

## RESPONSE TO LETTER TO THE EDITOR

### Response by Filippini et al to Letter Regarding Article, “Blood Pressure Effects of Sodium Reduction: Dose-Response Meta-Analysis of Experimental Studies”

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#### *In Response:*

We thank Wei and Fang for their interest in our review,<sup>1</sup> and we appreciate their valuable comments. We entirely agree that a study population should be included only once in the analysis, as we specified in our review, with 18 studies eventually excluded from analysis for this reason. On the 2 studies mentioned as overlapping each other, we included both because, despite being almost identical in participant numbers and characteristics, there were differences between them on duration of the “basal period” (3–4 weeks versus 2–3 weeks), hypertension description (“essential” versus “mild untreated”), background dietary regimen, and project numbers. We therefore considered them as being 2 independent reports. Nonetheless, we reran the analyses on the basis of the hypothesis that they were duplicate publications by including only the first report (the one carrying the most accurate estimates). Because of the small sample size in the study excluded, the overall results in this repeat analysis were almost identical to those in our original publication.

We are also grateful to Wei and Fang for pointing out an important methodological issue on changes over time for the diagnostic criteria used to identify hypertension. We agree that there have been changes in the diagnostic criteria for definition of “elevated blood pressure” or “hypertension” in adults. However, the cut points for diagnosis of hypertension largely remained constant until publication of the 2017 American College of Cardiology/American Heart Association Blood Pressure Guideline.<sup>2</sup> None of the studies included in our meta-analysis used this new classification system. Hypertension in almost all of the studies in our meta-analysis was based on a diastolic blood pressure or systolic blood pressure  $\geq 90$  or  $\geq 140$  mmHg, respectively, with only a few using a diastolic blood pressure  $\geq 95$  or systolic blood pressure  $\geq 160$  mmHg.

In some studies, adults with so-called “prehypertension” were included in the nonhypertensive category. Prompted by Wei and Fang, we conducted an additional stratified analysis in which studies with adults who had prehypertension/high-normal blood pressure were or were not included in the nonhypertensive stratum. This analysis yielded almost identical results for the overall estimates reported in our original article, albeit the summary effect estimates were somewhat less precise because of the smaller number of studies in each stratum.

#### ARTICLE INFORMATION

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##### Disclosures

None.

#### REFERENCES

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