CROSSTALK

Last Word from Jens Jordan

Jens Jordan
Institute of Clinical Pharmacology,
Hannover Medical School, Carl-Neuberg-
Straße 1, 30625 Hannover, Germany

Electrical carotid sinus stimulation in treatment resistant arterial hypertension

While I keep my fingers crossed that these will not be my last words, I would like to express my gratitude to the Editor for fostering this CrossTalk debate. Thanks to my opponents for putting up a good fight. The thoughtful comments reflect the interest generated by all these new technologies and raise important scientific and clinical issues.

Dr Zucker commented that baroreflexes do not set long-term blood pressure, a view dominating physiology textbooks over decades. Carefully conducted physiological experiments (Krieger, 1964; Thrasher, 2004) and observations in patients challenge this dogma. This controversy and recent findings on renal nerve ablation (Booth et al. 2014) remind us that we need integrative physiology more than ever.

As suggested by Dr Floras, technology is no substitute for a trustful physician–patient relationship. Perhaps, we should add physical inactivity, as discussed by Drs Shave and Stohr, and obesity to the list of treatable ‘secondary’ hypertension causes.

In patients with truly resistant arterial hypertension, the underlying mechanisms should be delineated as proposed by Drs Charkoudian, Joyner, Julu and Stickland. A patient in whom hypertension is not driven by the sympathetic nervous system – pure autonomic failure with supine hypertension is an excellent model (Shannon et al. 2000) – will not respond to device-based treatment. Such tests ought to be available in most hypertension clinics and require rigorous clinical validation. Finally, properly controlled clinical trials are essential for translating a well-meant idea into a good treatment.

References


Additional Information

Competing interests

None declared.

Published December 3, 2014