Hypertension and predisposition to infection: an important issue during this global pandemic

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We read with great interest Professor Esler's perspective on AT1 blockers in the coronavirus disease 2019 (COVID-19) pandemic [1]. It is interesting to note that many international hypertension and cardiac societies are in the process of gathering evidence on this very subject and we will have a robust scientific answer soon. Globally, the speed at which our colleagues are working is astounding. We did, however take particular notice of Professor Esler's comment that in four decades of practice as a cardiologist, with particular expertise in hypertension, he has never had a patient die of an infection. This has led him to doubt the significance of hypertension as a risk factor in morbidity or mortality from COVID-19. As middle-grade physician trainees with a combined 13 years' experience in clinical practice, we find this statistic surprising. Both authors can recall specific

instances where they have been involved in the care of a patient with a diagnosis of hypertension requiring pharmacotherapy who has died from an infection. Does Professor Esler suggest that hypertension is a protective factor against mortality from infectious disease? If so, we would be eager to study the evidence.

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Conflicts of interest

There are no conflicts of interest.

REFERENCE

1. Esler M, Esler D. Can angiotensin receptor-blocking drugs perhaps be harmful in the COVID-19 pandemic? *J Hypertens* 2020; 38:781–782.

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