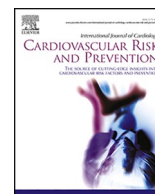




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Letter to the Editor on “Why is salt-sensitivity of blood pressure, a known cardiovascular risk factor, not treated?”

Dear editor,

We read the article published by Elijovich & Laffer “Why is salt-sensitivity of blood pressure, a known cardiovascular risk factor, not treated?” [1]. The authors reflect on aspects that hinder the control of salt-sensitive blood pressure, its diagnosis and future perspectives to promote the management of this condition. Furthermore, they emphasize the fact that since there is divergence among the possible solutions, salt intake restriction and phenotype-specific control of hypertension should be persisted with.

Recently, and as access to information and communication technologies has increased, a very worrying factor has been added, which although there is no evidence to describe precisely how serious it is, it is a reality; and that is the misinformation by certain health actors who do not know or make use of the evidence, which are unfortunately often carried away by conflicts of interest, which leads to clinical malpractice and destructive criticism of colleagues in front of patients. Regardless of the identification of hypertension phenotypes, pharmacological plans and other non-pharmacological measures, the inadequate use or non-use of evidence represents a danger to both physician and patient safety, and may be perhaps the greatest barrier to adherence in the management of patients with cardiometabolic risk factors and/or chronic non-communicable diseases. Until the general population is educated, so that they understand the meaning of the evidence, and all health actors respect and make use of the evidence in the appropriate way, there will be no therapeutic intervention to reduce the overall disease burden of cardiovascular disease [2,3].

Declaration of competing interest

None.

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