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**Understanding the management of hypertension in Asia: results of a literature search**

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**Background:** Hypertension poses a significant healthcare burden in Asia. Detection, treatment and control of hypertension are suboptimal, despite the existence of clear international guidelines and the availability of safe and effective treatments.

**Purpose:** To understand hypertension management in Asia, based on the analysis of national guidelines, treatment patterns and patient characteristics.

**Methods:** A PubMed search was performed using four search strings relating to 1) hypertension; 2) treatment/management/drug therapy; 3) guideline, consensus, real world evidence; and 4) Asian countries. The search was restricted to English language articles published since January 2008 to July 2022. Articles were filtered by relevance to the research question, study size, scope, methodology, and country/region to identify a target of 100 final references.

**Results:** The search yielded 2,436 articles, of which 92 were selected as being most relevant. Compared with Europeans, Asians appeared to have higher systolic blood pressure (BP), diastolic BP, and mean arterial pressure, with stronger association between BP and stroke. Rates of severe hypertension were also higher. Trends identified in the literature

suggested that calcium channel blockers are the most common monotherapy used in Asian countries, with a high variability across the region. In the available publications focused on the studies with RAAS inhibitors, the majority of them compared the use of angiotensin receptor blockers as mono/combination therapy versus combination therapy with ACE inhibitors, calcium channel blockers or diuretics. Among treated patients, the observed control rates were only ~35–40% (~10% or less in the general population). There is a lack of focus on selecting the most appropriate treatment for each individual patient. Areas for improvement in delivering guideline-directed therapy for improved BP control also included facilitating access to health care and compliance with medication (including support mechanisms like community programmes, telemedicine, mobile phone apps and home BP monitoring), improving diet (reducing salt intake) and encouraging exercise.

**Conclusions:** Asian patients and European patients have different clinical profiles, with more severe hypertension in Asians. Rates of BP control across Asia are low. The management of hypertension requires a focused multimodal and supportive approach with implementation of public health measures, more effective screening initiatives and evidence-based goal-driven recommendations for appropriate pharmacotherapy augmented by lifestyle changes.