

Re: Simple Formulas for Screening Abnormal Blood Pressure in Children and Adolescents

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Editor,

I read the recent publication by Badeli and colleagues with great interest. They “presented new formulas that are concise and memorable, and will help physicians to screen prehypertensive and hypertensive pediatric patients.¹” This is a very useful attempt to simplify the difficult formula for screening abnormal blood pressure in children. I would like to share a few ideas on this work. First, Badeli and colleagues presented a good correlation study, but did not completely present the diagnostic property (sensitivity, specificity, and accuracy). If these data are provided, it will be very good supportive evidence for the new proposed formula. Second, it is a simple question whether they can prove that their new proposed formula is easily memorable. Is there any supportive evidence? Finally, it is also questionable that the new formula is developed from the most up-to-date data from actually normal pediatric referencing population since all referred data are not primary.

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REFERENCES

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REPLY BY AUTHOR

I am very pleased to read the letter to editor of Viroj Wiwanitkit about our article. I reply to those questions as the same order of the original letter. First, we did not perform a diagnostic study; therefore, we could not pull out sensitivity and specificity. Second, our attempt was made to summarize a useful new table¹ in screening of children and adolescence high blood pressure. These formulas seem to be memorable in comparison with a table with a lot of variables. Third, our data were extracted from the National High Blood Pressure Education Program² which is known and reliable for children hypertension in most parts of the world.

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2. National High Blood Pressure Education Program Working Group on High Blood Pressure in Children and Adolescents. The fourth report on the diagnosis, evaluation, and treatment of high blood pressure in children and adolescents. *Pediatrics.* 2004;114:555-76.

Survey of Microalbuminuria: a Study in Thailand

Editor,

Kidney disease is an important public health concern at present. There are many million cases of kidney disorders around the world. Prevention of renal disease in some chronic medical disorders

such as diabetes mellitus and hypertension includes screening for presence of protein in urine.¹ Basically, the 24-hour urine sample is required for clinical testing for urine protein.² However, this might