



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

Preface—special issue on hypertension in Asia: the second story

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The Special Issue on Hypertension in Asia in this month's edition of *Hypertension Research* includes one Review article, one Original Article and two commentaries. Tsuchihashi nicely reviews “salt intake” [1] and discusses six strategies to achieve a target salt intake level of <6 g/day with the cooperation of schools, society, and the government especially in Japanese individuals. This review will contribute to creating a society with low salt intake in Asian countries, in which excessive salt intake is a common issue. Original research article by Kim et al. presents database analysis of anti-hypertensive drugs focusing on diuretics [2]. They analyzed whether diuretics are superior to other classes of drugs as first-line anti-hypertensive medications using the Korean National Health Insurance Service database. They concluded that diuretics were not superior to other classes of anti-hypertensive medications and were inferior to angiotensin receptor blockers in hypertensive patients without cardiovascular disease. The therapeutic benefits of diuretics have been discussed, especially in black and Asian people who have salt-sensitivity or high-salt intake. However, this Korean study did not show any benefit of diuretics as first-line drugs in a real-world setting. Considering that it has been pointed out that there is a difference between thiazide and thiazide-like diuretics [3], careful consideration is necessary in interpreting these findings. Two commentaries discuss the Japanese clinical studies recently published in *Hypertension Research*. Sekizuka summarized the effect of uric acid metabolism and xanthine oxidoreductase (XO) inhibitors on vascular damage and analyzed the reasons for the improvement in arterial stiffness observed in a XO inhibitor-treated group

from a sub-analysis of the PRIZE study [4] in this commentary [5]. Toyoda summarized the possible beneficial effects of intensive blood pressure-lowering treatment on recurrent stroke subtype risk in patients with a history of ischemic stroke [6]. In post hoc analysis of the RESPCT study, strict control of blood pressure lowering to <120/80 mmHg markedly reduced the risk of intracerebral hemorrhage [7]. He discussed the management of blood pressure in post-stroke patients from various points of view. Enjoy the second story of the Special Issue for Hypertension in Asia.

Compliance with ethical standards

Conflict of interest The authors declare no competing interests.

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