



Renoprotection in hypertension and diabetes – management problems lie ahead

To the Editor: The article ‘Underdiagnosis of hypertension and diabetes mellitus in South Africa’ in the January SAMJ^[1] sheds light on two areas of great concern. Firstly, the conditions are underdiagnosed – a well-known fact. The second, however, is a problem of greater concern than underdiagnosis.

There is ample evidence in the literature (from as early as 2012) that inhibition of the renin-angiotensin system causes concentric hypertrophy of renal arterioles.^[2-7] As stated by Sequeira-Lopez and Gomez,^[3] proof of vascular damage in humans has been well shown, but the course of renal dysfunction (i.e. in patients with or without kidney disease) with hypertension and type 2 diabetes mellitus has not been adequately studied.

Do we just stop using the renoprotective angiotensin-converting enzyme inhibitors in all patients (especially hypertensives and diabetics) and use a combination, i.e. angiotensin II receptor blockers (such as telmisartan),^[5] a beta-blocker and a diuretic (not thiazide but indapamide)? I think not. However, there is a huge potential in South Africa (SA) to study these effects. Could they be genetically heterogeneous and not be so important in some population groups? This all should, could and can be studied in SA.

In conclusion, this letter is to make doctors aware of this concept – as well as to plan a way forward.

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