

Editorial

THE PRESSURE BENEATH THE SURFACE: A THEMATIC ISSUE ON HYPERTENSION IN AFRICA

Hypertension remains one of the most important drivers of cardiovascular, cerebrovascular, renal and maternal morbidity and mortality in Sub-Saharan Africa (SSA). Unfortunately, awareness remains low, treatment uptake is inconsistent and overall control rates remain stubbornly low. With this background in mind, the editorial team at the Wits Journal of Clinical Medicine presents this thematic issue dedicated exclusively to hypertension, exploring its complexity, its science, and its expression across the African continent. This issue brings together a rich collection of reviews and original research addressing a central challenge: while hypertension science is advancing rapidly, its implementation across African settings remains inconsistent.

Guidelines and the Real World

The opening commentary examines the latest American and European guidelines. The South African Hypertension Society guidelines were last published in 2014. In the absence of a more recent local update, the commentary offers a glimpse of how the international guidelines could be applied in the South African context, where resource constraints, competing comorbidities, and health system infrastructure all influence how consensus translates into practice.

The second commentary is grounded in a companion paper on persistent hypertension in real-world settings and interrogates the gaps between evidence-based targets and what patients actually achieve, candidly questioning: why are we still not there?

Beyond the Pill

Raised blood pressure does not always require medication as the first intervention, and medication alone is insufficient when the underlying lifestyle drivers of hypertension are neglected. The review on non-pharmacological therapies makes a compelling case for examining the evidence for dietary modification, weight management, structured exercise, smoking cessation and reduced alcohol intake, and calling for their routine integration into primary care.

For patients in whom drug therapy has not achieved control, a perspective piece considers renal denervation through an African lens, including its place in the treatment algorithm and for which patients it should be considered.

Drugs: Old and new

The pharmacological management of hypertension has evolved considerably over the past decade. A systematic

review of single-pill combination therapies makes a cogent argument, especially in SSA, that this approach offers a rational alternative to single-pill or multi-single-pill regimens to improve adherence and outcomes.

Looking further ahead, a review of newer drugs targeting novel mechanisms in the Renin Angiotensin Aldosterone System—including small interfering RNA therapies and aldosterone synthase inhibitors—introduces treatment paradigms that may fundamentally reshape how we think about blood pressure control. This review is complemented by an original meta-analysis of aldosterone synthase inhibitors also published in this issue, which provides a rigorous quantitative synthesis of the current evidence base for this emerging class.

Hypertension Across the Lifespan

Two of the most underappreciated dimensions of hypertension epidemiology concern its extremes of age, and this issue addresses both with dedicated contributions.

Reviews of paediatric and adolescent hypertension emphasise that hypertension is not a disease of middle age alone and is often under-recognised. Together with a focused epidemiological study of blood pressure and anthropometric measures in young urban South African adolescents, we begin to build the local evidence base that clinical policy in this domain urgently needs. At the other end of the age spectrum, a narrative review of hypertension management in older adults addresses the challenge of frailty, orthostatic hypotension, and polypharmacy and navigates the question of how aggressively to pursue blood pressure targets in patients whose physiological reserve is reduced.

Special Populations and Original Research

Hypertensive disorders of pregnancy deserve particular attention. A contribution on hypertensive disorders of pregnancy emphasises that hypertension during pregnancy is not an isolated obstetric event, but an early warning sign for future cardiovascular and renal disease. It also offers a South African postpartum care pathway aimed at reducing long-term complications.

The mini-review on inflammation and hypertension reminds us that African hypertension cannot be understood only through sodium, obesity and genetics. It explores, in the South African context, the role of inflammatory and immune activation markers across a variety of hypertension-related settings.

Original research rounds out the issue: the aldosterone synthase inhibitor meta-analysis noted above; the adolescent

anthropometric study; and a sub-analysis of South African data from the May Measure Month campaign, one of the largest global blood pressure screening initiatives, which adds meaningfully to what we know about population-level patterns of awareness, treatment, and control.

A Final Word

This thematic issue argues that hypertension in Africa deserves sustained, locally grounded academic attention, not merely to translate from global guidance, but to investigate and, where necessary, challenge it. The papers published in this issue are not the last word on any topic they

address. They are invitations: to further research, to critical reading, and to the conversations that must take place if we are to reduce the burden that elevated blood pressure imposes on the people in South Africa and the wider African continent.

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