



Special Issue: Current evidence and perspectives for hypertension management in Asia

## Preface—Special issue for hypertension in Asia: from the Okinawa declaration to the ISH 2022

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Hypertension is one of the most important risk factors for the development of cardiovascular morbidity and mortality, and is common not only in Asian regions but also all over the world. The population within the Asian region accounts for ~60% of the world's total. Therefore, the direction of hypertension management in Asia will have a significant impact worldwide. On the other hand, the ethnic groups, religions, and cultures classified as “Asian” are extremely diverse compared to other regions of the world. Even in the field of hypertension, it is difficult to generalize Asian patients; however, to take the next step, the Japanese Society of Hypertension, together with 14 representatives of hypertension societies from Asian regions, created the “Okinawa Declaration” on hypertension management in Asia in October 2021 [1]. Together with these members, we plan to present a consensus document on hypertension management in Asia at the International Society of Hypertension 2022, which will be held in Kyoto, Japan in October of this year. In relation to this, *Hypertension research* has been publishing special issues on hypertension in Asia since April 2022. Last year, data from the Strategy of Blood Pressure Intervention in Elderly Hypertensive Patients (STEP) study, a large clinical trial that may influence future hypertension guidelines in Asia, was published [2]. *Hypertension research* has focused on and published several editorial comments regarding this trial [3–5]. This month's issue includes a commentary by Weili, the first author of the STEP study [6]. In addition, Yamamoto et al. reported an

association between hypertension and mild cognitive impairment in treated hypertensive Japanese patients [7]. This paper focused on the role of hypertension in the treatment of dementia, which is expected to increase in Asia in the future. Cheah et al. assessed the relationship between sociodemographic factors and knowledge of high sodium-related diseases in Malaysia [8]. The results showed that individuals with lower income, those with less education, men, other ethnic groups excluding Malaysians, those living in rural areas and nonhypertensive adults had a risk of worse knowledge of high sodium-related diseases. It is necessary to raise awareness of salt reduction in Asian countries. Kitagawa et al. reported an interesting result from the data of the Recurrent Stroke Prevention Clinical Outcome (RESPECT) study [9]. The RESPECT study enrolled Japanese patients with a history of ischemic stroke or intracerebral hemorrhage (ICH), who were randomized to the standard BP treatment (<140/90 mmHg in office) or intensive BP treatment (<120/80 mmHg) mmHg groups. It was also shown that, compared with standard BP treatment, intensive BP treatment reduced the risk of ICH in patients with a history of cerebral infarction, while there was no difference in the risk of ischemic stroke incidence between the groups. Moreover, Toyoda reported an excellent review paper about BP control for acute ICH patients according to the results of the Stroke Acute Management with Urgent Risk-factor Assessment and Improvement-IntraCerebral Hemorrhage (SMURAI-ICH) study that enrolled patients at 10 Japanese stroke centers [10]. The contribution of increased BP to the risk of stroke is steeper in Asian populations than in Western populations. These articles reiterate the importance of optimal BP control for stroke prevention in Asian populations. In the article by Shiina et al. compared to the control group, those in the febuxostat group had decreased arterial stiffness parameters assessed by brachial-ankle pulse wave velocity or the cardio-ankle vascular index, which is strongly linked to hypertension in Japanese patients with asymptomatic hyperuricemia [11]. Thus, it is possible more attention should be paid to the control of serum uric acid levels in Asian populations.

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While affirming the diversity of the regions in Asia, we need to accumulate evidence, deepen cooperation among the regions, and confront the management of hypertension [12]. *Hypertension research* will continue to help share the evidence on hypertension in Asia more than ever before.

### Compliance with ethical standards

**Conflict of interest** The authors declare no competing interests.

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