



Letter to: Assessment of Blood Pressure in Primary Non-Monosymptomatic Nocturnal Enuresis

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Dear Editor,

I read with interest the case-control study by Yousefichaija et al. published in the 2018 November issue of Journal of Comprehensive Pediatrics (1). The authors studied the correlation between hypertension (HT) and nocturnal enuresis (NE) in a cohort of Iranian children. The authors found that the case group patients had a higher level of blood pressure (BP) recording (90% to 95% prehypertension, and 65% to 99% during HT) compared to the control group. As the case group had higher body mass index (BMI), the authors concluded that HT with increased BMI might affect enuresis in children (1). I presume that these results ought to be cautiously taken owing to the presence of the following methodological limitation. It is explicit that the proper evaluation of the measured pediatric BP requires the employment of the population-specific BP standard references based on the anthropometric indices. In the methodology, the authors mentioned that BP was measured in the case and control groups. However, it was not obvious that the authors had referred to a specific BP reference in evaluating the measured BP of the studied cohort. To my knowledge, reference percentiles for BP for healthy Iranian children and adolescents, aged one month to 18 years, have been constructed in 2016 to be applied in the clinical field and researches (2). Similarly, the evaluation of BMI necessitates population-specific BMI percentiles. It was not obvious which BMI reference the authors had referred to in the study methodology. To my knowledge, BMI reference standard values have been constructed for Iranian children and adolescents in 2006 (3). Recently, the first Iranian BMI-adjusted BP curves in children and adolescents is launched and is expected to reveal a more precise picture of HT prevalence and a more reliable classification

of HT (4). I presume that the employment of that new BMI-adjusted BP curves in a large scale multicenter study could better address the correlation of HT with NE.

Footnotes

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