Prehypertension: To Treat or Not To Treat
Should No Longer Be the Question

To the Editor:

We read with great interest the article by Selassie et al\(^1\) that progression from prehypertension to full-blown hypertension occurs more rapidly in blacks, with 50% transitioning to hypertension within 1.7 years compared with 2.7 years in whites. Although the authors highlight the importance of controlling prehypertension, we feel that the authors missed an opportunity to stress the feasibility of using antihypertensive drugs to control prehypertension. As we argued previously,\(^2\) the recommendation by the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure to treat prehypertension only with lifestyle changes\(^3\) is unlikely to work. Our view that prehypertension should be treated pharmacologically is supported by a recent meta-analysis of 16 trials involving 70664 patients.\(^4\) This analysis found that prehypertensive patients randomized to the active treatment arm had a 22% reduction in the risk of stroke as compared with the placebo group. In addition, treatment of prehypertension with an angiotensin receptor blocker reduced the risk of incident hypertension.\(^5\) Thus, the debate of whether to treat prehypertension should end. Treating prehypertension is medically sound and economically viable,\(^2\) and benefits of treatment are now apparent.

Disclosures

None.

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