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Editor-in-Chief

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# To screen or not to screen children for hypertension?

**I**n this issue of *JFP*, Smith et al recommend following guidelines from the American Academy of Pediatrics to annually screen children for hypertension (see page 220). This recommendation appears to be at odds with the recent US Preventive Services Task Force (USPSTF) statement that concluded there is insufficient evidence for screening children and adolescents for hypertension. But an “I” recommendation from the USPSTF is not the same as a “D” recommendation. “D” means don’t do it, because the evidence indicates that the harms outweigh the benefits. “I” means we don’t have enough evidence to weigh the harms and benefits, so it is up to you and your patients to decide what to do.

So whose recommendations should we follow?

Our decision should be based on a thorough understanding of the evidence, and that evidence is well summarized in the recent USPSTF report.<sup>1</sup> The reviewers found no studies that evaluated the benefits and harms of screening children and adolescents for hypertension and no studies evaluating disease outcomes from treating hypertension in these patients.

**What we can all agree on is that, when hypertension is identified in a child or adolescent, it is important to determine if there is a treatable cause.**

There is, however, an association between elevated blood pressure in childhood and outcomes such as left ventricular hypertrophy and carotid intimal thickness.<sup>2</sup> Some physicians contend that these “disease-oriented outcomes” are sufficient reason to identify and treat hypertension in children and adolescents.<sup>3</sup> The USPSTF, however, requires a higher level of evidence that includes patient-oriented outcomes, such as a lower risk of

congestive heart failure, renal failure, or death, before recommending treatment. Physicians and patients have to choose what level of evidence is sufficient to take action.

Dr. Smith comments: “As noted in their report, the USPSTF acknowledges that observational studies indicate an association between hypertension in childhood and hypertension in adulthood, but there have been no randomized trials to determine if treating hypertension in children and adolescents reduces risk of cardiovascular events. Although it is a cohort study, not a randomized trial, the ongoing i3C Consortium Outcomes Study<sup>4</sup> may provide better information to guide decision-making for children and adolescents with elevated blood pressure.”

What we can all agree on is that, when hypertension is identified in a child or adolescent, it is important to determine if there is a treatable cause of elevated blood pressure such as coarctation of the aorta or renal disease. It is also important to address risk factors for elevated blood pressure and cardiovascular disease, such as obesity, poor dietary habits, and smoking. The treatment is lifestyle modification with diet, exercise, and smoking cessation. **JFP**

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