DOI:10.4103/0971-5916.182634

Authors' response

Sir,

We appreciate the valuable comments on our article[1] on prevalence of hypertension in school going children. Prevalence of hypertension (7.6%) observed in our study may be attributed to age differences, study settings, and number of visits made for categorizing blood pressure. We made single visit which was a limitation of the study. Although US Preventive Services Task Force recommendations do not find any benefit or harm in screening children for hypertension[2], it may be useful for adult cardiovascular risk reduction by identifying risk factors. Our study was a school based survey, hence the suggestions of measuring BP in all healthy children during hospital visit is left with the physician.

The prevalence of hypertension observed in the present study[1] was similar to the prevalence observed in urban school children from Shimla[3]. The present communication did not include children with prehypertension in calculation of the final prevalence of hypertension. We appreciate the concern about possible variation of hypertension prevalence in private vs. government schools[4,5]. School-wise distribution was analyzed, but no significant difference was observed in prevalence of hypertension in government vs. private schools (7.7 vs. 6.6%, P=0.197).

We agree that prevalence of high blood pressure decreases on subsequent measurement[3,6,7]. We have reported hypertension prevalence based on single visit following adequate precautions. Suggestions for follow up evaluation of children with raised blood pressure are highly appreciated.

Prasanta Kr. Borah[1,*], Utpala Devi[1], Dipankar Biswas[1], Hem C. Kalita[2], Meenakshi Sharma[3] & Jagadish Mahanta[1]
[1]Regional Medical Research Centre, NE Region (ICMR), Dibrugarh 786 001, Assam, [2]Assam Medical College & Hospital, Dibrugarh 786 002, Assam & [3]Indian Council of Medical Research, Ansari Nagar, New Delhi, India
[*]*For correspondence*: prasant47@yahoo.com

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