To the Editor:

We read with great interest the article by Rossem et al,1 who demonstrated a significant inverse association between n-3 long-chain polyunsaturated fatty acids in human breast milk and blood pressure (BP) in children aged 12 years taken at home by observers (n=314). However, there was no association between the children’s home BP and their intake of n-3 long-chain polyunsaturated fatty acids as assessed by erythrocyte membrane fatty acid composition at age 12 years (n=973).1 Their findings in the Prevention and Incidence of Asthma and Mite Allergy (PIAMA) study may elucidate one of the essential mechanisms for the association between breastfeeding and BP during childhood.

The reproducibility of home BP in children, like that in adults, is better than that of conventional BP2 We recently found that home BP among healthy 7-year-old children who were breastfed for ≥8 months was significantly lower (92.9/55.1 mm Hg) than home BP among 7-year-old children who were breastfed for <8 months (94.7/56.4 mm Hg; P=0.006/0.04). However, there was no difference between the 2 groups for BP measured at the survey center (P=0.3/>0.9).3 Our results suggest that home BP outperforms conventional BP as a risk marker in young children. In our study, mothers assisted their 7-year-old children in measuring their home BP.3,4 Automated measurement can be used easily at home and is much less costly and labor-intensive than observer-measured home BP.4 However, because the Korotkoff method is not practicable in young children, validation of home BP devices as well as measurement condition at this age should be reconsidered.4 Nevertheless, home BP should become part of the diagnostic work-up and management of children suspected to be hypertensive.

We would also like to emphasize that long-term breastfeeding has an important role in the prevention of high BP later in life. Information about the effect of other environmental factors besides n-3 long-chain polyunsaturated fatty acids on childhood BP, not only home BP information (ie, ambulatory or clinic readings), in the PIAMA population could be useful for mothers who are breastfeeding as well as for population health.

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Disclosures

None.

Letters to the Editor will be published, if suitable, as space permits. They should not exceed 500 words (typed double-spaced) plus 5 references in length and may be subject to editing or abridgment.


Children's Home Blood Pressure and Growth Environment
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