



## Letter to the Editor

# Treatments and diets associated with resistant arterial hypertension and their influence on the efficacy of spironolactone

## Tratamientos y dietas asociadas a la hipertensión arterial resistente y su influencia en la eficacia de la espironolactona

Dear Editor,

The article published by Galceran et al. entitled: “Evolution of Hypertension mediated organ damage in patients with resistant hypertension patients after adding spironolactone”<sup>1</sup> provides an advance in the knowledge of the treatment of resistant arterial hypertension (RHTN), since it finds spironolactone as an efficient treatment. However, we would like to highlight some observations regarding the study.

The Materials and Methods section does not specify whether the study participants received additional treatment for any comorbidity or arterial hypertension itself. It is known that for the management of RHTN, the combination of angiotensin-converting enzyme inhibitors such as enalapril, a calcium antagonist such as nifedipine, and a thiazide diuretic such as chlorthalidone produces a reduction of blood pressure.<sup>2,3</sup> In addition, it is known that patients with hypertension receive low-salt diets and are forbidden to consume any type of alcoholic beverage, based on the knowledge that salt consumption (greater than or equal to 10 g per day) or excessive alcohol intake (greater than 60 g per day)<sup>4,5</sup> increase blood pressure. However, no analysis of these factors has been performed by the participants, even though they should have been controlled either in the design or in the statistical analysis to evaluate the efficacy of spironolactone. Furthermore, in the section of statistical analysis, the authors mention that the variables of age, sex, body mass index, presence of type 2 diabetes mellitus and glomerular filtration rate were adjusted in a multivariate regression. Nonetheless, it is not specified which regression model was used to adjust these variables, and this information is not shown in the results section.

Finally, despite the observations made, we would like to emphasise this research's notable contribution to RHTN, and hope that other authors continue to contribute adding scientific evidence in this area.

## REFERENCES

- Galceran I, Vázquez S, Crespo M, Pascual J, Oliveras A. Evolución de la lesión orgánica mediada por hipertensión en pacientes con hipertensión arterial resistente tras añadir espironolactona. *Nefrología*. 2023;43:269–382, <http://dx.doi.org/10.1016/j.nefro.2021.12.004>.
- 2018 ESC/ESH Guidelines for the management of arterial hypertension. *Rev Esp Cardiol*. 2019;72:160.e1–78, <http://dx.doi.org/10.1016/j.recesp.2018.12.005>.
- Moya L, Moreno J, Lombo M, Guerrero C, Aristizábal D, Vera A, et al. Consenso de expertos sobre el manejo clínico de la hipertensión arterial en Colombia. *Rev Colomb Cardiol*. 2018;25:4–26, <http://dx.doi.org/10.1016/j.rccar.2018.09.002>.
- Navas Santos L, Nolasco Monterroso C, Carmona Moriel C, López Zamorano MD, Santamaría Olmo R, Crespo Montero R. Relación entre la ingesta de sal y la presión arterial en pacientes hipertensos. *Enferm Nefrol*. 2016;19:20–8 [Accessed 15 June 2023]. Available from: <http://scielo.isciii.es/scielo.php?script=sci.arttext&pid=S2254-28842016000100003&lng=es>
- Armario P, Castellanos P, Hernández del Rey R. Hipertensión arterial refractaria. *Nefrología*. 2008;1:23–32 <https://revistanefrologia.com/es-hipertension-arterial-refractaria-articulo-X1888970008000208>

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