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Is "Essential" Hypertension Essential?

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Letter to the Editor

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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.

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



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