Response to Effect of Serum Chloride on Mortality in Hypertensive Patients

We thank Kawada for the comments on our article. We recognize the importance of lipids in outcomes. We had only baseline total cholesterol available in a subset of patients, and it was not associated with either all-cause or cardiovascular mortality. Furthermore, incorporation of baseline total cholesterol in the model did not change the association between serum chloride and mortality. This may reflect the fact that patients with high cholesterol would be actively treated during follow-up. We do not have complete and accurate statin prescription data in all our patients to explore this further. Studying the individual effect of antihypertensive medications is beyond the scope of our observational data set with no measures of adherence or persistence of treatment. We believe follow-up blood pressure is the best measure of antihypertensive effect. Finally, we point out that we studied stroke mortality rather than incident stroke, and hence we do not have the data to speculate on different underlying mechanisms. We would encourage Kawada to study the association of serum chloride with outcomes in the Japanese population as the first step in validating this finding in other ethnic groups.

Disclosures

None.

References

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