

Dear Editor, I am pleased to submit the revised version of our manuscript, which includes the changes suggested by the reviewers. As requested, I have attached the document indicating the changes made for your reference. As we are only able to upload one document, I have also included details below for your convenience. We hope that the revised version meets the standards of your journal. However, if you require any further changes or modifications, please do not hesitate to let us know. We are committed to ensuring that our manuscript meets your requirements and that it is of the highest possible quality. Thank you for your time and consideration.

Warm regards, Zeynep Yukselen, MD

1st Reviewer, comment 1: “practice change” should be “practice to change”. Alternatively, it should be “behavior change”. 1st document, page 3, line 20: “Integrating this could have potentially led to detecting a significant practice change behavior.” Revised document, page 4, line 9: It has changed to “Integrating this could have potentially led to detecting a significant change in behavior.”

2nd Reviewer, comment 1: There are minor grammar or word issues in the abstract. Examples: “pandemic more emphasized”, “health interventions to...”, “These studies are promising...”. 1st document, Abstract, line 4: “The COVID-19 pandemic more emphasized the need for these health interventions to address health inequalities.” Revised document, page 3, line 6: It has changed to “The COVID-19 pandemic further highlighted the need of new health interventions to address health inequalities.” 1st document, Abstract, line 14: “These studies are promising to increase awareness regarding risk factors and most importantly motivate patients to be more compliant with management helping to decrease complications and hospitalizations due to hypertension.” Revised document, page 3, line 17: The

sentence has changed to “Virtual hypertension education is promising to increase awareness regarding risk factors and most importantly motivate patients to be more compliant with management helping to decrease hypertension related complications and hospitalizations.”

2nd Reviewer, comment 2: The authors describe the possible use of mobile applications and online education tools to provide education. I think that they should include examples for the ability of older adults (which are usually those in need of such education) to use online tools for this purpose. I recommend them to use the following paper which describe this issue in details: <https://pubmed.ncbi.nlm.nih.gov/28495336/>

1st document, page 2, paragraph 3: “In the current era, the rising use of mobile applications and telemedicine as modes of communication, can potentially bridge disparities and play a pivotal role in the outpatient management of hypertension...” Revised document, page 5, line 6: This sentence has been added as per reviewer’s suggestion “A study by Freund et al suggests that even elderly patients can effectively use online interventions as an inexpensive way to find answers to their health-related questions and improve their medical knowledge.” Revised document, reference 8 has been added as per reviewer’s suggestion.

2nd Reviewer, comment 3: The authors discuss in details the DASH diet, while I do not understand the reason for it. I really think this part could be shorter and not really relevant to their point. 1st document, page 3, line 5: “DASH's dietary pattern is high in vegetables, fruits, low-fat dairy products, whole grains, poultry, fish, and nuts and low in sweets, sugar-sweetened beverages, and red meats.” Revised document, page 5, line 25: The sentence above has been deleted. However, we kept the following sentences to explain that a salt restriction diet is not part of the DASH diet and to compare the effect of the DASH diet and a salt-restricted diet on blood pressure change.