Recently guidelines have been revised and are popular in many areas of medicine. The points of the lifestyle improvement for these guidelines can be summarized in the following: healthy diet (consume a diet rich in fruits/vegetables and low-fat food or fish with a reduced content of saturated and total fat), sodium restriction, weight reduction, regular exercise, moderate alcohol consumption, and smoking cessation. These lifestyle modifications are universal constituents of the major guidelines, which are very similar to the European and the American stroke guidelines. In the European and Japanese guidelines, hypertensive patients are stratified into groups on the basis of their hypertensive levels and primary risk factors. In Japan, however, this stratification is not substantiated by enough evidence. I focused on the evidence concerning the cardiovascular disease (CVD) risks for the combination of blood pressure (BP) categories and other risks in the Suita Study, which is an urban cohort study in a Japanese population. The Suita Study has demonstrated that high-normal BP is a risk factor for incident CVD. An increased risk of CVD was observed in the subjects with impaired fasting glucose and prehypertension, which is equivalent to approximately 10% of the adult population. Chronic kidney disease increases the association of BP and CVD. The number of metabolic syndrome components (i.e., modified NCEP-ATPIII criteria) is more strongly associated with CVD incidence than essential abdominal obesity criterion (the Japanese criterion). The combination of smoking and metabolic syndrome exacerbates the risk of CVD. Lifestyle modification not only for preventing or combating metabolic syndrome but also toward reducing smoking continues to be important as these contribute significantly to CVD. The risk of CVD and its subtypes was consistently higher in the hypertensive participants than in the non-drinkers without hypertension, irrespective of alcohol consumption. Recently, I have reviewed a manuscript concerning the prevention of hypertension and CVD, that compared lifestyle factors in Westerners and East Asians, and mentioned the old saying "taking a lesson from the past". This review concluded that, to prevent high BP, East Asians should pay particular attention to quitting smoking and reducing salt and alcohol intake, whereas Westerners need to pay closer attention to weight control, including regular exercise, and consider replacing dietary meat high in saturated fat with fish. Among Japanese, the high alcohol intake and high rate of aldehyde dehydrogenase deficiency, in addition to high salt intake and high rate of salt sensitivity, may contribute to their elevated BP. I continue to study hypertension areas and I hope to contribute to further progress in preventive medicine, particularly regarding CVD.

REFERENCES: