Response letter to editor:

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Important to use the Updated Guidelines for screening high blood pressure

We would like to thank you for the opportunity to respond to the issues concerned in this letter and to response some subjects relation to our article. We would also appreciate authors their interest in our paper and for taking the time to express their concerns.

In his letter to the editor the authors notes definition of hypertension in children and adolescence in our study.

In our research as a sub group of survey in our country we describe distribution of blood pressure as percentiles of blood pressure based on sex, age and length despite hypertension definition. Also based on 4th report on diagnosis, evaluation and treatment of NHBEP (National High Blood Pressure Program working group in children and adolescences) children and adolescents with BP levels at 120/80 mmHg or above, but less than the 95th percentile, should be considered pre hypertensive (1).

American Academy of Pediatrics (AAP) mentioned that definition of pre hypertension or elevated blood pressure is based on both absolute cut point of 120/80 mm Hg and 95Th percentile of blood pressure which is lower. (2) we hope this information of age, sex and height based blood pressure percentile was as a references for other epidemiological aspects of blood pressure distribution other than hypertension diagnosis for children and adolescences in our region.

According to sample size calculation of this research as a sub study of a great survey we assuming prevalence of psychiatric disorders equal 0.3 and type one error 0.05 and accepted error 0.05, the sample size for Yazd calculated equal to 825. We suggested the design effect for cluster sampling as 1.2; so the final sample size increased to 990 (1000). Finally, 1035 people were selected during the conducting of the project.

To response the issue of blood sample between two blood pressure measurement we saw during the pilot project, children and adolescents had a lot of stress when taking blood, so it was decided to do blood sampling between blood pressure measurements to reduce the stress on children and adolescents.

we showed all of mean systolic and diastolic blood pressures in both sex based on age and we saw only systolic blood pressure in boys was significantly higher than girls (p<0.0001).as seen in our article boys were greater BMI and height than girls so this difference can be induce higher systolic blood pressure in boys than girls.(3)

Report of elevated blood pressure / Prehypertension cases was not as our goal in our research. We reported it in another article with aim of hypertension prevalence in children and adolescence in Yazd city.
