

DynaMed leverer evidensniveau-mærkater, der er lette at fortolke, så brugere hurtigt kan finde den bedst tilgængelige evidens og bestemme kvaliteten af den bedst tilgængelige evidens. Evidens kan mærkes med et ud af tre niveauer:

- **Niveau 1 (sandsynlig pålidelig) evidens** – står for de bedst begrundede rapporter, der behandler patientorienterede resultater. Nogle eksempler er randomiserede undersøgelser med mindst 80 % opfølgning, indledende kohorteundersøgelser med henblik på prognostisk information, samt systematiske evalueringer af niveau 1 evidensrapporter. Disse eksempler er kun nogle kortfattede eksempler. Opnåelse af niveau 1 evidensmærket betyder, at specifikke kvalitetskriterier er blevet opfyldt baseret på undersøgelsestypen.
- **Niveau 2 (mellemniveau) evidens** – står for rapporter, der behandler patientorienterede resultater, og som der i nogen grad benytter videnskabelige forskningsmetoder, men dog ikke opfylder kvalitetskriterierne for at opnå niveau 1 evidensmærket. Nogle eksempler er randomiserede undersøgelser med mindre end 80 % opfølgning, ikke-randomiserede sammenligningsundersøgelser og diagnostiske undersøgelser uden fyldestgørende referencestandarder. Niveau 2 evidens forudsætter ikke pålidelig evidens. Hormonbehandling i klimakteriet har f.eks. været forbundet med reducerede kardiovaskulære hændelser i store kohorteundersøgelser (niveau 2 evidens), men sidenhen vist sig ikke at være præventiv (og muligvis øge den kardiovaskulære risiko) i randomiserede undersøgelser (niveau 1 evidens).
- **Niveau 3 (mangler direkte) evidens** – står for rapporter, der ikke er baseret på videnskabelige analyser af patientorienterede resultater. Nogle eksempler er patientmateriale, sygejournaler, specialisters meninger og konklusioner, der er ekstrapoleret indirekte fra videnskabelige undersøgelser.

Anbefalinger er mærket som en af de følgende:

- **Grad A anbefaling** – konsistent kvalitets-evidens
- **Grad B anbefaling** – inkonsistent eller begrænset evidens
- **Grad C anbefaling** – mangler direkte evidens

Denne mærkningsordning kaldes formelt Strength Of Recommendation Taxonomy (SORT). Ordningen og de algoritmer, der benyttes i anvendelsen af den, beskrives detaljeret i [Am Fam Physician 2004 Feb 1;69\(3\):548-56](#).

The screenshot shows the DynaMed website interface. At the top left is the DynaMed logo. To the right are navigation links: Start, About Us, Terms of Use, Help. Below the logo is a search bar with the text 'Find:' and a search button. To the right of the search bar are buttons for 'Browse Topic' and 'Search Text'. Below the search bar is a navigation menu with letters A-Z and a 'Browse by Category' link. The main content area is titled 'Hypertension' and has a sub-section 'Prognosis'. The 'Prognosis' section contains several bullet points with links to related articles. The left sidebar contains a table of contents for the 'Hypertension' topic, including General Information, Causes and Risk Factors, Complications and Associated Conditions, History, Physical, Diagnosis, Prognosis, Treatment, Prevention and Screening, References including Reviews and Guidelines, Patient Information, Acknowledgements, Comment to Editor, and Get CME for this search.

**Hypertension**

General Information (including ICD-9/-10 Codes)

Causes and Risk Factors

Complications and Associated Conditions

History

Physical

Diagnosis

Prognosis

Treatment

Prevention and Screening

References including Reviews and Guidelines

Patient Information

Acknowledgements

Comment to Editor

Get CME for this search

**Prognosis:**

- **hypertension at age 50 years associated with about 5-year reduction in life expectancy** compared with normotension, based on 3,128 participants in Framingham Heart Study ([Hypertension 2005 Aug;46\(2\):280](#))
- risk of stroke is much more responsive to treatment than risk of heart disease
  - **greater reductions in systolic blood pressure associated with lower risk of stroke, independent of medications used to lower blood pressure (Level 1 [likely reliable] evidence)**; based on meta-analysis of meta-analysis of > 40 randomized trials ([Stroke 2004 Mar;35\(3\):776](#))
  - risk of stroke clearly related to quality of blood pressure control in case-control study in England, consistent maintenance of blood pressure < 140/90 mmHg needed for optimal stroke prevention; record review of 267 cases (patients < 80 with first stroke) vs. 534 controls, 61% vs. 42% were hypertensive (defined as BP > 160/95 mmHg); compared with non-hypertensive subjects, risk of stroke in hypertensive patients receiving treatment was 1.3x if BP controlled to < 140 mmHg, 1.6x if SBP 140-149 mmHg, 2.2x with SBP 150-159 mmHg, 3.2x if SBP 160 or greater; similar results for diastolic pressure ([BMJ 1997 Jan 25;314\(7076\):272](#))
- **systolic (but not diastolic) blood pressure is a strong, positive, continuous and independent indicator of mortality risk in the elderly**; 10-year follow-up of 3,858 outpatients > 65 years old, 74 patients (1.9%) were lost to follow-up and 1,561 (41.3%) died, 709 (45.4% all deaths) died from cardiovascular causes; positive continuous, graded, strong and independent association observed with both total (P < 0.001) and cardiovascular (P < 0.001) mortality for systolic blood pressure (SBP) but not for diastolic blood pressure (DBP), no J-shaped mortality curve in subjects with lowest SBP and DBP ([Arch Intern Med 1999 Jun 14;159\(11\):1205](#))