INTRODUCTION

Managing the hypertensive patient: reasonable goals

In the accompanying review, Dr. Norman Kaplan has outlined his approach to the management of arterial hypertension, particularly in patients with mild to moderate hypertensive disease. The reader will note that his recommendations for initiating therapy, particularly pharmacologic therapy, are a bit more conservative than those outlined in the fourth Joint National Committee report on the detection, evaluation, and treatment of hypertension.

■ *See Kaplan (pp 432–442)*

Dr. Kaplan's recommendations are those promulgated by the World Health Organization and the International Society of Hypertension. Yet, the reader should recognize that both methods stress the importance of multiple blood pressure readings in establishing a diagnosis of hypertension and the advantages of an appropriate trial of nonpharmacologic intervention before initiating pharmacologic therapy. Dr. Kaplan has addressed the concerns regarding a J-curve for coronary heart disease with aggressive therapy of hypertension, together with blood pressure variability and the possible role of out-of-office measurements. Finally, Dr. Kaplan has addressed the widely recognized occurrence of multiple risk factors in the hypertensive patient, together with the importance of management efforts that focus not only on control of blood pressure, but also on an aggressive approach to other modifiable risk factors. Dr. Kaplan has established appropriate therapeutic goals for hypertension treatment in the 1990s, including the importance of accurate diagnosis, aggressive nonpharmacologic therapy, and the philosophy of starting with low doses of pharmacologic agents to avoid adverse effects. He also has stressed the desirability of "doing no harm" by using selected newer antihypertensive agents to avoid metabolic adverse effects associated with some older classes of agents.

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