



Letter to the Editor

Necessary complexities when standardizing hypertension protocols in India



Dear Editorial Board,

We read with utmost pleasure the article by Satish *et al*: “Standardizing hypertension management in a primary care setting in India through a protocol based model”. However, there are three points that we believe are necessary complexities for a sustainable, successful model: 1) Emphasis should be placed on the need to address underlying social determinants of hypertension. In addition to education, household income, rural vs. urban locality, lack of home monitoring, and high salt diet are associated with uncontrolled hypertension.¹ Significant state-to-state variability in hypertension control further highlights the need for community-tailored identification of social determinants.¹ The asymptomatic nature of hypertension in conjunction with social factors and widespread use of alternative therapies may impede protocol success; 2) A key aspect of the 2017 ACC/AHA and 2018 ESH guidelines was CVD risk calculation to guide decision making. Because BP has a continuously increasing CVD risk above 115/75, ACC/AHA classified hypertension to be > 130/80.² ESH noted that South Asians have high CVD risk.³ Additionally, no studies to our knowledge have been conducted to verify that the 140/90 threshold is appropriate in India. Because of this uncertainty, it may be warranted to calculate CVD risk and begin non-pharmacologic treatment at >130/80, at the expense of simplicity; 3) Recent evidence suggests that thiazide diuretics are the most effective class in reducing BP.⁴ CCBs are associated with the highest rate of adverse effects, although relatively mild.⁵ This may increase the number of outpatient visits and undermine efforts to reduce visits. We suggest a combination pill (e.g. ARB/thiazide or CCB/ARB) instead of maximally titrating CCBs, although we agree that routine renal function monitoring can be cumbersome. Implementation of these comprehensive protocols along with continued discussions and India-specific research are crucial to tackle hypertension in India.

Sincerely,
Aayush Visaria

Ethics approval and consent to participate

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Declaration of Competing Interest

The authors declare that they have no competing interests.

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