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LETTER TO THE EDITOR

Response – Letter to the Editor regarding prevalence of hypertension in Portuguese adolescents

Resposta à Carta ao Editor: Prevalência de hipertensão em adolescentes portugueses

Dear Editor,

We thank Prof. Demirkol and colleagues for their interest in our recent article describing the prevalence of hypertension (HT) in Portuguese adolescents.¹ We have read their comments carefully and would like to make some remarks.

Prof. Demirkol and colleagues raise the issue that the patients included in the study should be representative of the entire target population. As reported by us on the methodological limitations, this was a cross-sectional survey on a convenience sample of 234 adolescents in one high school in an urban area of Lisbon and as such, conclusions cannot be inferred about the general population.

Secondly, blood pressure was measured only in the right arm, three measurements separated by 10 minutes, according to the Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents.² Although measurement of both arms would be more correct, it is not expected that in this young population there would be significant peripheral vascular disease with consequent significant differences in the measured values.

Finally, as mentioned by us in the Methods, all the hypertensive or prehypertensive adolescents were referred

to their family doctor with an explanatory report about blood pressure outcomes, for etiologic study (to exclude secondary causes) and future follow-up. We agree that factors other than gender, obesity, smoking, alcohol consumption, exercise and family history of hypertension may affect HT, and therefore future studies should address this issue.

Conflicts of interest

The authors have no conflicts of interest to declare.

References

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2. The Fourth Report on the Diagnosis, Evaluation and Treatment of High Blood Pressure in Children and Adolescents. National High Blood Pressure Education Program Working Group on High Blood Pressure in Children and Adolescents. *Pediatrics.* 2004;114:555–76.

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