Obesity has reached epidemic proportions in the industrialized world. In parallel, the prevalence rates of hypertension and cardiovascular disease have increased dramatically. Most unfortunately, these increases have not been limited to adults, because obesity and hypertension have also been found to have risen substantially in children and adolescents as well.\(^1\)\(^2\) It seems that the rate of increasing body mass is directly related to the occurrence of hypertension in the pediatric population, because secondary forms of hypertension have not been reported to have increased recently.

It has long been recognized that a direct and continuous relationship exists between dietary sodium intake and blood pressure, as well as the prevalence of hypertension and associated cardiovascular disorders. However, this connection has generally been reported for adults but not demonstrated for the pediatric age group. A recent report suggests that such a relationship can even be found among individuals between the ages of 4 and 18 years.\(^3\) In addition, fluid consumption and, particularly, the consumption of sweetened beverages, have been linked to childhood obesity.\(^4\) The observations reported in the article by He et al\(^5\) are informative if investigation of such mechanisms could be pursued.

Several recent efforts outside the United States to decrease the sodium content of foods over the recent past have been focused on children. Because dietary and activity habits are formulated in childhood, attention to the pediatric population, as well as to adults, would seem prudent. The opinions expressed in this editorial are not necessarily those of the editors or of the American Heart Association.

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Hypertension is available at http://hyper.ahajournals.org

DOI: 10.1161/HYPERTENSIONAHA.107.104471

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And the conclusions that they draw are provocative but largely speculative based on currently available evidence.
growing children. These observations, coupled with a potential similar reduction in sweetened beverage intake predicted by the present cross-sectional analyses, could be expected to reduce both blood pressure and obesity and, thus, attenuate the rapidly rising association of both with adulthood obesity and hypertension. Such efforts, coupled with an increase in activity, could go a long way in reducing the present scourge of cardiovascular disease in our industrialized society. Obviously, each step in this progression requires further definition and confirmation. This presents a formidable challenge as we move into the 21st century.

Disclosures

None.

References

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Hypertension. 2008;51:615-616
doi: 10.1161/HYPERTENSIONAHA.107.104471

Hypertension is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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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:
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