

## Hypertension and the success of the European Society of Hypertension

Hypertension, usually defined as persistent blood pressure at 140/90 mm Hg or higher, affects about a quarter of the adult population in many countries and particularly in Western societies. Hypertension is a risk factor for most, if not all, cardiovascular diseases and renal failure. While blood pressure should be measured repeatedly for the diagnosis, new techniques such as 24-h ambulatory blood pressure and self-measured home blood pressure taking are increasingly being used for diagnosis and assessment during treatment. Modern work-up of hypertensive patients focuses on the detection of target organ damage, i.e. left ventricular hypertrophy and renal effects including microalbuminuria.

While diagnosis of secondary causes of hypertension should be kept in mind, the detection of concomitant diseases or risk factors should be clearly identified for the purpose of assessing total cardiovascular risk and choosing optimal treatment. While lifestyle changes may be appropriate, i.e. to increase physical exercise, reduce body weight if needed, and eat healthily, these kinds of interventions should not unnecessarily delay initiation of drug treatment for hypertension when clearly indicated. Drug treatment has repeatedly proven effective in outcome studies in preventing stroke, heart failure, deteriorated renal function, new-onset diabetes and, to some extent, coronary heart disease and other complications. Modern drug treatment of hypertension usually consists of a combination of well-tolerated doses of two or more drugs aiming at blood pressure below 140/90 mm Hg and below 130/80 mm Hg in patients with diabetes and already established cardiovascular disease. Acetylsalicylic acid and statins are recommended as add-on treatment if total 10-year cardiovascular risk is above 20%.

All these aspects of hypertension and many more have been detailed in the European Society of Hypertension-European Society of Cardiology guidelines for the management of arterial hypertension [1] issued in 2003, becoming the most quoted medical paper in 2003 and 2004 and updated in 2007 [2]. Thus, in a few years the European Hypertension Guidelines have become the most quoted and used hypertension guidelines worldwide – constituting perhaps the most prominent indication of the recent success of the European Society of Hypertension.

Disseminating knowledge and education are key elements in the European Society of Hypertension's activities. In this issue of Archives of Medical Sciences several of the European Guidelines' authors and their coworkers have written educational contributions on important aspects raised in the main guideline publications [1, 2] but have in many aspects also discussed novel and emerging fields beyond what has previously been broadly discussed. We hope that this issue of Archives of Medical Sciences, Special Issue on Hypertension, will be well received and appreciated by all those physicians who look for medical updates in order to improve their clinical skills and by all those researchers who aim to keep up to date in the hypertension literature.

### **Sverre E. Kjeldsen**

MD, PhD, Prof.  
University of Oslo  
Ullevaal Hospital  
Oslo, Norway

### **Michael Hecht Olsen**

MD, PhD, Ass. Prof.  
University of Copenhagen  
Glostrup Hospital  
Copenhagen, Denmark

## References

1. Guidelines Committee. 2003 European Society of Hypertension–European Society of Cardiology guidelines for the management of arterial hypertension. *J Hypertens* 2003; 21: 1011-53.
2. The Task Force for the Management of Arterial Hypertension of the European Society of Hypertension (ESH) and the European Society of Cardiology (ESC). 2007 Guidelines for the Management of Arterial Hypertension. *J Hypertens* 2007; 25: 1105-187, *Blood Press* 2007; 16: 135-232, *Eur Heart J* 2007; 28: 1462-536.