

Response to the Letter entitled “Comment on Hypertension in children with congenital adrenal hyperplasia: Prevalence and associated factors”

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Received : 20.04.2026, Accepted : 14.05.2026

DOI: 10.12956/TJPD.2025.1353

Introduction

We thank the authors for their interest in our study and for their thoughtful comments regarding the use of blood pressure (BP) reference standards in pediatric populations.

We agree that population-specific BP reference values are important, as BP distributions may vary according to genetic, environmental, and socio-demographic factors. As highlighted by the authors, BP percentile charts specific to Turkish children have been developed and may provide valuable context for national clinical practice (1).

In our study, we used the 2017 American Academy of Pediatrics (AAP) Clinical Practice Guideline for the definition of hypertension (2). These criteria are widely adopted in international clinical and research settings and allow for direct comparison with previously published studies in children with congenital adrenal hyperplasia (CAH) and other pediatric endocrine disorders. In this context, the use of standardized international reference values was intended to enhance the comparability and external validity of our findings.

International guidelines, including those from the AAP and the European Society of Hypertension Task Force, acknowledge the potential use of population-specific BP reference values (2,3). However, the representativeness, methodological rigor, and external validation of such local reference data remain important considerations when selecting the most appropriate standard for research purposes.

We acknowledge that Turkish BP reference values have been reported to be lower than US-based percentiles (1), which may influence the estimated prevalence of hypertension. However, the primary objective of our study was not only to determine prevalence but also to investigate associations between hypertension and clinical factors such as CAH

subtype, treatment exposure, and follow-up duration. These within-cohort associations are less likely to be substantially affected by the choice of reference standard, as relative comparisons remain consistent.

Nevertheless, we agree that future studies incorporating Turkish population-specific BP percentiles, and ideally comparing different reference standards within the same cohort, would provide additional insight into the epidemiology of hypertension in children with CAH.

We appreciate the authors' valuable contribution and their emphasis on the importance of appropriate BP assessment in pediatric populations.

References

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