BRITISH MEDICAL JOURNAL

SATURDAY 13 DECEMBER 1980

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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Millions of mild hypertensives

SIR,—The enthusiasm expressed in your recent leading article "Millions of mild hypertensives" (18 October, p 1024) has been justly tempered by subsequent contributions. Some further reservations are also warranted.

It is customary in trials of treatment of hypertension to measure the blood pressure at least four times on two occasions, and often with a random zero instrument. The fifth phase of the sounds is taken as the diastolic end point. Common experience tells us that these precautions are not universal practice. It is therefore likely that the lower the pressure at which treatment is advised the greater the number of really normotensive people who will start a lifetime of drugs. No trials of treatment for diastolic pressures of 80-90 mm Hg are contemplated and we do not know what harm may be done to this group by drugs.

We must be very wary of encouraging people to believe that health can be better preserved by taking a tablet, which is easy, than by altering an unsatisfactory lifestyle, which is difficult. I am reminded of a gouty, hypertensive, hard-drinking, heavy-smoking man recently admitted with a severe gastric haemorrhage related to the taking of aspirin, which he had been told would protect his arteries.

I believe that the first step with the mild hypertensive should be to give him clear advice on what he can do himself to protect his health. Consumption of cigarettes, alcohol, calories, fat, and salt as well as activity may require adjustment. If he remains hypertensive (say, six months later), whether or not he has heeded our advice, there is then good reason reluctantly to start drugs.

A little pause is warranted before we increase yet further the large proportion of the population we supply with regular medication.

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ABC of blood pressure reduction

SIR,—In the article entitled "ABC of blood pressure reduction—special problems" (1 November, p 1200), the authors emphasise the importance of adequate treatment for hypertension in diabetics, in whom both hypertension and diabetes independently increase the risk of cardiovascular disease. We do not, however, agree with their suggestion that methyldopa and the vasodilators should be the drugs of first choice in hypertensive diabetics because of theoretical hazards from the use of beta-blockers. Methyldopa and vasodilators have problems of their own, and we believe that beta-blocking drugs should be favoured in diabetics just as they are in non-diabetics. Impairment of the metabolic response to hypoglycaemia in insulin-treated diabetics has been demonstrated, and may be slightly less in the case of selective beta-blockade,[1] but in practice this does not appear to increase the frequency of loss of consciousness from hypoglycaemia.[2] This remains a rare complication of beta-blockade, and there has been only one well-documented case report.[3]

On the other hand, in non-insulin-dependent diabetics the increase in blood glucose is negligible. Beta-blockers are an important group of drugs whose therapeutic value should not be denied to diabetics.

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[1] Lager J, Blohme G, Smith U. *Lancet* 1979;i:458-62.
[2] Barnett AH, Leslie D, Watkins PJ. *Br Med J* 1980; **280**:976-8.
[3] Kotler MN, Berman L, Rubenstein AH. *Lancet* 1966;ii:1389-90.

SIR,—The article on the emergency treatment of hypertension in pregnancy (25 October, p 1120) contains many questionable statements.

The most important is the authors' assertion that "patients discovered to have a blood pressure of over 140/90 but less than 150/100 mm Hg" should be managed as outpatients. This would be suitable for patients with essential hypertension or hypertension developing in the first half of