Hypertension affects a substantial number of Asians.\cite{1} It is a disease multiplier and is associated with high rates of adverse cardiovascular events (myocardial infarction and strokes) and death. It increases the likelihood of chronic kidney disease and/or progression to end-stage kidney disease. It remains one of the easiest risk factors to control and yet is also a difficult one to target. This is because hypertension has many etiologies, which we are still constantly discovering. Nonetheless, we note that Asians may be inadequately diagnosed and treated when compared to the industrialized European or North American populations. Some of it may be attributed to socioeconomic reasons, but often cultural factors (e.g., diet) may play an important role.\cite{2} Therefore, it is crucial that Asian countries study the determinants of hypertension in their respective populations.

There is some uncertainty on the diagnosis of hypertension based on just office blood pressure readings alone, and also, there is uncertainty on the methods of establishing the diagnosis and follow-up of hypertension. It is, therefore, important to establish the appropriate cutoffs for Asian populations through more research of the larger Asian ethnicities.\cite{3} Besides diagnosis, even with good follow-up and access to medical care, hypertension may not be adequately controlled with current clinical practice and therapeutic drugs.\cite{4} Perhaps, newer technologies such as retinal photography with computerized evaluation, it is possible to quantitatively assess the changes of blood vessels in hypertensive patients, particularly the adequacy of therapy.\cite{5} Without higher fidelity assessment and follow-up, the residual risks of treated hypertension on mortality and complications cannot be completely eliminated.

The complexity managing of hypertension is not quite captured in clinical practice guidelines.\cite{6} There is still a big gap of knowledge and inadequate practical applications to manage the very large burden of hypertension in Asia. We need more studies that improve the capture of ethnic or cultural factors affecting sodium intake and have simple and cheaper methods of assessing sodium intake.\cite{7} Moreover, in specific Asian patient populations, we need to assess and quantify the utility of instruments helpful for managing hypertension.\cite{8} This is because many of the devices and reference ranges were developed from patient populations in North American or European populations, and therefore, the bias and method of application are not immediately apparent in Asian patients. There is much work for hypertensionologists in Asia. Nonetheless, in this issue of the journal, we bring attention to hypertension and its association with other chronic “diseases” such as dyslipidemia and obesity. We will examine the other methods of assessing blood pressure such as retinal photography and central aortic pressure assessments and discuss some of the findings and work of Asian scientists and clinicians.

References


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