

The Journal of Hypertension:

Official scientific organ of the International Society of Hypertension (ISH) and the European Society of Hypertension (ESH)

For about three decades the Journal of Hypertension, published by Wolters Kluwer Health, has been the scientific organ of the International Society of Hypertension (ISH) and the European Society of Hypertension (ESH). The Editor-in-Chief and his associates of the Milan Editorial Office are delighted to work together with the Journal Board of Management, formed by representatives of the two Societies, and chaired by Lewis Landsberg, in order to provide the members (many being members of both Societies) and the scientific community with a forum for high quality scientific publications and for guidelines, consensus documents, position papers prepared by ISH or ESH Task Forces.

In the Peripheral Vascular Disease section of the Web of Science, the Journal of Hypertension is ranked 10th, and is second among journals devoted to hypertension. Only Hypertension and Journal of Hypertension receive an Article Influence Score > 1 and therefore are considered "influential". Articles published in the Journal are widely cited in medical literature. The 2013 ESH-ESC hypertension guidelines have received 2000 citations of the Journal of Hypertension publication and 1604 of the European Heart Journal publication. The most widely cited Journal of Hypertension article in 2016 has been the paper with ISH/ASH hypertension guidelines. Two of the original papers published in 2014 were placed in the top 1% of the academic field of Clinical Medicine because highly cited.

The number of papers submitted to the Journal has been steadily increasing through the years. More than 1200 papers were submitted during 2016, and the number of submissions in 2017 is likely to approach 1300. If this is flattering for the Journal prestige, it causes strong competition for publication. The numbers of pages available yearly being fixed at approximately 2500, the consequence is that only about 22% of the submitted original articles can be accepted for publication.

As could be expected, the origin of the submitted papers has changed in recent years. Contributions from Europe were 54% in 2006, they have been 40% in 2016, while submissions from Asia increased from 20% in 2006 to 32% in 2016. Submission from North America, Oceania, Latin America and Africa have remained stable. We are delighted that more than one third of papers published



Alberto Zanchetti

Ex-officio member of the council
Editor in Chief, The Journal of Hypertension
email: info@jhypertens.com

in the Journal have lead authors that are members of either ISH or ESH, which confirms the Journal is a widely preferred vehicle for the members' scientific publications.

Critical appraisal of data and scientific debate are stimulated by some characteristic features of the Journal of Hypertension: it has been the first in the area to initiate publication of editorial commentaries accompanying a selected number of articles (54 were published in 2016), and a unique feature of the Journal is the publication at the end of each article of a short summary evaluation of the paper, prepared by the article reviewers.

As readers and contributors of the Journal know, there is a current trend in the scientific community in favour of open access publication, thus the burden of publication costs shifts from the readers to the authors. While this trend reflects the longing of a new society for increasingly easier access to information as well as the authors' expectation of a larger number of citations, there are obvious risks in placing the financial health of a journal in the hands of authors since. This may weaken the selection barrier of the peer review system (as has occurred with too many among the flourishing cohort of open access journals).

Therefore, three years ago, when the Journal of Hypertension decided to offer authors the possibility of open access publication, care was taken to avoid the undue influence of an author's choice for open access on the review process. It was decided that the choice of paying for open access publication should be done after the review process is terminated and the paper is accepted by the editors.

Continued on next page..

Open access obviously places an economic burden on the authors and their grant money. The publisher, together with the ISH and ESH representatives within the Board of Management, thought that members of the two scientific societies who endorse the Journal of Hypertension deserved some recognition for the prestige of their support. This recognition consists of a 15% discount on the open access rates (equal to a saving of around US \$ 495-615). Therefore, beginning in 2018 the Editorial Manager system will be set up so that manuscript authors are asked whether they are members of either ISH or ESH. When the corresponding author chooses Open Access the discount will be applied if at least one of the authors is a paying member.

It is hoped that this offer will further strengthen the ties between ISH/ESH and their official journal, and will help establish an increasingly open forum for basic and clinical research on hypertension.

- Alberto Zanchetti

Council's Corner: Hypertension Issues - a personal view

Ruan Kruger

Chair, ISH New Investigator Committee
Hypertension in Africa Research Team (HART),
North-West University, Potchefstroom, South Africa
South African Medical Research Council: Unit for
Hypertension and Cardiovascular Disease,
North-West University, Potchefstroom, South Africa
email: ruan.kruger@me.com



Primary prevention - are we on the right track?

At numerous scientific meetings we hear about secondary prevention and treatment of individuals with disease, with the majority of publications reporting on outcomes and efficacy of treatment. A striking image was presented on various occasions by the current International Society of Hypertension's (ISH) President, Professor Neil Poulter, whereby the patient and the physician are separated by a wall. The arm of the patient is sticking through a hole in the wall and the doctor is measuring blood pressure and handing out three pills. This is a setting we are all familiar with, but how do we teach an old dog (the patient) some new tricks?

The nature of mankind is to become comfortable with habits and ignore the fact that we all age, and that at some point, our poor judgements and unhealthy choices will catch up with us. To answer the above-mentioned question, it is pretty much impossible to teach new "tricks" when adverse lifestyle behaviours are a part of who you always were. This said, we try our best to advocate healthy lifestyle choices, encourage physical activity and the avoidance of substance abuse, but are we testing our efficacy and success rate in promoting healthy

living? It is inevitable that all living creatures' lives end at some point, however a wise academic once said that "you can choose the level of comfort in which your life will end." Of course, there are exceptions to this argument, but still we determine our own risk factors that promote the onset of cardiovascular disease development.

So what are we doing wrong? The focus is too much on secondary prevention, drug development and favourable business opportunities, and not on primary prevention strategies. A larger focus on population-based primary prevention and advocating a healthy lifestyle from the earliest possible age in schools, churches, colleges and the workplace would render a much smarter and healthier generation to curb the increasing trends of hypertension and related comorbidities. In the past two decades, a larger number of research studies emerged to help understand the aetiology and

Continued on next page...