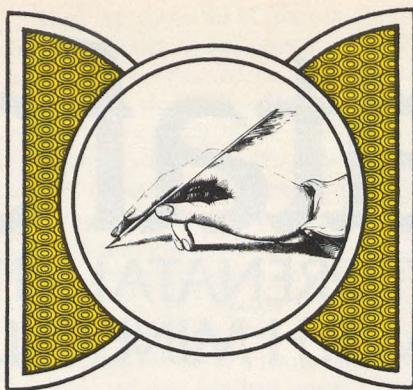


Letters to the Editor



The journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

Helping the Hypertensive Patient to Help Himself

To the Editor:

The article, "Helping The Hypertensive Patient To Help Himself" in the August issue of the excellent journal, *The Journal of Family Practice* is good, but it would be superb if it included one glaring omission. The article is concerned with doing something to, for, and about the patient. At no place does it attend to the very important aspect of seeking answers from the patient.

The case of JS, the college student with systolic hypertension, appears to involve some self-destructive behavior. Would it not be good medicine to spend some time with JS and to learn from him how to help him?

The psychological aspects of essential hypertension continue to be given short attention.

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The above letter was referred to Dr. Grissom who responds as follows:

Your remarks are much appreciated. The thumbnail sketches submitted were drawn from real people. In practice, I try to listen to the patient and ask these questions, but it didn't come out that way in the manuscript. It was meant to be a thought-provoking case history and apparently succeeded in that, for which I thank you.

To the Editor:

With respect to the article by Grissom and Gibbs on "Helping the Hypertensive Patient to Help Himself," it would be interesting to know whether the objectives they suggest have been measured, and what proportion of patients obtain the objectives. This should be done in a controlled manner with patients selected to represent the various socio-demographic segments of a practice. Many similar articles on patient education have been written. Unfortunately, when put into practice in the office setting, they have failed to come close to meeting the objectives. Data provided at the second national hypertension conference in New Orleans, in March 1976, show that of the expected hypertensives in the nation, half have not been diagnosed, half of those that were diagnosed are not on treatment, and of the half placed on treatment, only half are on satisfactory treatment.

It would be most appropriate, when articles suggesting techniques are written, that they document the predictability of achieving the goals or objectives set forward. The vast majority of patients with benign essential hypertension can be treated with a thiazide diuretic. Outcome should be measured simply by the maintenance of blood pressure levels below 140/95.

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Reference

1. Stamler R, Stamler J: The challenge to conquer hypertension in the 20th century. *Urban Health* 15(3): 24-33, 1976

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