Reviewer's report

Title: Back to thiazide-diuretics for hypertension: reflections after a decade of irrational prescribing

Version: 2 Date: 17 November 2003

Reviewer: Graziano Onder

Reviewer's report:

General

This article is addressing the relevant issue of antihypertensive drugs prescription, after publication of the ALLHAT trial, a study that provides final answers to the debate in this field.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

I personally agree with the conclusions of the author, that thiazides are first line therapy for treatment of hypertension and the use of this drug in the clinical practice should be implemented. JNC VII clinical guidelines are supporting the use of thiazides as first line therapy, but not everybody worldwide agrees with this point of view (2003 ESH/ESC guidelines). I think that this issue should be briefly debated, and the author should underline the fact that, in consideration of the similar effect on cardiovascular endpoints (primary endpoints of ALLHAT did not differ between thiazides and newer drugs), the reason to prefer thiazides over newer antihypertensive drugs is the lower cost of the former. I feel that costs are a key issue in this debate!

Minor Compulsory Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

I suggest to quote the relevant meta-analysis recently published by the Lancet (Lancet 2003; 362: 1527-35). This article, showing no significant differences in total major cardiovascular events between regimens based on ACE inhibitors, calcium antagonists, or diuretics or β blockers, was probably not yet published when the author submitted this article.

Figure 1 is presenting an advertisement of a pharmaceutical company, in which the brand name of a drug is shown. Despite the fact that the author is questioning about the value of such an advertisement, I do not think it is nice to show it within the article. Where the author state that ‘...Effectiveness in terms of blood pressure lowering is another surrogate end-point which is of questionable value if the objective is to reduce cardiovascular risk…’ (page 6), instead of referring to Figure 1, I would quote and describe the results of the HOPE trial and ALLHAT trial (chlorthalidone vs. doxazosin arm). Both these studies showed that antihypertensive drugs (ramipril and chlorthalidon, respectively) have a beneficial effect on cardiovascular events independently of blood pressure control.

Finally, I think that reference should be quoted in order to support the statement that ‘...medical community became rather enthusiastic with the prospective of getting newer…’ (Page 3). Many studies in the past have shown an impressive, and not motivated, decline in the prescription of thiazides, in favour of calcium channel blockers and Ace inhibitors.
What next?: Accept after minor compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests: None