



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

Current status of hypertension and treatment in Asia

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This issue of *Hypertension Research* is the fourth in a series of special issues on Asia. In this month's issue, valuable data showing the current status of hypertension treatment in Asia are presented. Using Japanese national database data from 2014, Waki et al. reported the prevalence of hypertension and its treatment in Japan [1]. In that dataset, approximately 27 million hypertensive patients were identified. Of hypertensive patients, 89.6% were treated with some type of antihypertensive medication. Unfortunately, there was no information about the blood pressure control rate in this database. A previous study reported that blood pressure was uncontrolled in 50% of treated hypertensive patients [2]. In recent years, clinical inertia, which is the situation in which anti-hypertensive treatment indicated by the latest guidelines is not achieved and the treatment is not intensified even though it would be better to lower blood pressure, has been considered one possible cause of uncontrolled hypertension. However, a certain number of patients do not reach the target blood pressure even when treated according to the guidelines. For the treatment of uncontrolled hypertension, device treatment, e.g., renal denervation, may be one treatment option. In this issue, Chia et al. described a Malaysian working group consensus statement on renal denervation [3]. On the other hand, we are now able to administer new therapeutic hypertensive drugs. The angiotensin receptor-neprilysin inhibitor (ARNI) was approved as a drug for hypertensive treatment by the government in Japan in the autumn of 2021. This drug is the first new pharmacological anti-hypertensive drug approved in approximately 10 years

in Japan. Although a majority of clinical studies have demonstrated that ARNI is an important drug for the treatment of heart failure [4, 5], it could also be expected to be a new treatment for hypertension. Physicians accustomed to using ARNI for the treatment of heart failure may not feel comfortable using ARNI for the treatment of hypertension because most patients with heart failure, especially heart failure with reduced left ventricular function, have a lower blood pressure than hypertensive patients. In this issue, Kario and Williams, editor in chief and an editorial board member of *Hypertension Research*, published a review paper about ARNI with a focus on hypertension and hypertensive heart disease [6]. In addition, Dohi's commentary about B-type natriuretic peptide, which is an indicator of hypertensive heart disease, in this issue would be useful [7].

Compliance with ethical standards

Conflict of interest The authors declare no competing interests.

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