Ethnic Differences in Renal Handling of Water and Solutes in Hypertension

Michel Burnier

Ethnic differences in hypertension are well recognized and have been attributed to several factors, including genetic susceptibility, environmental factors, and lifestyle. This latter increases the likelihood of developing hypertension in some populations by favoring the development of risk factors such as obesity, a low level of physical activity, a high sodium intake, and a low dietary intake of potassium and calcium. Thus, high blood pressure is clearly more frequent among black subjects, and hypertensive disease in black subjects differs from that seen in the white population in several aspects: black hypertensive patients more frequently exhibit salt sensitivity, a tendency toward expanded plasma volume, lower plasma renin activity, and increased renal vascular resistance. Moreover, difference in the urinary excretion of aspects: black hypertensive patients more frequently exhibit salt sensitivity, a tendency toward expanded plasma volume, lower plasma renin activity, and increased renal vascular resistance. Furthermore, difference in the urinary excretion of 

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In conclusion, the data presented by Chun et al\textsuperscript{8} in this issue confirm the need to investigate in more detail the subtle changes in segmental handling of water and solutes occurring early in hypertensive individuals as it becomes increasingly evident that alterations of sodium excretion in subjects prone to develop essential hypertension do not result from an anomaly of a single transport system but rather from a combination of several subtle changes in sodium reabsorption occurring at different sites along the nephron.

**Disclosures**

None.

**References**


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