help us identify patients at high risk for occult diabetes who need
an OGTT. The incorporation of a new diagnosis of diabetes will help
to improve the residual risk mentioned by Jover et al.\(^1\) by
optimizing secondary prevention in these patients.

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**An Opportunity to Know About Resistant Hypertension in our Area**

**Una oportunidad para conocer la hipertensión arterial refractaria en nuestro medio**

To the Editor,

We read with interest the article by Llisterrri et al.\(^1\) regarding
blood pressure control in our primary care setting in hypertensive
women older than 65 years. The authors report that there is room
for improvement in this regard despite the extensive use of
combined therapy (3 or more drugs in 21.7% of the sample) and cite
several reasons for the differences observed, including poor
metabolic control and abdominal obesity. It is noteworthy that
the presence of metabolic syndrome was not associated with poor
blood pressure control, despite the great difference in the
prevalence of this factor between the groups studied.

Our interest arises from a previous registry (HIPERFRE) on
resistant hypertension including 1724 patients and carried out by
general practitioners in an area of northwest Galicia.\(^2\) Although
the study included both sexes (58.4% were women), the analysis of
the population of women older than 65 shows entirely repro-
ducible data. The degree of blood pressure control was higher in
this cohort (40.8%) than in Llisterrri's study, and 13.5% of patients
had resistant hypertension. Our attention is focused on this finding
because, as is known from related guidelines,\(^3\) the exact prevalence
of this condition is unknown. Resistant hypertension is defined as
poor blood pressure control in patients treated with at least
3 drugs, one of which is a diuretic.

Studies such as Llisterrri's\(^1\) and the recent CARDIOTENS 2009\(^4\)
provide a good opportunity to have access to data on this relatively
frequent condition. Although this information was not reported
in either study, the percentage of patients with resistant
hypertension (ie, the percentage of those receiving 3 or more
antihypertensive drugs and experiencing poor blood pressure
control) was surely less than 12.5% in MERICAP. It would be of
interest to have an approximate estimate and to know whether
resistant hypertension was associated with obesity, diabetes
mellitus, and metabolic syndrome, as was seen in HIPERFRE.

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