Letters

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Hypertension in Pakistan

I am concerned about this long letter.[1] I find it odd and I do not understand why it was accepted for publication. There are two reasons for this concern. Firstly, I find it simplistic in its acceptance of the usefulness of screening for a single risk factor (hypertension) and secondly, I am suspicious of the authors' motives in writing.

I have lived and worked for a number of years in Pakistan, and have ongoing connections with the country. Part of my role was in diabetes management, but I very rapidly became disillusioned with regard to treatment recommendations that are based on a developed country model. On my desktop I have, with the permission of Cambridge University (http://www.dtu.ox.ac.uk/Outcomesmodel), the UKPDS Outcomes Model programme that was acquired in order to do some research to prove that which I already know. We all do really. That is, for the vast majority of the population, the recommendation to buy expensive pharmaceutical preparations over many years in order to, largely theoretically, save a few months of life or morbidity, does not take into consideration informed consent.

The true cost of implementation of this recommendation is to deprive individuals and families of essentials such as food, shelter, and schooling. Advice from professionals to act in this way is often treated with a respect that is simply not deserved and this when there is no axe to grind. This is true in nations that are considered developed, and even more so in countries that are less fortunate and for which the profit motive in selling pharmaceuticals direct to the public is much less hidden.

With regard to my other concern, I was interested to see that the address of your correspondents is the department of Pharmaceutical Sciences in a university in Malaysia. This is at least honest, but it does not reassure me about their objectivity. Intriguingly, Balochistan is one of the least developed areas of Pakistan and in this context I really cannot see how the practical application of their ideas can be remotely achieved.

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REFERENCE

1. Saleem F, Hassali AA, Shafie AA. Hypertension in Pakistan: time to take some serious action. *Br J Gen Pract* 2010; **60(575):** 449–450.

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Authors' response

We truly appreciate the response by Dr Newmark about our recent letter and would like to clarify a few points raised by him. First, he expressed his concerns about our credibility and authority to suggest recommendations for healthcare issues in Pakistan, based on our affiliation with a Malaysian university. For all of our readers' information, the first author of our letter is a qualified practising clinical pharmacist from Pakistan and currently is affiliated with the Discipline of Social and Administrative Pharmacy, School of Pharmaceutical Sciences at Universiti Sains Malaysia for his PhD studies. As a pharmacist in the ground work, Mr Fahad is well versed with the situation in Pakistan to a great extent, especially to the region in which he is currently practising (Balochistan).

Second, Dr Newmark has also argued that our recommendations are merely based on western treatment guidelines and are not suitable for application in Pakistan. Based on the authors' current observation of recent practice in Pakistan, we are afraid that he missed the point that things had changed positively over the last few years. There are now adoptions of a number of standard international guidelines in practice, such as the Joint National Committee, British Society of Hypertension Management, European Society of Cardiology, and Canadian Hypertension Education Program, the employment of more foreign trained doctors, and an increasing awareness of evidence-based practice by practitioners and national health authorities.

The initial letter that we wrote was to highlight the issues related to non-adherence and poor knowledge towards hypertension and, as practising pharmacists, to develop or at least discuss a mechanism to improve the condition. The word 'pharmacist' is relatively new to the people, and the profession is still struggling to be recognised by the healthcare team and institution. Therefore, it was stressed in the letter that interprofessional roles have to be strengthened and the pharmacist must work out of traditional domains of dispensing and supply, and start looking ahead for further responsibilities in patient care.

The letter had nothing to do with the treatment guidelines, the manner of how hypertension is treated, or to discuss singular versus multiple-risk factors. It was an effort to promote the role of