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Joint Editorial for the ISH Hypertension Guidelines

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Short Title: Editorial for the ISH Hypertension Guidelines

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The June issues of Hypertension and Journal of Hypertension both start with the hypertension guidelines prepared by the International Society of Hypertension (ISH). Compared to the guidelines issued by ESC/ESH and ACC/AHA the ISH guidelines are a more succinct document written in an easy to read style. The declared purpose is to address hypertension issues that are also relevant for low income countries, which may find it difficult to adhere to guidelines that are prepared for countries in which examinations using expensive equipment (e.g. assessment of organ damage) or complex treatment strategies do not usually pose major implementation problems. The diagnostic and treatment recommendations strategies of the ISH guidelines reflect those issued by the European and US guidelines, but there are also some differences. Much attention, for example, is devoted to the need for doctors to obtain the best possible information on patients' adherence to treatment, given the major role played by low adherence on the poor rate of BP control that plagues hypertension worldwide. Adherence is notoriously difficult to be measured, particularly in clinical practice, but, as addressed by the ISH guidelines in detail, collection of a series of data, sometimes apparently trivial, may allow a doctor to understand how a patient is likely to behave after a prescription is issued. Another element of novelty, in the section devoted to treatment by lifestyle changes, is a focus of stress-reducing measures (transcendental meditation, yoga etc), which is not easy to be found in other guidelines that usually snub this approach due to its inability to be studied by a control experimental design. Lastly, we much appreciated that the ISH guidelines avoided an error made by the European guidelines, which omitted to mention that the most rational approach is not to go immediately from a dual combination to triple therapy, but rather to make use of an intermediate step that takes the patient from low dose dual to high dose dual combination therapy. This provides physicians with a greater treatment flexibility, thus creating a major advantage for all clinicians world-wide.

As Editors in Chief of two major journals devoted to hypertension, we would like to recommend these new guidelines to clinicians looking after hypertensive patients world-wide. In these difficult times, when COVID-19 pandemic has made looking after our patients so very difficult, please read and benefit from the new fresh look at many problems we all experience every day in our clinical practice.

