Blood Pressure Treatment Includes Risk Factor Modification

To the Editor:

I am concerned that inappropriate conclusions may be drawn from Dr. Paul's editorial, "The Medical Research Council Trial." There is no question that the various clinical trials cited have not been able to demonstrate unequivocally that drug treatment of hypertension reduces heart attacks. However, the major risk factor for cardiovascular disease is hypertension, especially when coupled with smoking, high serum cholesterol, and obesity. The data to support this statement remain convincing and are the basis for the Joint National Committee's consensus that hypertension be defined as 140/90 mm Hg or higher and that diastolic blood pressure readings of 85 to 89 mm Hg be termed "high normal." Population and actuarial data demonstrate increased risk above these levels.

My concern with Dr. Paul's apparent conclusions is that physicians may give patients the wrong message (i.e., they are "normal") rather than deal with the necessary behavioral issues that may affect blood pressure. The issue is not what not to do (e.g., do not give drugs unless there is evidence of target organ damage), but rather what should be done. Dealing with smoking, dietary fats, sodium, calcium, and exercise is important.

Although I agree that we must be careful in placing large populations on drug therapy, we must not ignore their disease either. Persons with low levels of hypertension must not be placed outside of health care with the mistaken message that they are safe. Modifying risk factors for cardiovascular disease by changes in behavior must be identified in practitioners' minds as definitive therapy, to be used either alone or in conjunction with drug therapy. To do less, in my opinion, carries its own unnecessary risk and is, perhaps, irresponsible.

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