

REGIONAL STATEMENTS

An Asian expert consensus on high-quality hypertension management

JI-GUANG WANG

The Shanghai Institute of Hypertension, Ruijin Hospital,
Shanghai Jiao Tong University School of Medicine, Shanghai, China



KAZUOMI KARIO

Department of Cardiovascular Medicine, Jichi Medical University, Tochigi, Japan

In a recently published consensus document (Hypertens Res 2026; 49(7):2141-2155), a multi-disciplinary group of experts from Asia proposed some conceptual and practical approaches for high-quality hypertension management towards higher and better blood pressure control.

The consensus supports a multidimensional approach for the management of hypertension by grading the level of blood pressure with various innovative blood pressure measuring technologies, staging the disease severity of hypertension as no, subclinical and clinical target organ damages, and phenotyping or subtyping the diseases or other secondary causes of hypertension or the mechanisms of blood pressure dysregulation or the so-called primary hypertension (Figure).

Grading requires comprehensive blood pressure measurements for screen, diagnosis and treatment of hypertension. Everybody should measure his or her blood pressure regularly in a feasible way, in the clinic, at home, or with kiosk or wearable devices. Whenever elevated, blood pressure should be measured in a standardized manner, either with repeated standardized or automated office blood pressure measurements, or 24-h ambulator or 7-day home blood pressure monitoring. Four-limb and central blood pressure measurements may provide additional information on blood pressure and beyond. Whenever hypertension is diagnosed and treated, the best-evidenced antihypertensive drugs, often in combination, should be used for the management of hypertension, and long-term blood pressure monitoring with various

techniques should be performed for the best blood pressure control.

Staging is usually used interchangeably with grading for classifying blood pressure. However, here staging is for the classification of three stages of organ damages, that is no, subclinical structural and functional lesions, and clinical complications. Although blood pressure control is still important in those patients with clinical cardiovascular complications, either stroke, myocardial infarction, heart failure, or end-stage renal disease, the best is to prevent, retard and reverse those identified organ damages. Measurement, either with imaging or laboratory modalities, is prerequisite for “staging”. Such information should be used for the choice of compelling-indicated antihypertensive drugs, intensive blood pressure control, and other cardiovascular therapeutics such as, glucose and lipid-lowering drugs, antiplatelet therapy and anticoagulants.

Phenotyping or subtyping is for the identification of diseases in the kidneys, adrenal glands, thyroids, pituitary glands or thoracic and abdominal aorta that cause hypertension, other secondary causes of hypertension such as drugs and foods, and mechanisms of blood pressure dysregulation such as hyperinsulinemia, sympathetic overactivation and arterial stiffness. Here the treatment of hypertension is often surgical, interventional or device-based and with drugs that target the mechanisms of blood pressure dysregulation, such as glucagon-like peptide-1 (GLP)/glucose-dependent insulintropic polypeptide (GIP) receptors agonists, aldosterone synthase

