Response to “Antihypertensive Prescriptions in China”

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To the Editor: We would like to thank Dr Tomoyuki Kawada for his comments regarding our recent article about the prescription pattern of antihypertensive drugs in China.¹ In his letter to the editor, Tomoyuki Kawada expressed concern about the applicability of our study results, which found that 56% of hypertensive patients were treated with diuretics, to patients of different ethnicities or of the same ethnicity with different socioeconomic status. The purpose of our article was to describe the present pattern of hypertensive drug treatment in many community health centers across China to detect any differences between the current prescription pattern and the recommendations of the Chinese guidelines for hypertension prevention and control. This information would then be used to develop a specific protocol to train primary care physicians in evidence-based use of antihypertensive drugs. Suggesting specific therapies for different ethnicities or the same ethnicity in various socioeconomic strata was not a part of our study. As explained in our article, the observed higher rate of diuretic use throughout China in contrast with those previously reported for certain urban areas or neighboring countries may be because of the lower cost of diuretics, making them more accessible to the general population for antihypertensive treatment.

We also did not collect any data on obstructive sleep apnea (OSA). Thus, the frequency of this condition among our study sample was not determined. That said, the actual number of patients with OSA is assumed to be low, although there is a lack of data on the prevalence of OSA in mainland China. One Taiwanese study reported a 2.6% prevalence in the adult population.² The effects of antihypertensive agents on OSA activity are not uniform.³ At the moment, there is no obvious antihypertensive drug class that has demonstrated superior antihypertensive efficacy in OSA patients.³ Diuretics, therefore, remain the cornerstone of antihypertensive treatment because they are recommended as the first-choice drug to start antihypertensive treatment in most current guidelines—namely, the recently released 2013 European Society of Hypertension/European Society of Cardiology guidelines for the management of arterial hypertension.⁴

REFERENCES


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