

sion to mild to moderate hypertension but have included an examination of the current recommended management of hypertensive crises as well. Several papers review current recommendations for medical and surgical management of renovascular hypertension as well as newer techniques of percutaneous transluminal renal angioplasty. Finally, management of the patient with hypertension associated with renal insufficiency or renal failure is discussed.

This first volume in a new series has touched upon many topics important to the nephrologist or cardiologist in managing patients with a variety of hypertensive disorders, particularly when associated with renal artery stenosis or with renal parenchymal disease.

MILD HYPERTENSION: FROM DRUG TRIALS TO PRACTICE

Edited by Thomas Strasser and Detlev Ganten
Raven Press

Twenty years of clinical trial results dealing with the management of mild hypertension have still left important issues unresolved. In this volume, which presents the proceedings of a December 1985 conference held in Königstein, West Germany, the authors address a number of questions arising from these controversies. An outstanding group of authors analyzes published clinical trials in relation to these and other issues: levels of blood pressure that warrant pharmacologic therapy; risk *v* benefit of pharmacotherapy in patients with mild hypertension; importance of modification of lifestyle, including such cardiovascular risk factors as smoking and hy-

percholesterolemia and, in particular, whether mild hypertension can be managed effectively with nonpharmacologic therapy.

A major portion of the book is devoted to discussion of the mechanisms of hypertension and pharmacologic *v* nonpharmacologic methods of controlling mild hypertension. The role of salt sensitivity in hypertension, as well as that of alcohol and exercise on hypertension control, is discussed in detail. The place for newer classes of agents, including angiotensin-converting-enzyme inhibitors and calcium antagonists in mild hypertension, is reviewed. Also discussed is a subject of critical importance—whether drug treatment can be stopped in the course of long-term hypertension treatment.

A section addresses issues dealing with hypertension during childhood and adolescence, including discussion of clinical characteristics that may enable identification of children at greater cardiovascular risk. The role of biologic maturation and effects of early increases in body weight on the risk of hypertension early in life are discussed.

Finally, guidelines for the treatment of mild hypertension, based on the scientific evidence given in this volume, are offered. The importance of a thorough, initial clinical evaluation, as well as periodic tracking of blood pressure, is stressed. Consensus recommendations include nonpharmacologic therapy for patients with mild, uncomplicated hypertension and diastolic blood pressures less than 95 mmHg. While these recommendations are not universally accepted, they represent a reasonable approach based on interpretation of the clinical trial data presented.