Introduction

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The benefits of antihypertensive treatment are well established, but there remains considerable scope for improvement not only in a further reduction of the incidence of coronary heart disease but also in overall reduction in target organ damage. The evidence from the National Health Surveys for England and Wales and National Health and Nutrition Examination Survey (NHANES) also provide compelling evidence that hypertension is frequently poorly controlled. Whilst our understanding of the pathophysiology of hypertension and its treatment has advanced considerably in recent years, there is still room for improvement.

The articles in this supplement highlight different facets of the treatment of hypertension. The use of ambulatory blood pressure monitoring (ABPM) has gained widespread popularity in developed countries, where it has been used primarily as a research tool but increasingly in routine clinical practice. It has provided the opportunity to increase our understanding of circadian rhythms and how they relate to hypertension. In his article Dr David Ebbs reports on the comparison of four different first-line antihypertensive agents with respect to their ability to maintain 24 h blood pressure control. The study also took the opportunity to evaluate the predictive value of ABPM versus clinic blood pressure measurements. The study supported the philosophy encapsulated in the major guidelines for the treatment of hypertension, that first-line antihypertensive agents do not differ significantly in their antihypertensive efficacy. The benefits of ABPM

were also demonstrated with regard to its high reproducibility and the ability to identify patients with various types of elevated blood pressure, for example those with white coat hypertension. The observed differences between blood pressure levels measured using ABPM and those in the clinic also highlights the pressing need for well defined levels of normality for ABPM.

The paper by Dr I.F. Islim and colleagues address the important issue of left ventricular hypertrophy associated with essential hypertension and its regression with treatment. It is well recognised from cross-sectional and longitudinal studies that left ventricular hypertrophy (LVH) is an important, if not the most important, prognostic factor associated with cardiovascular events attributable to cardiovascular disease. It is well recognised that in general antihypertensive therapy reduces LVH and there is compelling evidence to suggest that ACE inhibitors and calcium antagonists may offer preferential benefit when compared to other classes of antihypertensives. There is also evidence to suggest that such regression of LVH is associated with an improvement in cardiovascular outcome. The study reported in this supplement provides evidence that even during a relatively short-term study amlodipine therapy in hypertensive patients is associated with a statistically significant and clinically relevant reduction in left ventricular hypertrophy.

My own article considers a topic which is often of concern to prescribing physicians, particularly those in primary care. The concerns regarding postural hypotension

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have at times been anecdotal and review of the literature tends to support this point of view. There is clear evidence that the older short-acting alpha 1 receptor blockers such as prazosin were associated with significant postural hypotension, particularly in the 'at risk' populations such as the elderly, and when treatment was initiated at a relatively high dose. This problem could largely be obviated by the use of low starting doses and careful selection and monitoring of patients. However, this inevitably involved

titration of doses which is often inconvenient in the primary care setting. Newer, longer acting agents and in particular reformulated agents which provide a more appropriate pharmacokinetic profile appear to minimise this problem and obviate the need for dose titration.

It is to be hoped that the information presented in this supplement provides a useful insight into certain aspects of the scientific and practical issues related to the management of hypertension.