

risk group in the roadmap, risk-based management of CVD is a critical component of the HEARTS package to be adopted and tailored to the Australian circumstances to diagnose and treat hypertension effectively, including HDP (Pillar C).² Team-based and patient-centred care is another essential aspect and will allow implementation of systematic blood pressure screening and monitoring, delivered by general practitioners, physicians and, importantly, by obstetricians, as mentioned in the roadmap (Pillar B).²

Continuous monitoring of blood pressure postpartum seems particularly relevant in view of recent evidence indicating a 2.4-fold increased risk of hypertension ten years after the occurrence of HDP.⁴ Indeed, observed differences in non-invasive measures of CVD risk were predominantly driven by the hypertension diagnosis, regardless of HDP history, suggesting that the known long term risk of CVD after HDP may primarily be a consequence of hypertension development and uncontrolled blood pressure levels.⁴

Adding further to the complexity is the observation that both HDP and associated CVD disproportionately affect black women, as shown in an American study predominantly including women who self-identified as black. This highlights possible racial disparities⁴ and the need for further research and exploration of the underlying mechanisms.

Another important group of patients not mentioned specifically in the roadmap is adolescents, a cohort frequently lost in transition from paediatric to adult physician care.⁵ To remedy this, a call for Australian clinical practice guidelines for paediatric hypertension (including adolescents) has recently been published⁶ and development is underway.

While it was beyond the scope of the roadmap to address specific aspects of all patient groups affected, the guidance provided in the document under the principal pillars of prevent, detect and treat effectively, combined with adequate and timely implementation of the required framework, should allow us to substantially improve blood pressure control rates for all Australians and curb the enormous burden of hypertension on our society.

IN REPLY: On behalf of the National Hypertension Taskforce of Australia, we welcome the above comment from Cosgrove and colleagues¹ on our roadmap² and fully appreciate the importance of hypertensive disorders of pregnancy (HDP) as a high risk condition for future development of established hypertension and cardiovascular disease (CVD).³ While not specifically mentioned as a high

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