Response to Hypertension Guidelines: Political Correctness Trumping Expertise?

We appreciate Dr Messerli’s1 attention to the American Heart Association/American College of Cardiology/Centers for Disease Control and Prevention’s joint Science Advisory pertaining to an effective approach to high blood pressure control.2 This scientific advisory focuses on the use of science-based algorithms to increase blood pressure control in patients with hypertension in the healthcare setting and is meant to disseminate the demonstrated success of some programs in implementing current hypertension guidelines.

The American Heart Association, American College of Cardiology, and Centers for Disease Control and Prevention felt it was urgent to issue this joint advisory because hypertension, an important risk factor for heart disease and stroke, affects so many Americans—≈78 million. Importantly, despite the existence of well-accepted guidelines and performance measures as well as inexpensive medications, too many individuals, even those with good access to medical care, have not achieved adequate blood pressure control. Thus, the writing group members were invited, selected not for purposes of political correctness, as Dr Messerli asserts, but rather to include individuals with credentials and experience, not only in primary care and cardiology but also in population health and clinical quality improvement in medical care delivery systems. These persons truly qualify as experts in ≥1 of these areas, and they represent a diversity of medical specialty, professional setting, sex, and, although not apparent by name alone, racial/ethnic diversity. And as noted by Dr Messerli, the writing group had few conflicts of interest. The terms guideline and expert panel were intentionally avoided. Guidelines provide the science base for what needs to be done. This advisory was meant to provide guidance on how to get it done. The tools to control blood pressure have long been available, but hypertension control requires patient and physician involvement within a supportive system, and we are advocating a team approach that reduces barriers for patients and leverages the power of electronic health records to improve cardiovascular health.

At the request of the National Heart, Lung, and Blood Institute, the American Heart Association and the American College of Cardiology are in the planning stages of creating a collaborative, comprehensive, evidence-based guideline on the treatment of hypertension. This guideline will be the fifth in the series set of cardiovascular disease prevention guidelines supported by systematic evidence reviews from the National Heart, Lung, and Blood Institute. Major hypertension and primary care physician specialty societies have been invited to participate as full partners with the American Heart Association and American College of Cardiology in the creation of this future comprehensive hypertension guideline.

Disclosures

None.

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