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Discussion

DR TUNSTALL PEDOE: Am I right in saying that the American criterion for diastolic pressure is the use of the 5th phase (i.e. disappearance of sounds) and everyone in Britain uses the 4th phase; we should be aware that there is a 4–5 mm difference.

PROFESSOR R. M. LAUER: I am glad you raised this issue. In fact our charts are 4th phase and the reason for that is that, in the children's studies that have been completed in the U.S.A., all of us who were doing them soon learnt that in many children you could, with the BP cuff completely deflated, still hear Korotkoff's sounds. We have given up using the 5th phase and the Task Force report has recommended that the 4th phase be used as a measure of diastolic BP in children.

DR R. TURNER: From the pragmatic point of view you have no problem because it is clear that the danger of mild-to-moderate hypertension is that of an accelerator of atherosclerosis in due course. Is it not, therefore, reasonable to give rather more explicit advice on diet to the whole family, including salt?

PROFESSOR LAUER: I have no argument with that. In practice what we are doing for those children who have persistent levels of high blood pressure, is restricting salt.

MISS S.A. BERESFORD: I am interested in your dismissal of the familial association of high blood pressure.

PROFESSOR LAUER: I did not mean to dismiss it as unimportant. The point I made was that because the correlation coefficient of parents' with children's BPs are of the nature of 0·2–0·3, you will have to measure a lot of children's BPs in order to find an adult hypertensive from the basis of the child being in the upper part of the distribution of blood pressure.

MISS BERESFORD: We found in a study in Harrow that the association with parents' BP was independent of children's weight. Perhaps general practitioners could start by looking at children who were overweight and who also had parents who had higher than average levels of blood pressure, because maybe those children were at risk for two reasons in respect to blood pressure.

CHAIRMAN: Obesity carries the risk of hypertension and other risks independent of hypertension.

PROFESSOR H. N. NEUFELD: In your 1100 cases, you came out with 3% positive screening cases. Would you think it worth-while recommending screening of children?

PROFESSOR LAUER: I think that to do one screening is useless. BPs have to be measured in the framework of the continuity of care so that you can come back again and again. The best people to do that, I believe, are the family practitioners or the school health programme doing this over some length of time.