

Hypertension

JOURNAL OF THE AMERICAN HEART ASSOCIATION



*Learn and Live*SM

Is "Essential" Hypertension Essential?

Barry J. Materson

Hypertension published online Jul 12, 2004;

DOI: 10.1161/01.HYP.0000136565.49396.c7

Hypertension is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75214

Copyright © 2004 American Heart Association. All rights reserved. Print ISSN: 0194-911X. Online ISSN: 1524-4563

The online version of this article, along with updated information and services, is located on the World Wide Web at:

<http://hyper.ahajournals.org>

Subscriptions: Information about subscribing to *Hypertension* is online at
<http://hyper.ahajournals.org/subscriptions/>

Permissions: Permissions & Rights Desk, Lippincott Williams & Wilkins, a division of Wolters Kluwer Health, 351 West Camden Street, Baltimore, MD 21202-2436. Phone: 410-528-4050. Fax: 410-528-8550. E-mail:
journalpermissions@lww.com

Reprints: Information about reprints can be found online at
<http://www.lww.com/reprints>

Letter to the Editor

Letters to the Editor will be published, if suitable, as space permits. They should not exceed 1000 words (typed double-spaced) in length and may be subject to editing or abridgment.

Is “Essential” Hypertension Essential?

To the Editor:

The term “essential” hypertension, although deeply embedded in the literature and common use, has long been obsolete. Norman Kaplan has included the following paragraph in at least the past 3 editions of *Clinical Hypertension*.¹

“... As much as 95% of all hypertension is of unknown cause. In the absence of a known cause, there is no obvious name for the disease. *Essential* may be mistakenly interpreted to infer an essential need for higher pressure to push blood through vessels narrowed by age. The term *benign* has been buried along with the millions of unfortunate victims of uncontrolled hypertension. *Idiopathic* seems a bit unwieldy; so I have chosen *primary* simply to distinguish it from all the remaining hypertensive diseases, which are ‘secondary’ to known causes.”

I also prefer the term “primary” to distinguish hypertension of unknown etiology from hypertension secondary to a defined cause. If someone of the stature of Dr Kaplan could not effect

change in this terminology, I have little hope for doing so merely by writing about it. I, therefore, offer the following suggestion:

If the editors of *Hypertension* were to request that all authors use the term “primary” rather than “essential” hypertension, change could be effected rapidly. The conversion could be made in final drafts or even galley proofs of accepted manuscripts. There would be little cost or effort and no one would be penalized for using the term “essential” in the original submission. If this became the policy for *Hypertension*, perhaps it would be adopted by other journals dedicated to publishing papers on hypertension and, eventually, to more general journals as well. The change would be simple, rather rapid, and almost free.

Barry J. Materson
University of Miami
Miami, Florida

1. Kaplan NM. *Kaplan's Clinical Hypertension*, 8th ed. Philadelphia, Pa: Lippincott Williams & Wilkins; 2002:p 57.



Hypertension

JOURNAL OF THE AMERICAN HEART ASSOCIATION