

Title: The Authors Reply, "As-needed intravenous antihypertensive therapy and blood pressure control"

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Dear Editor,

We appreciate the comments of Drs. Ayach and Mirrakhimov. Our study found that the routine ordering of "as needed" IV antihypertensives was commonly done for patients who would not have BP elevations that would pose any imminent danger to the patient.¹ Thus, the pre-emptive ordering of IV BP medications that will be administered without any clinical assessment is a practice that cannot be defended. We are in complete agreement that the accuracy of the BP measurement should be undertaken along with consideration of factors that might explain the BP elevation such as hypoxia, hypercarbia, pain and IV saline infusions. However, we would

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not shift our prescribing habits toward short-acting antihypertensives drugs (eg, nifedipine) that were never approved for hypertension treatment despite their use for this condition.² Rather, we put forth the approach of primarily focusing on the aforementioned patient factors that may explain BP elevations and, in situations where such conditions do not exist, gradually up-titrate/optimize the prescribed oral antihypertensive drug regimen while also emphasizing prudent dietary changes (e.g., low sodium diet).³

¹Lipari M, et al. As-needed intravenous antihypertensive therapy and blood pressure control. *J Hosp Med*. 2015 Nov 12. Doi:10.1002/jhm2510.

²Decker WW, Godwin SA, Hess E, Lenamond CC, Jagoda AS. Clinical Policy: critical issues in the evaluation and management of adult patient with asymptomatic hypertension in the emergency department. *Ann Emerg Med* 2006;47:237-249.

³Flack JM, Yunis C, Preisser J, et al. The rapidity of drug dose escalation influences blood pressure response and adverse effects burden in patients with hypertension. *Arch Intern Med* 2000;160.1842-1847.

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