

## Letters to the Editor

**Antihypertensive Medication: On the Right Path?****Prescripción de fármacos antihipertensivos: ¿en el buen camino?****To the Editor,**

Having read the interesting letter from Graciano et al,<sup>1</sup> we would like to comment on a number of considerations.

First, we feel that, to understand trends and identify areas for improvement, it is imperative that physicians analyze how we prescribe. However, we consider that it is not enough to analyze the number of prescriptions for antihypertensive drugs without putting the issue in the appropriate clinical context. In principle, the increase in prescriptions for antihypertensive agents in recent years is, in itself, neither good nor bad. We believe this increase should have been correlated in some way with the blood pressure control achieved over this period, as well as with the incidences of stroke and ischemic heart disease.

In our opinion, there are many reasons for the prescription of more antihypertensive drugs, which include not only population aging (hypertension is more common among elderly patients), but also the greater prevalence of hypertension among young people due to their unhealthy lifestyle habits. This alone would explain the higher number of prescriptions. Fortunately, however, physicians are increasingly aware of the importance of reducing blood pressure to the recommended target levels, including in those patients with mild hypertension. Although clinical trials have been unable to clearly demonstrate any clinical benefits of antihypertensive therapy in patients with mild hypertension,<sup>2</sup> the mean follow-up in these studies was only 2 to 5 years, too short a period to demonstrate benefits in this population. However, these patients will evidently experience more events in the long-term than other individuals of the same age with normal blood pressure.

The data from the PRESCAP study show that, over the last decade, hypertension control has improved in Spain, mainly due to more widespread use of combined therapy and to less therapeutic inertia.<sup>3,4</sup> This has taken place not only in Spain, but also in other western European countries and the United States.<sup>5</sup> Even more importantly, the increased use of combination therapy has reduced the number of cardiovascular events.<sup>6</sup>

Where we are in complete agreement with the authors is in that, in Spain, there is still a great deal of room for improvement in blood pressure control. Therefore, although the prescription of

antihypertensive drugs has increased in recent years, this rise is probably still insufficient (or the doses used) if what we really want is to achieve acceptable hypertension control in Spain and, as a secondary objective, ensure that our hypertensive patients have fewer cardiovascular complications.

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**Antihypertensive Medication: On the Right Path? Response****Prescripción de fármacos antihipertensivos: ¿en el buen camino? Respuesta****To the Editor,**

We appreciate the opportunity afforded to us by the letter from Escobar et al concerning our article<sup>1</sup> on the use of antihypertensive medication in Spain. For decades, studies on pharmaceutical drug

(or on the consumption of prescription drugs) have been used in public health activities. Using relatively simple methods, studies can be carried out to determine which drugs are used in real-world clinical practice and in what amounts, the patterns of their use over time, and the economic impact, as well as to establish comparisons among geographic regions for the purpose of identifying possible variations in medical practice.

It is true that the information from aggregate data on the use of pharmaceutical drugs can be linked to clinical variables, in what are known as ecological studies. Some ecological studies can help to describe a disease or a risk factor in relation to variables of interest,

for example, health services. In this respect, our work has recently enabled the correlation of hospital admissions due to dehydration with the consumption of antihypertensive drugs,<sup>2</sup> and could serve in the formulation of new hypotheses, although without losing sight of possible aggregation biases (the ecological fallacy).

We also agree that a number of causes could explain the growth observed in the use of antihypertensive medication. In addition to population aging, we stressed that the major reason is the increase in the prevalence of treated hypertension (which would include mild hypertension, when lifestyle and dietary measures fail, and hypertension in young people).

Finally, we also appreciate the references to the PRESCAP study (*PREsión arterial en la población española en los Centros de Atención Primaria* [Blood pressure control in the Spanish hypertensive population attended to in the primary care setting]) and recognize its important contributions to knowledge on the management of hypertension in Spain. However, the available epidemiological evidence (including the PRESCAP study, together with other studies)<sup>3,4</sup> appears to indicate that little progress has been made in the control of hypertension in recent years and reveals that there is considerable room for improvement. Given that this is an unsolved public health problem, priority should be given to policies that reinforce programs for the prevention and control of high blood pressure.

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