

- <http://www.revcorsalud.sld.cu/index.php/cors/article/view/180/410>
9. Kentta TV, Nearing BD, Porthan K, Tikkanen JT, Viitasalo M, Nieminen MS, *et al.* Prediction of sudden cardiac death with automated high-throughput analysis of heterogeneity in standard resting 12-lead electrocardiograms. *Heart Rhythm.* 2016; 13(3):713-20.
 10. Chávez-González E, Rodríguez Jiménez AE, Moreno-Martínez FL. Duración y dispersión del QRS para predecir arritmias ventriculares en las fases iniciales del infarto agudo de miocardio. *Med Intensiva.* 2017;41(6):347-55.
 11. Rodríguez González F, Chávez González E, Machín Cabrera WJ, Reyes Hernández LM, González Ferrer V. Arritmias ventriculares y nuevo síndrome coronario agudo en pacientes con infarto y dispersión del intervalo QT prolongado. *CorSalud [Internet].* 2013 [citado 21 Jul 2018];5(1):101-7. Available at: <http://www.corsalud.sld.cu/sumario/2013/v5n1a13/sca-qt largo.html>
 12. Rodríguez F, Chávez E, Machín WJ, Alonso A, González V. Increased QT interval dispersion in diagnosis of acute coronary syndrome with atypical symptoms and EKG. *MEDICC Rev.* 2014;16(3-4):42-6.
 13. Chávez-González E, Alonso Herrera A, Carmona Puerta R, Pérez Cabrera D, Ramos Ramírez RR, Gómez Paima W, *et al.* Dispersión del QRS como índice de disincronía en el bloqueo de rama izquierda y de sincronía tras la terapia de resincronización cardíaca, una variable de respuesta exitosa. *CorSalud [Internet].* 2015 [citado 21 Jul 2018];7:106-16. Available at: <http://www.revcorsalud.sld.cu/index.php/cors/article/view/28/73>
 14. Chávez-González E, Moreno-Martínez FL. QRS dispersion is better than QRS duration for predicting response to cardiac resynchronization therapy. *Hellenic J Cardiol.* 2016;57(5):366-7.
 15. Donoiu I, Târtea GC, Chávez-González E. Is there a utility for QRS dispersion in clinical practice? *J Mind Med Sci [Internet].* 2017 [citado 21 Jul 2018]; 4(2):132-41. Available at: <https://scholar.valpo.edu/cgi/viewcontent.cgi?article=1080&context=jmms>

Considerations about the 2017 Cuban Guideline for High Blood Pressure

Consideraciones sobre la Guía Cubana de Hipertensión Arterial de 2017

José A. Ávila Cabreja , MD; Haydée Fernández Massip, MD; Ismael Sosa González, MD; and Carlos A. Fonseca Marrero, MD

Hospital Docente Clínico-Quirúrgico Comandante Manuel Fajardo. Havana, Cuba.

Received: May 1, 2018
Accepted: June 17, 2018

Key words: High blood pressure, Practice guidelines
Palabras clave: Hipertensión arterial, Guías de práctica clínica

To the Editor:

The high blood pressure (HBP) is the most important risk factor for death and disability worldwide, especially those related to ictus and heart diseases, affecting more than one billion people and causing an estimate of 9.4 million deaths per year¹. In Cuba, the prevalence of this syndrome is 225.1 per 1000 inhabitants, and it is more prevalent in females².

Several foreign organizations such as the American Heart Association (AHA) and the European Society of Hypertension (ESH), have been imposed the mission of creating clinical practice guidelines for the treatment of such disease. Cuba has not been left behind since 1998, with the creation of the National Program of High Blood Pressure and then with the Cuban Guidelines on HBP³, which have represented an important tool for physicians at all levels of care,

especially primary.

Because we are heading towards a Cuban medicine based on evidence, we see fit to point out some aspects that we consider important to take into account in the application of the recommendations of this Cuban guideline.

The first indication is with respect to the proposed therapeutic strategy according to total cardiovascular risk. In the guideline is proposed, for the HBP grade I, "changes in lifestyle for several months; if it is not controlled, to add a treatment for blood pressure (BP) with a target of <140/90"³. However, the results of SPRINT (Systolic Blood Pressure Intervention Trial) showed that values of less than 120 mmHg compared to that of less than 140 mmHg reduced morbidity and mortality by 25% (in patients without diabetes)⁴. Other authors, like Ettehad *et al.*⁵, found through a meta-analysis in 2016, that a BP reduction below 130 mmHg relates to a 20% decrease of total cardiovascular risk, 17% of coronary arteries' disease, 27% of ictus and 28% of cardiac failure. The results of another meta-analysis⁶, published in The Lancet showed that intensive BP reduction provides greater vascular protective effect than standard regimens.

Although the optimal limits for BP are still not well defined, the evidence shows that better results have been obtained when setting as goals, BP values less than those established by the 8th Report of the Joint National Committee (JNC)⁷ and the guideline for the treatment of HBP⁸ of the European Society of Cardiology and the ESH.

With respect to "starting a treatment first with diet changes and if it does not work, to start pharmacological treatment", it is considered -taking into account the evidence- that it would be advisable to start pharmacological therapy once the HBP has been diagnosed, for minimizing possible damage to the target organs.

It is also clear that being the SPRINT one of the clinical trials that has contributed the most to the study and treatment of HBP in recent years, it was not considered in the preparation of the Cuban Guideline for HBP.

Another valid indication is in terms of bibliographical references, since less than 50% are updated, which could reduce the scientific value of the guideline. It also highlights that in the proposals for therapeutic strategies, the JNC 7 is mentioned, when the JNC 8 report is found within the bibliography used.

You would think that with the provision of this

valuable tool available to all health professionals, deaths from diseases related to HBP would significantly decrease. However, the figures show otherwise, since deaths from heart disease in 2017 amounted to 27176 and 24423, in 2016; while cerebrovascular diseases claimed 9913 lives in 2017, which shows a slight increase compared to the previous year².

This phenomenon gives way to the formulation of questions, such as: Do health professionals make proper use of the recommendations in this guideline? Do the proposals set out by the guidelines (in general) are optimal?

We must recognize the work of the members of the National Technical Advisory Committee of the Arterial High Blood Pressure Program, since despite any indication, they are responsible for ensuring quality medical care.

REFERENCES

1. WHO. A global brief on hypertension: Silent killer, global public health crisis. Geneva: World Health Organization; 2013.
2. Ministerio de Salud Pública. Anuario Estadístico de Salud 2017. La Habana: Dirección Nacional de Registros Médicos y Estadísticas de Salud; 2018.
3. Pérez Caballero MD, León Álvarez JL, Dueñas Herrera A, Alfonzo Guerra JP, Navarro Despaigne DA, de la Noval García R, *et al.* Guía cubana de diagnóstico, evaluación y tratamiento de la hipertensión arterial. Rev Cuban Med [Internet]. 2017 [citado 30 Abr 2018];56(4):242-321. Available at: <http://scielo.sld.cu/pdf/med/v56n4/med01417.pdf>
4. Wright JT, Williamson JD, Whelton PK, Snyder JK, Sink KM, Rocco MV, *et al.* A randomized trial of intensive versus standard blood-pressure control. N Engl J Med. 2015;373(22):2103-16.
5. Ettehad D, Emdin CA, Kiran A, Anderson SG, Calender T, Emberson J, *et al.* Blood pressure lowering for prevention of cardiovascular disease and death: a systematic review and meta-analysis. Lancet. 2016;387(10022):957-67.
6. Xie X, Atkins E, Lv J, Bennett A, Neal B, Ninomiya T, *et al.* Effects of intensive blood pressure lowering on cardiovascular and renal outcomes: updated systematic review and meta-analysis. Lancet. 2016;387(10017):435-43.
7. James PA, Oparil S, Carter BL, Cushman WC, Dennison-Himmelfarb C, Handler J, *et al.* 2014 evidence-based guideline for the management of

high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). *JAMA*. 2014;311(5):507-20.

8. Mancia G, Fagard R, Narkiewicz K, Redón J, Zanchetti A, Böhm M, *et al*. 2013 Practice guidelines

for the management of arterial hypertension of the European Society of Hypertension (ESH) and the European Society of Cardiology (ESC): ESH/ESC Task Force for the Management of Arterial Hypertension. *J Hypertens*. 2013;31(10):1925-38.