

CHECKLIST FOR ABSTRACTS

Abstracts selected for presentation to the Society will be published in the Journal of Human Hypertension and they follow strict publication guidelines.

In order for your abstract to be published, you **must** follow the following instructions. If your abstract does not follow these requirements, it will **not** be published.

Abstract Requirements:

1. Abstracts Structure: Abstracts with bulleted or numbered list, incomplete sentences, blurry or missing images, incorrect symbols, excessive use of jargon, nonstandard formatting and punctuation may be considered unsuitable for publication. Ensure that you follow the following formatting requirements, and complete evaluations and revisions prior to submission:

Each abstract should be structured with the following headings:

INTRODUCTION, METHODS, RESULTS, CONCLUSIONS, KEYWORDS and DISCLOSURE.

Note on Disclosures: All authors are responsible for recognizing and disclosing any conflict of interest that could be perceived to bias their work, making known all financial support and any other personal connections. Biographical descriptions should be avoided but we do want transparency in a concise and full sentence.

If you do not have any conflict of interest, please state 'none'

2. Word count: Your abstract must not be more than 250 words. This does not include the title, authors or titles for figures.

3. Figures and References: All figures and references must be correctly noted. Please see the sample abstract on the next page.

4. Spell check: The files should be final with all spelling, punctuation and grammar checks completed. Peer review and selections must be completed prior to submission.

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Abstract Sample Page

Safe withdrawal of anti-hypertensive medication in older people with dementia: a review of the literature

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Background: There is uncertainty about the value of anti-hypertensive therapy for individuals with dementia [1]. Any study examining the impact of withdrawing anti-hypertensives in people with dementia needs to be based on the best available evidence.

Methods: We undertook a mapping review (or 'review of reviews'); a comprehensive search strategy was applied to identify published reviews that reported upon anti-hypertensive withdrawal regimes in people aged 65 or older.

Results: 4/182 identified papers were eligible for inclusion; few involved people with dementia. The results suggest 20–40% of older people could successfully withdraw from anti-hypertensive therapy at up to one year. There was little evidence to guide withdrawal by individual drug class. Fortnightly reductions in medication were reported, and in most participants any return to hypertension was gradual. Serious adverse events were reported in 2.3% of participants at one year.

Conclusion: No evidence based withdrawal protocol was identified for use in an older adult population, in particular for those with dementia. Although there was evidence that 20–40% of people could safely withdraw anti-hypertensives. Any future withdrawal protocol should be underpinned by these findings but would need to be supplemented by national best practice guidance, such as NICE hypertension guidelines [2] or the British National Formulary [3], and would need to be rigorously tested for feasibility and safety.

Clinical Trial Registry: NCT01238757; <https://clinicaltrials.gov>.

Data Deposition: <https://dx.doi.org/10.6084/m9.figshare.3142327.v2>. S

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1. Beishon L, et al. *Journal of Human Hypertension*. 2014; 28(5): 283–7. <https://doi.org/10.1038/jhh.2013.107>
2. ABC Committee. *Guide for Authors*; 2016:1-11. http://www.nature.com/jhh/jhh_new_gta.pdf
3. SPSS, version XX. Accessible: <http://www.includethewebaddress>

[PA01] Table 1. Caption and table should be included here.

INS Treatment *	Percentage	n
Add on therapy	32.4	712
Change and add on	3.7	82
1	75.7	
2	22.2	
3	2.1	

* INS = Intranasal corticosteroids. Modified with permission from ABC Publisher. [3]

[PA01] Figure 1. Figure caption should be included here.