



Back to the basics on pressure and fat

Sometimes we may be too smart about implementing the nuances of clinical science into clinical practice and get distracted from our goal of improving patient outcomes.

This month, in a review of the management of hypertension (page 748), Dr. John Graves emphasizes that, to prevent vascular events, we need to focus on lowering the blood pressure to goal levels and maybe not as much on choosing specific agents that also affect comorbidities, such as a drug that suppresses the renin-angiotensin system in a hypertensive patient with proteinuria or after a myocardial infarction.

In the Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT), an inexpensive thiazide diuretic as a first-line agent (although frequently not the only one) was reasonably successful at reducing the blood pressure and consequently the risk of congestive heart failure, even though thiazides are not on our usual list of “cardioprotective” drugs.

And before we get too hung up on diagnosing and possibly treating “prehypertension” as defined in the seventh Joint National Committee report (JNC 7), a look at large patient databases tells us that we are not reaching the more conservative blood pressure targets set by JNC 6.

It's a similar scenario with lipids. Also in this issue, Dr. Benjamin Ansell (page 697) and Dr. Stephen Nicholls (page 704) review why high levels of high-density lipoprotein (HDL) may not always balance out the vascular risk of elevated low-density lipoprotein (LDL). It is newly recognized that not all HDL is cardioprotective. Thus, significant efforts at raising HDL may not be as beneficial as desired. For the time being, we should attack targets that are proven participants in the progression of atherosclerosis, ie, LDL. As with hypertension, practice surveys suggest that we can do better than we are currently doing at lowering LDL levels.

Knowing the nuances of treating hyperlipidemia and hypertension in special populations is important. Accomplishing the basics may be more important—but still not so easy.

A handwritten signature in black ink that reads "Brian Mandell". The signature is fluid and cursive, with a long horizontal stroke at the end.

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Editor-in-Chief