Anti-inflammatory action of angiotensin-converting enzyme inhibitors and angiotensin receptor blockers and the prevention of diabetes mellitus in obese patients with hypertension

To the Editor—In their commentary, Chan et al¹ propose that angiotensin-converting enzyme (ACE) inhibitors and angiotensin receptor blockers (ARBs) should be considered first-choice antihypertensive therapies for obese patients, given the favourable effects of these agents on glucose metabolism. We agree with this assertion and suggest that the anti-inflammatory action of renin-angiotensin blockade could be a further underlying mechanism of the beneficial metabolic effects of ACE inhibitors and ARBs in obese patients.

Increasing levels of inflammatory biomarkers have been shown to correlate with the development of diabetes mellitus,^{2,3} supporting a possible role of inflammation in diabetogenesis. On the other hand, levels of C-reactive protein, the classic marker of systemic inflammation, have been shown to be substantially higher in obese and overweight people than in leaner subjects.⁴

Angiotensin receptor blockade has been shown to be related to a decrease in markers of systemic inflammation,^{5,6} which may help explain the beneficial effects of ACE inhibitors and ARBs in the prevention of diabetes mellitus in obese patients with hypertension. L Mascitelli, MD (e-mail: lumasci@libero.it) Sanitary Service Comando Brigata alpina "Julia", Udine, Italy F Pezzetta, MD Cardiology Service Ospedale di S. Vito al Tagliamento S. Vito al Tagliamento, Italy

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Jehovah's Witnesses and surgery

To the Editor—The article 'Jehovah's Witnesses and surgery' by Hung et al¹ reminds me of my heady days in the 1980s in New Orleans, United States, where many a Jehovah's Witness roamed.

As if it is not hard enough to deal with a competent adult Jehovah's Witness with an advanced medical directive for a non-urgent surgical condition—try a child in need of an emergency surgery with two Jehovah's Witness parents having conflicting views about the situation. Calling it a challenge is a gross understatement.

Let it be known that no surgeon could ever say he/ she did not have a choice: choose to transfuse and be sued for battery in tort, or choose not to transfuse and be sued for malpractice and possibly homicide.

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