5. Sundstrom J, Arima H, Jackson R, et al. Effects of blood pressure reduction in mild hypertension. A systematic review and meta-analysis. *Ann Intern Med.* 2015;162:184–191.
6. Brunstrom M, Carlberg B. Association of blood pressure lowering with mortality and cardiovascular disease across blood pressure levels: a systematic review and meta-analysis. *JAMA Intern Med.* 2018;178:28–36.
7. Thomopoulos C, Parati G, Zanchetti A. Effects of blood pressure lowering on outcome incidence in hypertension: 2. effects at different baseline and achieved blood pressure levels–overview and meta-analyses of randomized trials. *J Hypertens.* 2014;32:2296–2304.
8. Yusuf S, Lonn EM, Pais P, et al. Blood-pressure and cholesterol lowering in persons without cardiovascular disease. *N Engl J Med.* 2016;374:2021–2031.

https://doi.org/10.1016/j.rec.2019.04.012
1885-5857/

Are There Gaps in the Evidence on the Treatment of Mild Hypertension in Patients With Low Cardiovascular Risk? Response

¿Existen lagunas en la evidencia vinculada al tratamiento de la hipertensión leve de bajo riesgo cardiovascular? Respuesta

To the Editor,

We thank Alberto Morales-Salinas for his interest in our article[1] on the new European guidelines for hypertension.[2] We fully agree that the scientific evidence on most of the aspects concerning grade 1 hypertension and low cardiovascular risk is scarce and that this situation will probably continue because prospective placebo-controlled studies are unlikely to be performed to evaluate the effects of treatment on mid- and long-term morbidity and mortality in this type of patient. This lack of evidence affects and will continue to affect both lifestyle-related interventions and antihypertensive drug therapy. Thus, we have no other option but to continue basing our therapeutic decisions on the limited evidence available and to apply it on an individualized basis to our patients according to their clinical characteristics, a fact mentioned by Morales-Salinas and emphasized by the European guidelines.

In these times of precision, personalized, and preventive medicine, treatment initiation at early stages of the hypertensive process is the most logical approach, given that an intervention delay permits progression of hypertension and is associated with residual risk after blood pressure normalization. For patients with grade 1 hypertension and low cardiovascular risk, the recommended strategy is to lower blood pressure through lifestyle changes for a period of up to 6 months. This approach is advised because these patients' values are very close to normal, although more than half are overweight and have a sedentary lifestyle, and because modest weight loss via a better diet and regular physical exercise can normalize blood pressure. Nonetheless, the intervention must also be personalized according to the socioeconomic characteristics of the population.

The European guidelines aim to be a general rule based on the best available evidence from controlled clinical trials and their meta-analyses. Because the patients included in these studies are often dissimilar to those seen in the clinic, we should individualize the guidelines by weighing up the pros and cons of our decisions with the patient. However, the responsibility for clinical decisions always lies with the physician treating the patient.

Antonio Coca,[a] Pilar Mazón,[b] and Francisco Marín[c,*]

[a]*Unidad de Hipertensión y Riesgo Cardiovascular, Hospital Clínic (IDIBAPS), Universidad de Barcelona, Barcelona, Spain*
[b]*Servicio de Cardiología, Hospital Universitario de Santiago de Compostela, CIBERCV, Santiago de Compostela, A Coruña, Spain*
[c]*Servicio de Cardiología, Hospital Clínico Universitario Virgen de la Arrixaca, IMIB-Arrixaca, CIBERCV, Universidad de Murcia, El Palmar, Murcia, Spain*

* Corresponding author:
E-mail address: fcomarino@hotmail.com (F. Marín).

Available online 05 August 2019

REFERENCES

1. Grupo de Trabajo de la SEC para la guía ESC/ESH 2018 sobre la hipertensión arterial, revisores expertos para la guía ESC/ESH 2018 sobre la hipertensión arterial y Comité de Guías de la SEC. Comentarios a la guía ESC/ESH 2018 sobre el diagnóstico y tratamiento de la hipertensión arterial. *Rev Esp Cardiol.* 2019;72:104–108.
2. Williams B, Mancia G, Spiering W, et al. 2018 ESC/ESH Guidelines for the management of arterial hypertension of the European Society of Cardiology (ESC) and the European Society of Hypertension (ESH). *Eur Heart J.* 2018;39:3021–3104.

https://doi.org/10.1016/j.rec.2019.05.009
1885-5857/

SEE RELATED CONTENT:
https://doi.org/10.1016/j.rec.2019.04.012