COCHRANE PRIMARY HEALTH CARE FIELD

PEARLS

Practical Evidence About Real Life Situations

Little evidence of blood pressure benefits from relaxation therapies for hypertension

Clinical question	How effective are relaxation therapies in the management of primary hypertension in adults?
Bottom line	The evidence in favour of a causal association between relaxation and blood pressure reduction is weak. The average reduction was 5/3 mm Hg, but varied between 8/5 and 3/2 mm Hg. The combined sample was too small and the trials too short to assess whether relaxation therapy could reduce the risks of death, heart attack or stroke. The median duration of treatment was 8 weeks (range 5 to 26 weeks). Progressive muscular relaxation, biofeedback and cognitive/behavioural therapies were most likely to be effective. There was little evidence that autogenic training was effective. Follow-up ranged from eight weeks to five years.
Caveat	Different trials gave different – sometimes inconsistent – results. Many of the trials were not well-designed or well-conducted. Some of the apparent benefit of relaxation therapy was possibly due to aspects of treatment unrelated to relaxation, such as frequent contact with treatment providers (which might reduce 'white coat hypertension').
Context	The World Health Organization estimates that high blood pressure leads to over 7 million deaths per year and about 13% of total deaths worldwide. Lifestyle interventions are often recommended as initial treatment for mild hypertension, but the efficacy of relaxation therapies (autogenic training, progressive muscular relaxation, cognitive/behavioural therapies, and biofeedback) is unclear. Autogenic training is a relaxation technique which focuses on physical sensations, such as breathing or the heartbeat, assisted by self-suggestion.[1]
Cochrane Systematic Review	Dickinson O et al. Relaxation therapies for the management of primary hypertension in adults. Cochrane Reviews 2008, Issue 1. Art No.: CD004935. DOI:10.1002/14651858. CD004935. This review contains 25 trials involving 1,198 participants.
Pearls No. 88 July 2008, written by Brian R McAvoy	

1. Stetter F, Kupper S. Applied Psychophysiology and Biofeedback. 2002;27:45-98.

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

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