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Name of Journal: *World Journal of Hypertension*

ESPS Manuscript NO: 29905

Manuscript Type: Review

Dear Editor,

Please see my response to the reviewers. My response is in orange and I added it inline to their comments.

Review #1

Reviewer's Code: 00607647

Reviewer's Comments:

It is a very hot line subject for all Hypertension Societies since the Sprint study was published. I recommend to include in the discussion two additional analysis of this important matter: 1)Hypertension Guidelines: Is It Time to Reappraise Blood Pressure Thresholds and Targets? Position Statement of the Latin American Society of Hypertension Patricio López-Jaramillo, Antonio Coca, Ramiro Sánchez and Alberto Zanchetti 2)Is It Time to Reappraise Blood Pressure Thresholds and Targets? Michael A. Weber, Neil R. Poulter, Aletta E. Schutte, Louise M. Burrell, Masatsugu Horiuchi, Dorairaj Prabhakaran, Agustin J. Ramirez, Ji-Guang Wang, Ernesto L. Schiffrin and Rhian M. Touyz. Both opinions were recently published in Hypertension volume 68 Issue 2, 2016. In addition a comment of some information about central blood pressure is also recommended

Those two reviews added support and pertinence to the discussion. Please see the additions in end of paragraph one in the discussion:

Other societies, including the International Society of Hypertension and the Latin American Society of Hypertension, are cautious in recommending reduction in SBP to levels below 130 mm Hg, as was accomplished in the SPRINT trial^[56,57]. Many questions still exist as to what targets achieve maximal benefit for patients^[58].

Please see the additions in the 2nd paragraph in the discussion:

Indeed, the Latin American Society of Hypertension recently reported that only 14 antihypertensive treatment trials have compared the effects of more versus less BP lowering. The ongoing debate between the lower the better concept and the J-curve hypothesis is “a good demonstration that evidence on the issue is lacking^[57].”

The following was added to the end of the discussion section:

Additionally, while challenging to measure, central BP may correlate more closely with cardiovascular events than brachial BP^[61]. Systolic function is lower in the aorta than the peripheral system and can be less responsive to various antihypertensive agents[doi:10.1016/j.jacc.2009.05.073].

All references added to list and number updated.

It is an interesting and actual subject being evaluated in this review. I suggest to include a current discussion that was published in Hypertension volume 68, issue 2, 2016 where two important Hypertension Societies expressed convincing opinions in this matter. I also recommend to include some information about central blood pressure and risk

This might be a duplicate and I believe it is addressed as above.

Review #2

Reviewer's Code: 00506115

Reviewer's Comments:

Interesting and publishable.

Thank you for the support.

Review #3

Reviewer's Code: 00607640

Reviewer's Comments:

The present review discusses the reduction of diastolic blood pressure to less than 60-80 mmHg and the occurrence of adverse CV events in high risk patient populations , summarizes diastolic blood pressure should be an important predictor of mortality in younger adults and hypertension guideline goals should be based on an individual's age, level of risk, and certain co-morbid conditions, especially coronary artery disease, stroke, chronic kidney disease, and diabetes. Overall, the review is well-written and the topic is important and suitable for the Journal.

Thank you for the thoughtful summary and support.