Hypertension Articles in Primary Care Journals

Medical journals are an important source of continuing education of primary care physicians in practice. An increase in the number of specialty journals could decrease the number of articles submitted to primary care journals. Journals may solicit review articles; however, most published articles are selected from the large pool of articles submitted to the journal by the potential author. The editors make the decision as to the type of articles ultimately published.

Hypertension is the most common chronic disease seen in primary care practices and primary care physicians are responsible for most of the hypertension care. The Joint National Committee publishes guidelines for primary care physicians, with the most recent publication in 1997.1–3 Despite these excellent guidelines, control of hypertension decreased to only 27.4% in 1991 to 1994 compared to the previous 3-year period according to NHANES III.1 Because effective treatment of hypertension is dependent on knowledge, how commonly are hypertension articles and reviews reported in primary care journals?

A Medline search using the Ovid search engine (Ovid Technologies, Inc., version 7.8) was performed in April 1999. Title searches were performed in *Annals of Internal Medicine, Archives of Internal Medicine, Journal of Family Practice, Archives of Family Practice, American Family Practice, Journal of the American Medical Association, and New England Journal of Medicine* for hypertension, diabetes, and pulmonary hypertension. The number of issues per year was obtained from the Taubman Medical Library at the University of Michigan Health System.

The number of hypertension articles in the seven primary care journals reviewed has been decreasing since 1984 (Figure 1); however, diabetes-related articles have been increasing. The number of hypertension-related articles is greater than diabetic-related articles in *Archives of Internal Medicine, Archives of Family Practice, and American Family Practice* during 1994 to 1998.

Hypertension articles only slightly outnumber pulmonary hypertension articles in *Annals of Internal Medicine* and *New England Journal of Medicine* during this same time period with the other journals publishing proportionally many more articles about hypertension. Only *Archives of Family Practice, Journal of Family Practice,* and *American Family Practice* had increased numbers of hypertension articles per issue for periods 1994 to 1998 as compared to 1989 to 1993. *Archives of Internal Medicine* currently had the most hypertension articles published per issue. Review articles regarding hypertension have increased during the 1994 to 1999 period compared to 1989 to 1993 interval in *American Family Practice* and *Archives of Family Practice,* with a large decrease in *Annals of Internal Medicine. Archives of Internal Medicine* had the greatest number of hypertension articles compared to the other journals during both time periods. *Archives of Family Practice* had the greatest number of hypertension review articles during the last interval.

The total number of articles about hypertension is decreasing in primary care journals. This is in contrast to the increasing trend of articles regarding diabetes mellitus. Ideally, the number of articles about a disease process should be proportional to new information or prevalence of the disease in the population. Both diabetes and hypertension had important developments in diagnosis and treatment during the past decade. Hypertension is approximately three times more prevalent than diabetes in the United States (J. Sowers, personal communication, 1999).1 The reason for these trends is not certain; however, editor’s preference may be a factor. The relatively similar frequency of articles about hypertension and the uncommon pulmonary hypertension in *Annals of Internal Medicine* during 1994 through 1998 also most likely reflects this preference.

The type of articles best used to update a practicing physician’s knowledge about a disease entity is uncertain. Some article usage is mainly for reference during literature searches of uncommon problems, whereas other articles contain information that will be essential for everyday usage. The proper mix of review, reference, and landmark articles is uncertain. The family medicine journals (*Archives of Family Practice* and *Journal of Family Practice*) had more articles per issue related to hypertension than many internal medicine journals (*Annals of Internal Medicine, New England Journal of Medicine,* and *Journal of the American Medical Association*) with the exception of *Archives of Internal Medicine.*

Physicians with expertise in hypertension may wish to consider publishing general hypertension articles and review articles in primary care journals. This could have a positive impact on the treatment of hypertension; however, this theory would need to be studied further. Editors of primary care journals may wish to analyze their editorial policy to enable their
Natural Antibodies and Blood Pressure Hormones

We read with interest the findings of Kaide et al on the role of endogenous digitalis-like factor (EDLF) in volume-expanded hypertension in a rat model. The report focused on the effect of an injected digoxin-specific antibody in reducing the mean arterial pressure in the hypertensive rats.

We would like to extend these data with our recent results showing the presence of endogenous natural autoantibodies to blood pressure hormones, which might similarly control normal arterial pressure.

Natural antibodies are now recognized as a significant compartment of circulating gamma globulins. The functions of these physiologic antibodies include immunoclearance, immune idiotypic regulation, abzyme reactions, antimicrobial defense, and as immunotransporters of bioactive molecules. In the latter, and of particular relevance to our comment here, is the description of natural antibodies to prostaglandin, renin, and angiotensin II, which could influence arterial pressure.

In a sensitive ELISA system, we have now found natural antibodies to aldosterone, noradrenaline, and adrenaline. In 11 normal human sera (NHS) tested, all contain IgG and IgA antialdosterone antibodies. Eight of the NHS were also IgM positive (Table 1). Natural antibody binding to noradrenaline was also detected in 9 (IgG), 10 (IgA), and 2 (IgM) of the 11 NHS. For adrenaline, only IgA binding in 7 of 11 samples was detected.