Hypertension and Children
Should We Be Aware?

To the Editor:
We read with interest the article of Rosner et al1 about trends of high blood pressure in children. The results of this study are of great concern. Thus, this study showed that between 1988–1994 and 1999–2008, the prevalence of hypertension in children aged 8 to 17 years increased from 15.8% to 19.2% (P = 0.057) in boys and from 8.2% to 12.6% (P = 0.007) in girls. High body mass index, increased waist circumference, and an excessive sodium intake were independently associated with prevalence of hypertension. But, unfortunately, this is not limited to the United States.2,3

Younger patients with hypertension have lesser associated risk factors or comorbidities compared with older subjects, and this confers a low absolute risk of cardiac events in the following 5 or 10 years.4 On the contrary, it has been reported that therapy with antihypertensive drugs in adults with mild hypertension without a previous cardiovascular event has not been shown to reduce mortality or morbidity in randomized clinical trials and might increase adverse events associated to medication.5 All these data may confer a false perception that hypertension in children may not have the importance it actually has.

First, although the 5- or 10-year absolute risk is low, the fact is that in these patients the relative risk of cardiac events is clearly increased at medium or long term, and these patients will most likely develop cardiovascular complications earlier than expected.6 Second, randomized clinical trials that have investigated the effects of antihypertensive treatment on cardiac events in patients with mild hypertension7 have several limitations: the number of patients included was relatively small, the follow-up period was limited to 4 to 5 years, and many of the prescribed drugs are not currently being used now as first-line therapy (ie, methyldopa, pindolol, clonidine, reserpine ...).

As a result, reduction of high blood pressure values to normal values in children appears essential to improve cardiovascular prognosis. Pharmacological treatment may be recommended for children with stage 2 hypertension or in those with stage 1 hypertension uncontrolled despite lifestyle changes.2 However, there is no doubt that improving healthy lifestyle habits in children, including exercise and diet, must be a main target for health policies in Western countries.1 Everybody, including physicians, nurses, and also politicians, schools, and family, should be involved in reducing this new epidemic increase of hypertension in children and adolescents.3

Disclosures
None.

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