Dear Sir,

This is in reference to your editorial\(^1\) which appeared in Indian heart journal titled “Diuretics reloaded in primary hypertension”. Its an interesting article, and I would like to highlight a few points:

1. Diuretics as a first line drug in elderly hypertensives is slowly getting forgotten by many due to fear of its metabolic side-effects. In high dose, yes it might cause problem especially Thiazide diuretics and its equivalent but with the advent of low dose chlorthalidone (12.5 and 25 mg) and Indapamide has decreased this fear.

2. Low dose chlorthalidone and indapamide has shown superiority over the thiazide diuretics in reducing the CV outcomes, systolic BP and improving the MACE events and thereby improving the mortality and morbidity benefits.\(^2,3\)

3. Coming to the metabolic side effects profile, even low dose chlorthalidone seem to cause metabolic imbalance to some extent, whereas indapamide either alone or in combination with perindropril has or showed improvement in all-cause mortality and morbidity – MACE events and CV outcomes. Several trials namely PROGRESS, ADVANCE to name a few have proved it.\(^4\)

Hence we can say that, diuretics are here to stay like other classes of anti-hypertensives in essential hypertension especially in elderly subsets.

**My experiances—**

I have used indapamide as well as low dose chlorthalidone in hypertensive subsets and I have noticed better control with indapamide as add on drug in improving outcomes even better than chlorthalidone (one of my family member is on indapamide).

I conclude by saying that this article is an eye opener for many to the fact that many new group of drugs may come but diuretics have their own stand, which was beautifully brought out in your article.

**Conflict of interests**

All the authors declare that they have no conflict of interest.

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