

help us identify patients at high risk for occult diabetes who need an OGTT. The incorporation of a new diagnosis of diabetes will help to improve the residual risk mentioned by Jover et al.¹ by optimizing secondary prevention in these patients.

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Available online 1 October 2011

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doi: 10.1016/j.rec.2011.07.005

An Opportunity to Know About Resistant Hypertension in our Area

Una oportunidad para conocer la hipertensión arterial refractaria en nuestro medio

To the Editor,

We read with interest the article by Llisterri et al.¹ regarding blood pressure control in our primary care setting in hypertensive women older than 65 years. The authors report that there is room for improvement in this regard despite the extensive use of combined therapy (3 or more drugs in 21.7% of the sample) and cite several reasons for the differences observed, including poor metabolic control and abdominal obesity. It is noteworthy that the presence of metabolic syndrome was not associated with poor blood pressure control, despite the great difference in the prevalence of this factor between the groups studied.

Our interest arises from a previous registry (HIPERFRE) on resistant hypertension including 1724 patients and carried out by general practitioners in an area of northwest Galicia.² Although the study included both sexes (58.4% were women), the analysis of the population of women older than 65 shows entirely reproducible data. The degree of blood pressure control was higher in this cohort (40.8%) than in Llisterri's study, and 13.5% of patients had resistant hypertension. Our attention is focused on this finding because, as is known from related guidelines,³ the exact prevalence of this condition is unknown. Resistant hypertension is defined as poor blood pressure control in patients treated with at least 3 drugs, one of which is a diuretic.

Studies such as Llisterri's¹ and the recent CARDIOTENS 2009⁴ provide a good opportunity to have access to data on this relatively frequent condition. Although this information was not reported in either study, the percentage of patients with resistant hypertension (ie, the percentage of those receiving 3 or more antihypertensive drugs and experiencing poor blood pressure control) was surely less than 12.5% in MERICAP. It would be of

interest to have an approximate estimate and to know whether resistant hypertension was associated with obesity, diabetes mellitus, and metabolic syndrome, as was seen in HIPERFRE.

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Available online 22 October 2011

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