nilvadipin* [tiab] OR Felodipin*[tiab] OR Isradipin*[tiab] OR Nicardipin*[tiab] OR Nimodipin*[tiab] OR Nisoldipin* [tiab] OR Nitrendipin* [tiab] OR Efondipin* [tiab]</p> <p>OR</p> <p><i>ACE inhibitors</i> "Angiotensin-Converting Enzyme Inhibitor*"[tiab] OR "Angiotensin I- Converting Enzyme Inhibitor*" [tiab] OR "Angiotensin Converting Enzyme Antagonist*" [tiab] OR ACE inhibitor*[tiab] OR "Kinase II Inhibitor*"[tiab] OR Captopril[tiab] OR Enalapril*[tiab] OR Lisinopril[tiab] OR Ramipril*[tiab] OR Alacepril [tiab] OR Benazepril*[tiab] OR ceronapril [tiab] OR cilazapril*[tiab] OR delapril [tiab] OR fosinopril* [tiab] OR gemopatrilat [tiab] OR imidapril*[tiab] OR libenzapril [tiab] OR moexipril [tiab] OR omapatrilat [tiab] OR perindopril*[tiab] OR quinapril* [tiab] OR rentiaprile[tiab] OR spirapril [tiab] OR temocapril [tiab] OR</p>	<p>OR</p> <p><i>ARBs</i> (Angiotensin-receptor blocker* or Angiotensin receptor antagonist* Angiotensin II Type 2 Receptor Blocker* or angiotensin II type 2 receptor blocker* or angiotensin II type 2 receptor blocker* or Angiotensin II Receptor Antagonist* or Angiotensin II Receptor Blocker* or Losartan or Valsartan or Candesartan or eprosartan or telmisartan or Olmesartan or azilsartan or Irbesartan or angiotensin II type 2 receptor antagonist*).ti,ab,kw. AND</p> <p>Concept 2: cerebral blood flow Emtree Exp Brain circulation/ OR Transcranial doppler/ OR Exp brain blood flow</p> <p>OR</p> <p><i>Tiab</i> (Cerebral blood flow* OR Cerebral circulation* OR Cerebral perfusion* OR Cerebrovascular circulation OR Transcranial doppler OR cerebral hemodynamics OR cerebral autoregulation OR cerebral pressure- flow OR cerebrovascular effect* or brain circulation or brain blood flow or transcranial ultrasonograph*).ti,ab,kw AND</p> <p>Concept 3: elderly OR cognitive impairment <i>Cognitive disorders</i> (Alzheimer* OR Amentia* OR Cognition disorder* OR Cognitive decline* OR Cognitive dysfunction* OR Cognitive impairment* OR Dementia* OR Familial dementia* OR Mental deterioration* OR Mild cognitive impairment* OR Mild neurocognitive disorder* OR Presenile dementia OR Senile dementia OR cognitive disorder* OR neurocognitive disorder*).ti,ab,kw</p> <p>OR</p> <p><i>Elderly</i> (Elde* OR Supercentenarian* OR Centenarian* OR Septuagenarian*OR Octagenarian* OR Nonagenarian* OR Oldest old* OR Very old* OR Older people OR Old people OR Older subject* OR Old subject* OR Older patient* OR Old patient* OR (Older age* NOT older agent*) OR (Old age* NOT Old agent*) OR Older man OR Old man OR Older men OR Old men OR</p>	<p>Concept 2: cerebral blood flow (Cerebral blood flow* OR Cerebral circulation* OR Cerebral perfusion* OR Cerebrovascular circulation OR Transcranial doppler OR cerebral hemodynamics OR cerebral autoregulation OR cerebral pressure- flow OR cerebrovascular effect* or brain circulation or brain blood flow or transcranial ultrasonograph*):ti,ab,kw</p> <p>AND</p> <p>Concept 2: cerebral blood flow TS=(“Cerebral blood flow*” OR “Cerebral circulation*” OR “Cerebral perfusion*” OR “Cerebrovascular circulation” OR “Transcranial doppler” OR “cerebral hemodynamic*” OR “cerebral autoregulation” OR “cerebral pressure-flow” OR “cerebrovascular effect*” or “brain circulation” or “brain blood flow” or “transcranial ultrasonograph*”)</p> <p>AND</p> <p>Concept 3: elderly OR cognitive impairment TS=(Alzheimer* OR Amentia* OR “Cognition disorder*” OR “Cognitive decline*” OR “Cognitive dysfunction*” OR “Cognitive impairment*” OR Dementia* OR “Familial dementia*” OR “Mental deterioration*” OR “Mild cognitive impairment*” OR “Mild neurocognitive disorder*” OR “Presenile dementia” OR “Senile dementia” OR “cognitive disorder*” OR “neurocognitive disorder*”)</p> <p>OR</p> <p>TS= (Elde* OR Supercentenarian* OR Centenarian* OR Septuagenarian*OR Octagenarian* OR Nonagenarian* OR “Oldest old*” OR “Very old*” OR “Older people” OR “Old people” OR “Older subject*” OR “Old subject*” OR “Older</p>
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<p>teprotide [tiab] OR trandolapril [tiab] OR zofenopril[tiab] OR angiotensin I-converting enzyme antagonist* [tiab]</p> <p>OR</p> <p>ARBs</p> <p>Angiotensin-receptor block* [tiab] OR Angiotensin receptor antagonist*[tiab]</p> <p>Angiotensin II Type 2 Receptor Block*[tiab] OR Angiotensin II Receptor Antagonist* [tiab] OR Angiotensin II Receptor Block* [tiab] OR Losartan[tiab]</p> <p>OR Valsartan[tiab] OR Candesartan[tiab]</p> <p>OR eprosartan [tiab] OR telmisartan [tiab] OR Olmesartan [tiab] OR azilsartan [tiab] OR Irbesartan[tiab] OR angiotensin II type 2 receptor antagonist* [tiab]</p> <p>AND</p> <p>Concept 2: cerebral blood flow</p> <p><u>MeSH</u></p> <p>Cerebrovascular circulation [MeSH] OR Transcranial Doppler Sonography [MeSH]</p> <p>OR</p> <p><u>Tiab</u></p> <p>Cerebral blood flow* [tiab] OR Cerebral circulation* [tiab] OR Cerebral perfusion [tiab] OR Cerebrovascular circulation [tiab] OR Transcranial doppler [tiab] OR cerebral hemodynamic* [tiab] OR cerebral autoregulation [tiab] OR cerebral pressure-flow [tiab] OR cerebrovascular effect* [tiab] OR transcranial ultrasonograph* [tiab] OR brain circulation [tiab] OR brain blood flow [tiab]</p>	<p>OR</p> <p>(Alzheimer* OR Aementia* OR Cognition disorder* OR Cognitive decline* OR Cognitive dysfunction* OR Cognitive impairment* OR Dementia* OR Familial dementia* OR Mental deterioration* OR Mild cognitive impairment* OR Mild neurocognitive disorder* OR Presenile dementia OR Senile dementia OR cognitive disorder* OR neurocognitive disorder*).ti,ab,kw</p> <p>OR</p> <p><i>Elderly</i></p> <p>(Elde* OR Supercentenarian* OR Centenarian* OR Septuagenarian*OR Octagenarian* OR Nonagenarian* OR Oldest old* OR Very old* OR Older people OR Old people OR Older subject* OR Old subject* OR Older patient* OR Old patient* OR (Older age* NOT older agent*) OR (Old age* NOT Old agent*) OR Older man OR Old man OR Older men OR Old men OR Older male* OR Old male* OR Older woman OR Old woman OR Older women OR Old women OR Older female* OR Old female* OR Older adult* OR Old adult* OR Older person* OR Old person* OR Older individual* OR Old individual* OR Older population*OR Old population* OR Old one* OR Older one* OR Old care OR Older care OR Aging population* OR Ageing population* OR Senior* OR Senium OR Geriatri* OR Gerontol* OR Homes for the Aged OR Home for the Aged OR Pension* OR Retirement OR Housing for the Elderly OR "60 and over" or "60 and older" or "65 and over" or "65 and older" or "70 and over" or "70 and older" or "75 and over" or "75 and older" or "80 and over" or "80 and older" or "85 and over" or "85 and older" or "90 and over" or "90 and older").ti,ab,kw</p>	<p>Older male* OR Old male* OR Older woman OR Old woman OR Older women OR Old women OR Older female* OR Old female* OR Older adult* OR Old adult* OR Older person* OR Old person* OR Older individual* OR Old individual* OR Older population*OR Old population* OR Old one* OR Older one* OR Older care OR Aging population* OR Ageing population* OR Senior* OR Senium OR Geriatri* OR Gerontol* OR Homes for the Aged OR Home for the Aged OR Pension* OR Retirement OR "Housing for the Elderly" OR "60 and over" or "60 and older" or "65 and over" or "65 and older" or "70 and over" or "70 and older" or "75 and over" or "75 and older" or "80 and over" or "80 and older" or "85 and over" or "85 and older" or "90 and over" or "90 and older")</p>
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<p>AND</p> <p>Concept 3: elderly OR cognitive impairment</p> <p><i>Cognitive disorders</i></p> <p>Cognition disorders [MeSH] OR Dementia [MeSH] OR Alzheimer* [tiab] OR Aementia* [tiab] OR Cognition disorder* [tiab] OR Cognitive decline* [tiab] OR Cognitive dysfunction* [tiab] OR Cognitive impairment* [tiab] OR Dementia* [tiab] OR Familial dementia* [tiab] OR Mental deterioration* [tiab] OR Mild cognitive impairment* [tiab] OR Mild neurocognitive disorder* [tiab] OR Presenile dementia [tiab] OR Senile dementia [tiab] OR Cognitive disorder disorder* [tiab] OR Neurocognitive disorder [tiab]</p> <p>OR</p> <p><i>Elderly</i></p> <p>Elde* [tiab] OR Supercentenarian*[tiab] OR Centenarian*[tiab] OR Septuagenarian*[tiab] OR Octogenarian*[tiab] OR Nonagenarian*[tiab] OR Oldest old*[tiab] OR Very old*[tiab] OR Older people[tiab] OR Old people[tiab] OR Older subject*[tiab] OR Old subject*[tiab] OR Older patient*[tiab] OR Old patient*[tiab] OR (Old age*[tiab] NOT older agent*[tiab]) OR (Old age* [tiab] NOT old agent*[tiab]) OR Older man[tiab] OR Old man[tiab] OR Older men[tiab] OR Old men[tiab] OR Older male*[tiab] OR Old male*[tiab] OR Older woman[tiab] OR</p>	<p>Housing for the Elderly OR "60 and over" or "60 and older" or "65 and over" or "65 and older" or "70 and over" or "70 and older" or "75 and over" or "75 and older" or "80 and over" or "80 and older" or "85 and over" or "85 and older" or "90 and over" or "90 and older").ti,ab,kw.</p> <p>OR</p> <p>Aged/ or Aged Hospital Patient/ or Frail Elderly/ or Institutionalized elderly/ or Very elderly/ or Home for the aged/ or Senior center/ or Aging/ or exp Elderly care/</p> <p>Concept 4: human studies</p> <p>Limits à additional limits à special ovid filters for embase à humans only</p>		
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<p>Old woman[tiab] OR Older women[tiab] OR Old women[tiab] OR Older female*[tiab] OR Old female*[tiab] OR Older adult*[tiab] OR Old adult*[tiab] OR Older person*[tiab] OR Old person*[tiab] OR Older individual*[tiab] OR Old individual*[tiab] OR Older population*[tiab] OR Old population*[tiab] OR Old one*[tiab] OR Older one*[tiab] OR Old care[tiab] OR Older care[tiab] OR Aging population*[tiab] OR Ageing population*[tiab] OR Senior*[tiab] OR Senium[tiab] OR Geriatr*[tiab] OR Gerontol*[tiab] OR "60 and over" [tiab] OR "60 and older" [tiab] OR "65 and over" [tiab] OR "65 and older" [tiab] OR "70 and over" [tiab] OR "70 and older" [tiab] OR "75 and over" [tiab] OR "75 and older" [tiab] OR "80 and over" [tiab] OR "80 and older" [tiab] OR "85 and over" [tiab] OR "85 and older" [tiab] OR "90 and over" [tiab] OR "90 and older" [tiab] OR Homes for the Aged[tiab] OR Home for the Aged[tiab] OR Pension*[tiab] OR Retirement[tiab] OR Housing for the Elderly[tiab] OR elderly [tiab] OR elderly subject* OR Health Services for the Aged [MeSH] OR Aged[MeSH] OR Aging[MeSH] OR Senior Centers[MeSH] OR Homes for the Aged [MeSH] OR Housing for the Elderly [MeSh]</p> <p>NOT</p> <p>Concept 4: human studies</p> <p>(Animals [MeSH] NOT Humans [MeSH])</p>		
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Table S1. Reason for exclusion after full-text review

First Author	Reason for exclusion
Akopov, S. ¹	Full text not found
Bertel, O. ²	Hypertensive emergency
Brown, F. ³	Various neurological disorders, sodium nitroprusside
Canova, D. ⁴	Mean age
Chrysant, S. ⁵	Full text not found (but we suspect this is a review /opinion paper, not an original study)
Claassen, J. ⁶	Mean age
Croall, I. ⁷	Small vessel disease
De Bray, J. ⁸	Did not report CBFV before and/or after AHT, mean age
Fagan, S. ⁹	Suspicion of including the same data as Fagan 1995
Ferrarini, F. ¹⁰	Full text not found
Fu, C. ¹¹	Did not report CBFV before and/or after AHT
Fu, C. ¹²	Did not report CBFV before and/or after AHT
Gifford, R. ¹³	Did not report CBF before and/or after AHT
Glodzik, L. ¹⁴	Did not report CBF before and/or after AHT
Guell, A. ¹⁵	Full text not found
Hajjar, I. ¹⁶	Focus on aldosterone
James, I. ¹⁷	Mean age
Jennings, J. ¹⁸	Did not report CBF before and/or after AHT
Jennings, J. ¹⁹	Did not report CBF before and/or after AHT
Joshi, S. ²⁰	vessel malformations, mean age, intracarotid verapamil
Kimura, Y. ²¹	Ischemic white matter lesions
Kimura, Y. ²²	Small vessel disease
Lahiri, S. ²³	Case series, subarachnoid hemorrhage
Lawlor, B. ²⁴	Did not report CBF before and/or after AHT
Lemkuil, B. ²⁵	Mean age
Lipsitz, L. ²⁶	Did not report CBF before and/or after AHT
Liu, J. ²⁷	Normotensives
Markus, H. ²⁸	Meeting abstract
Meyer, J ²⁹	Mean age
Minematsu, K. ³⁰	Mean age
Muller, M. ³¹	Manifest coronary heart disease, cerebrovascular disease, peripheral arterial disease or abdominal aortic aneurysm
Muller, M. ³²	Comorbidity (stroke)
Olesen, J. ³³	No AHT
Ostroumova, T. ³⁴	Mean age
Périard, D. ³⁵	Did not report CBF before and/or after AHT
Schmidt, J. ³⁶	Mean age
Siegelova, J. ³⁷	Mean age
Sijbesma, J. ³⁸	Full text not found (Solely an abstract of a poster, the study presented was never conducted)
Simard, D. ³⁹	No AHT

Strandgaard, S. ⁴⁰	Full text not found (but we suspect this is a short survey)
Tzeng, Y. ⁴¹	Did not report CBF before and/or after AHT, mean age
Van Dalen, J. ⁴²	No AHT
Weyl, A. ⁴³	Surgery, comorbidity
Yagi, S. ⁴⁴	Did not report CBF before and/or after AHT
Yamono, S. ⁴⁵	Did not report CBF before and/or after AHT
Zhang, L. ⁴⁶	No AHT
Zhang, P. ⁴⁷	Did not report CBF before and/or after AHT
Zhang, R. ⁴⁸	Mean age

CBF, cerebral blood flow; AHT antihypertensive therapy

Table S2. GRADE assessment

GRADE item	Outcome of assessment	Remarks
Number of studies	32	
Study design	Observational studies	Data from RCTs is also considered as observational data in this pre-post analysis
Risk of Bias	Very serious	Most studies were assessed as having a high risk of bias.
Inconsistency	Serious	I^2 is >60% (substantial – considerable).
Indirectness	Not serious	
Imprecision	Serious	Very large confidence intervals, many studies with small sample sizes.
Publication bias	Strongly suspected	Funnel plot could indicate missing smaller studies, with large positive effects on CBF.
Certainty	Very low	

In this table we present the GRADE assessment (quality of evidence assessment) of our systematic review and meta-analysis. The GRADE assessment focusses on the quality of evidence for the main outcomes of the review based on certain domains (e.g. study design, risk of bias etc.), as opposed to quality at the individual study level. This facilitates the reader's interpretation of the quality of the findings of the review rather than study level quality. Framing the results of a meta-analysis using GRADE is considered best practice in evidence synthesis ⁴⁹.

Table S3. Blood pressure and cerebral blood flow results chronic treatment

Study	Treatment	SBP/MAP* baseline (mmHg)	BP change (%)	Global CBF baseline (SD)	Global CBF follow-up (SD)
Conen 1988 ⁵⁰	Nitrendipine/verapamil	168	-11.3	74	75
	Chlorthalidone	163	-10.4	74	74
Cutler 1996 ⁵¹	Ceronapril	120*	-10	44 (14)	35 (5)
De Jong 2019 ⁵²	Nilvadipine	138.7	-7.6	82.6 (23.3)	91.2 (24.1)
	Placebo	137.4	+1.0	90.1 (18.9)	90.7 (16.2)
Efimova 2008 ⁵³	Enalapril/idapamide retard	151.6	-21.1	44.9 (3.95)	48.2 (3.98)
Globus 1983 ⁵⁴	Propranolol	180	-1.9	48.5	59.3
Griffith 1979 ⁵⁵	Labetalol	137*	-20.4	45.1 (1.1)	47.1 (1.2)
	Metoprolol	138*	-18.1	45.4 (1.0)	44.6 (0.8)
	Oxprenol	139*	-16.5	45.4 (1.2)	46.7 (1.3)
	Sotalol	137*	-16.8	45.6 (1.0)	46.4 (1.2)
Hajjar 2013 ⁵⁶	Lisinopril	153	-17.6	28.00 (1.49)	25.89 (1.80)
	Candesartan	150	-17.3	29.12 (1.57)	30.13 (2.02)
	Hydrochlorothiazide	156	-16.0	29.52 (2.79)	27.12 (2.10)
Hamdy 1984 ⁵⁷	Propranolol	216.07	-9.0	49.3 (16.81)	49.45 (14.88)
	Dyazide	213.22	-11.9	48.4	51.6
Hanyu 2007 ⁵⁸	Nilvadipine	159	-13.2	0.92	0.94
	Amlodipine	156	-11.5	0.89	0.97
James 1988 ⁵⁹	Captopril	176.4	-12.3	36.8 (2.6)	39.8 (3.8)
Jennings 2008 ⁶⁰	Lisinopril	148.7	-14.7	48.0 (9.3)	47.2 (9)
	Atenolol	147.7	-16.0	44.2 (7.2)	39.9 (6.8)
Kashiwagi 1998 ⁶¹	Nitrendipine	166	-15.1	37 (3.46)	36 (6.93)
Kume 2012 ⁶²	Telmisartan	150	-9.3	0.94	0.89
	Amlodipine	153	-12.4	0.80	0.86
Landmark 1995 ⁶³	Nitrendipine	178	-9.9	36 (6.4)	35.8 (6.3)
	Mefruside	183	-14.4	36 (6.4)	36.7 (5.9)
Miyamori 1987 ⁶⁴	Nifedipine	172	-13.2	15 (1)	16(2)
Nagata 2010 ⁶⁵	Olmesartan	156.2	-16.5	37.9 (3.8)	43.8 (4.2)
Nasrallah 2021 ⁶⁶	Intensive	Unknown	Unknown	52.59 (5.24)	51.27 (5.11)
	Standard	Unknown	Unknown	49.58 (5.14)	48.72 (5.29)

Oku 2005 ⁶⁷	Losartan	153.8	-13.3	38.4 (6.9)	38.2 (8.2)
Pandita-Gunawardena 1999 ⁶⁸	Amlodipine	185	-5.7	93	93
	Placebo	189	-1.1	94.4	94.5
Pandita-Gunawardena 1989 ⁶⁹	Nitrendipine	186	-8.1	54.2 (14.43)	51.5 (13.77)
Ram 1987 ⁷⁰	Prozasin/hydrochlorothiazide	166	-12.7	72 (10)	70 (11)
Shimamoto 1995 ⁷¹	Nilvadipine	120.2*	-12.8	608 (178) carotid	766 (223) carotid
				378 (232) carotid	495 (170) carotid
	Nifedipine	119.7*	-13.4	629 (207) vertebral	688 (237) vertebral
				395 (202) vertebral	422 (184) vertebral
Thulin 1993 ⁷²	Felodipine	214	-23.4	40 (8.43)	39.75 (8.01)
Traub 1982 ⁷³	Hydrochlorothiazide	184	-11.11	38 (7.75)	37 (11.61)
Tryambake 2013 ⁷⁴	Intensive	149	-17.4	74 (14)	81 (11)
	Usual	155	-9.7	76 (15)	73 (9)
Waldemar 1990 ⁷⁵	Fosinopril	161	-9.9	55 (9)	53 (10)
Weiner 1992 ⁷⁶	Ceronapril	Unknown	Unknown	Unknown	Unknown

SBP indicates systolic blood pressure; MAP, mean arterial pressure; BP, blood pressure; CBF, cerebral blood flow; SD, standard deviation. Most studies expressed CBF in ml/100g/min, except for Hajjar 2013 (cm/s), Hanyu 2007 (Z-score), Kume 2012 (Z-score), Miyamori 1987 (cm/s) and Shimamoto 1995 (ml/min).

Table S4. Blood pressure and cerebral blood flow results acute treatment

Study	Treatment	SBP/MAP* baseline (mmHg)	BP change (%)	Global CBF baseline (SD)	Global CBF follow-up (SD)
Conen 1988 ⁵⁰	Nitrendipine	160	-15.6	38	38
Fagan 1992 ⁷⁷	Nifedipine	Unknown	Unknown	45.7	44.7
Fagan 1995 ⁷⁸	Enalapril/lisinopril/diltiazem/nifedipine/verapamil	Unknown	Unknown	45	45
Kamlow 1990 ⁷⁹	Atenolol	158	-13.9	Unknown	Unknown
	Enalapril	160	-13.1	Unknown	Unknown
Miller 2018 ⁸⁰	Hydrazineline/labetalol/nicardipine/clonidine	210	-18.0	49 (11)	44
Miyamori 1987 ⁶⁴	Nifedipine	172	-20.3	15.0 (0.8)	17.5 (0.9)
Pandita-Gunawardena 1989 ⁶⁹	Nitrendipine	Unknown	Unknown	54.2 (14.43)	51.23 (12.76)
Thulin 1993 ⁷²	Felodipine	214	-21.5	40 (8.43)	42.75 (10.87)
Zazulia 2010 ⁸¹	Nicardipine	107*	-13.5	43.5 (11.1)	42.5 (9.7)

SBP indicates systolic blood pressure; MAP, mean arterial pressure; BP, blood pressure; CBF, cerebral blood flow; SD, standard deviation. Most studies expressed CBF in ml/100g/min, except for Fagan 1992 (cm/s), Miller 2019 (cm/s) and Miyamori 1987 (cm/s).

Figure S1. Funnel plot standardized mean difference (SMD) in cerebral blood flow before and after chronic antihypertensive treatment

The dotted perpendicular line displays the estimated overall effect and the two dotted oblique lines signify the 95% confidence interval. The y-axis represents study precision, x-axis displays the result of the quantitative analysis. Asymmetry suggests the possibility of publication bias. SE indicates standard error; SMD, standardized mean difference.

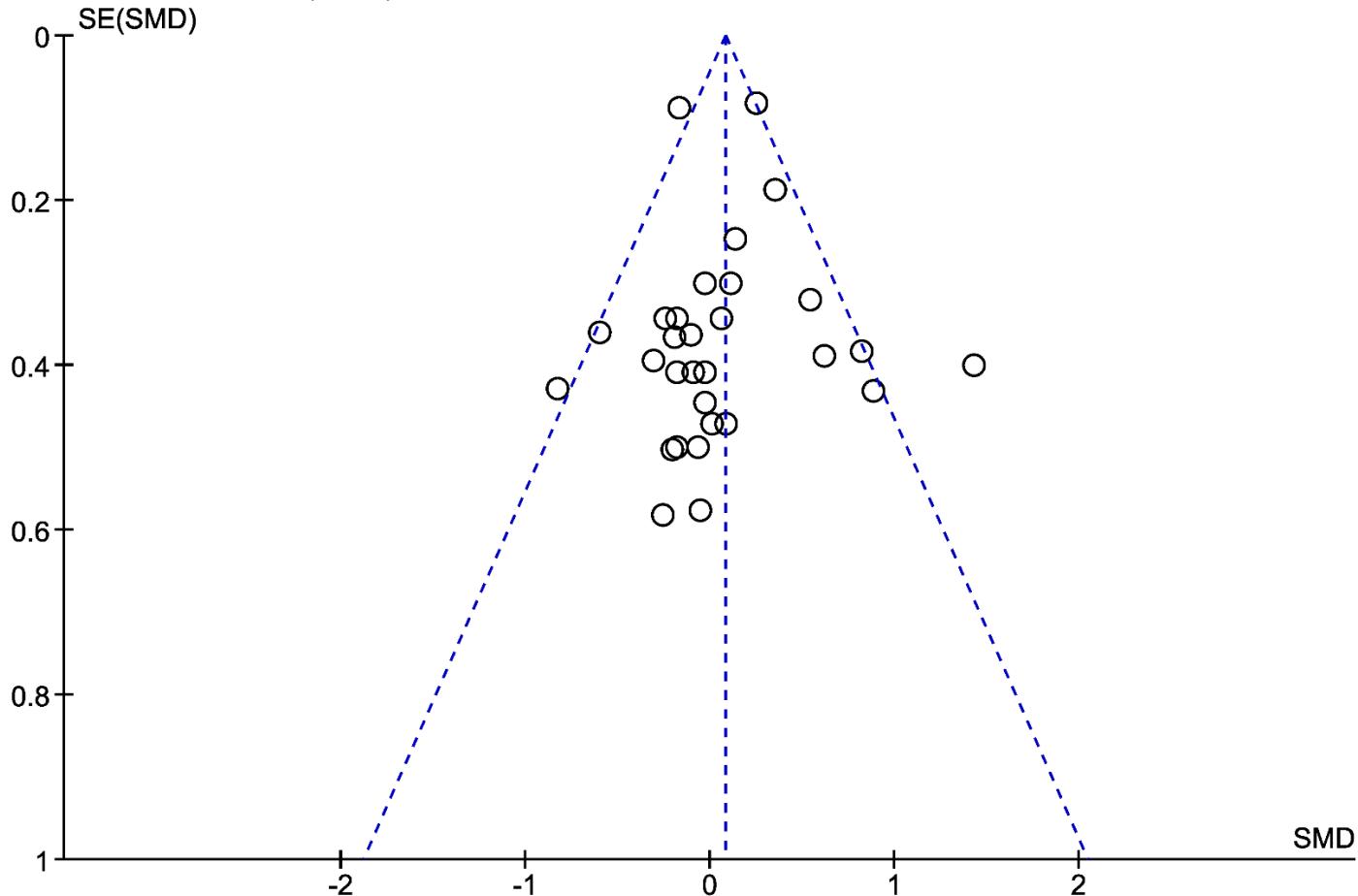


Figure S2. Mean difference in cerebral blood flow before and after acute and chronic antihypertensive treatment

Total indicates number of participants. Some randomized controlled trials investigated the effect of two different therapies. SD indicates standard deviation; IV, inverse variance; CI, confidence interval; CBF, cerebral blood flow; ACE, angiotensin-converting enzyme. CBF is expressed in ml/100g/min.

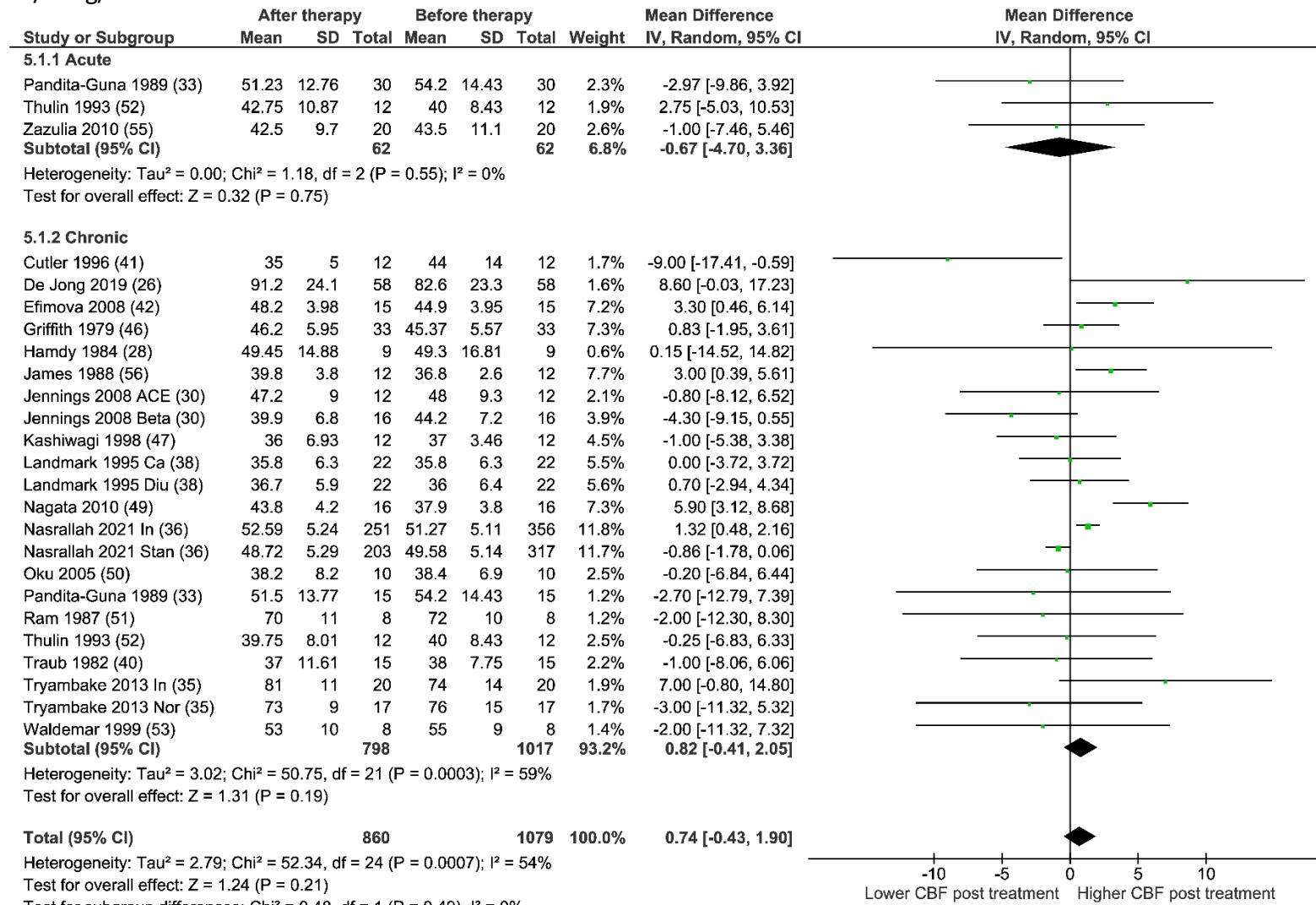


Figure S3. Funnel plot mean difference (MD) of cerebral blood flow before and after acute and chronic antihypertensive treatment

The dotted perpendicular line displays the estimated overall effect and the two dotted oblique lines signify the 95% confidence interval. The y-axis represents study precision, x-axis displays the result of the quantitative analysis. Asymmetry suggests the possibility of publication bias. SE indicates standard error; MD, mean difference. The diamonds indicate studies that investigated cerebral blood flow before and after chronic antihypertensive treatment. The circles indicate studies that investigated cerebral blood flow before and after acute antihypertensive treatment.

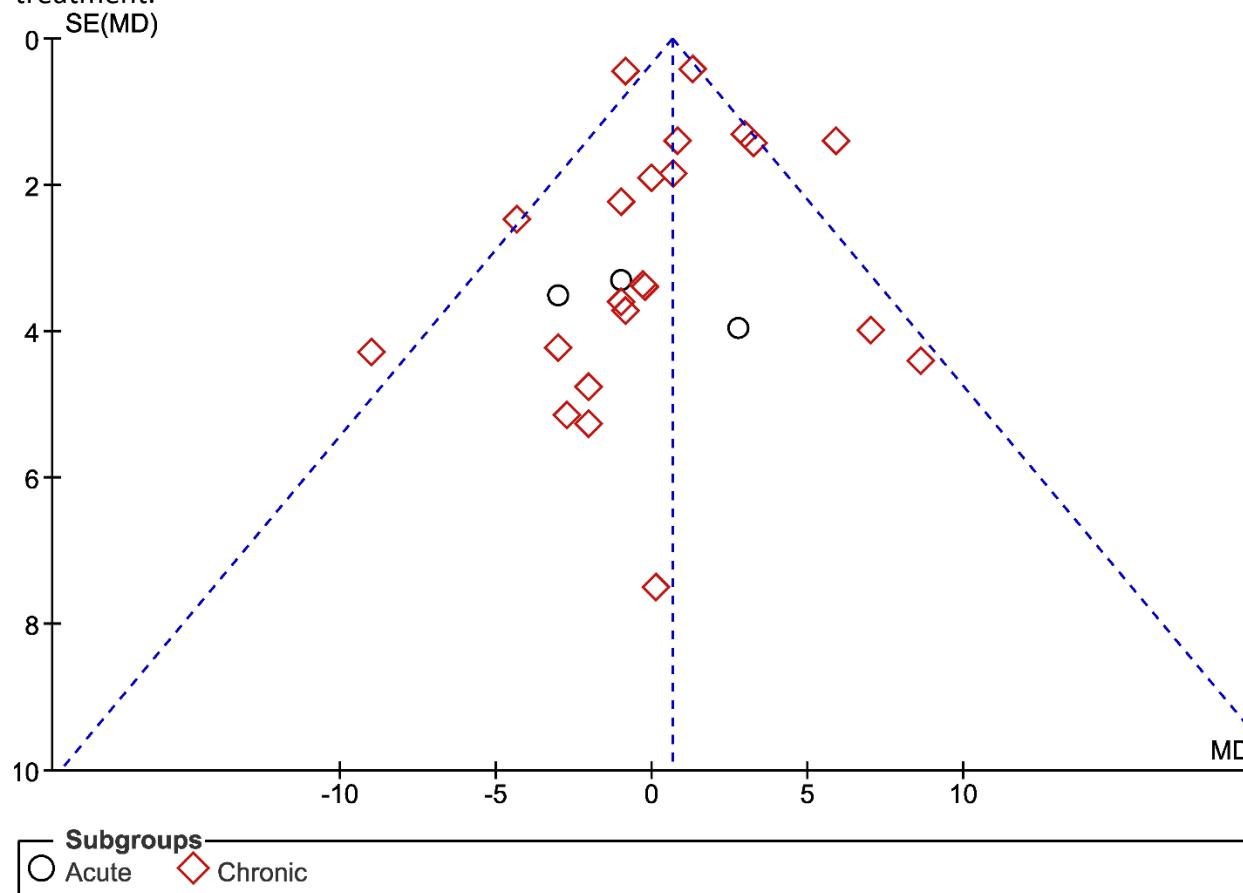


Figure S4. Subgroup analysis antihypertensive class

Total indicates number of participants. Some randomized controlled trials investigated the effect of two different therapies. SD indicates standard deviation; IV, inverse variance; CI, confidence interval; CBF, cerebral blood flow; ACE, angiotensin-converting enzyme; ARB, angiotensin receptor blocker. CBF is expressed in ml/100g/min.

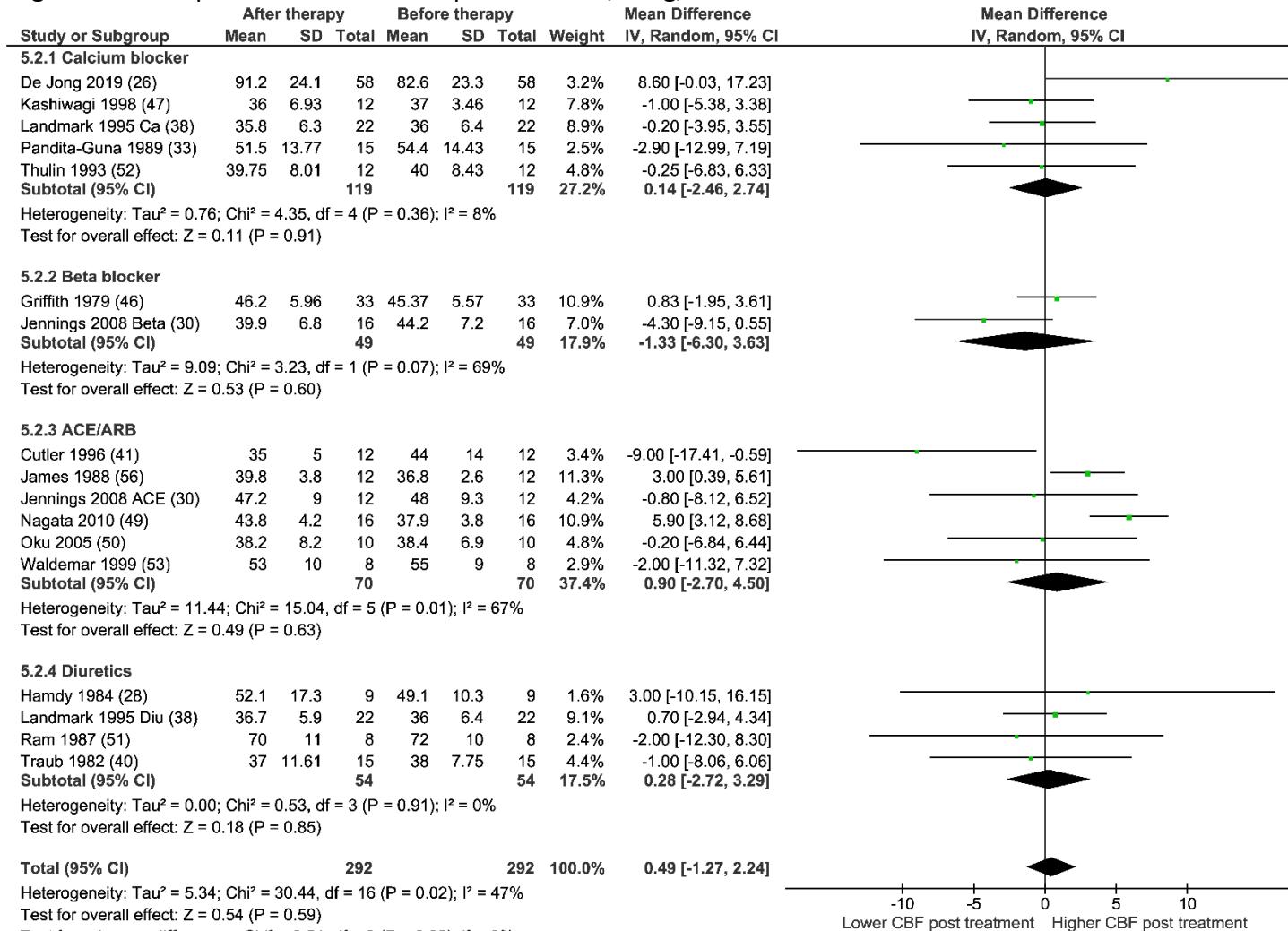


Figure S5. Subgroup analysis method measuring cerebral blood flow

Total indicates number of participants. Some randomized controlled trials investigated the effect of two different therapies. SD indicates standard deviation; IV, inverse variance; CI, confidence interval; CBF, cerebral blood flow; ASL, arterial spin labeling; MRI, magnetic resonance imaging; Xe, xenon; SPECT, single photon emission computed tomography. CBF is expressed in ml/100g/min.

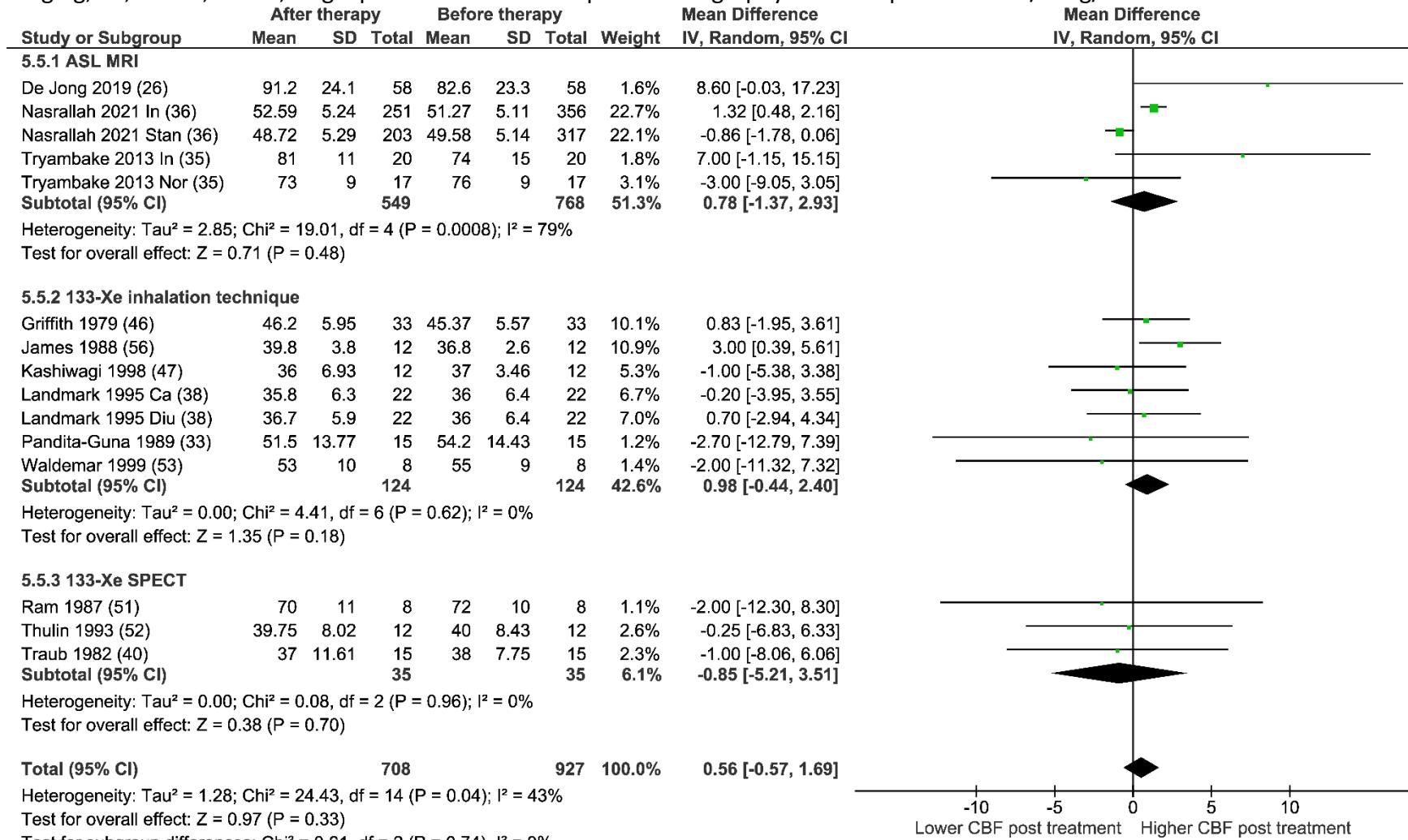


Figure S6. Subgroup analysis study design

Total indicates number of participants. Some randomized controlled trials investigated the effect of two different therapies. SD indicates standard deviation; IV, inverse variance; CI, confidence interval; CBF, cerebral blood flow; ACE, angiotensin-converting enzyme; RCT, randomized controlled trial. CBF is expressed in ml/100g/min.

