Letters

How good are nephrologists at controlling blood pressure in renal patients?

Sir,
Dr Maschio’s recent editorial [1] coincided with the publication of our confidential enquiry on the management of hypertension in patients with chronic renal failure [2]; the findings provide further evidence that the answer to his question is ‘not very’.

Briefly, the medical records (from both general practice and hospital clinics) of all the 145 patients who started dialysis in Nottingham (population 650,000) during 3 years were examined. Altogether 107 patients had been hypertensive; the median time from the diagnosis of hypertension to the start of dialysis was 7.4 years with a mean of five blood pressure recordings per year. There were shortcomings in all aspects of the management of hypertension. To summarize the findings on blood pressure control: the mean of all systolic readings was $159 \pm 14$ mmHg and the mean dia-
stolic 91.0 ± 7 mmHg; in the last 12 months before dialysis the mean diastolic pressure was significantly lower at 86.4 ± 9 mmHg and the percentage of patients with a mean diastolic blood pressure below 90 mmHg had increased from 45% to 73%. There was no improvement in control of systolic blood pressure. The strict target of 130/85 which is now recommended by the British Hypertension Society [3] was achieved in only 5% throughout the last 12 months.

This longitudinal study from Nottingham confirms the findings of the cross-sectional study of blood pressure control from Heidelberg [4]. It also draws attention to shortcomings in other aspects of the management of these patients. The advantages of meticulous blood pressure control are well established but there is a lot of work to be done in putting this into practice. It needs the commitment of both nephrologist and other physicians and perhaps patients need more detailed explanations about the importance of careful blood pressure control and greater involvement in their care with, for example, home monitoring. Other measures such as an occasional echocardiographic estimate of left ventricular hypertrophy may help to confirm the quality of overall blood pressure control in much the same way as glycosylated haemoglobin provides an overall picture of glycaemic control in diabetes.

Renal Unit
Nottingham City Hospital
Nottingham NG5 1PB
UK