In 1905, Dr Nikolai Korotkoff developed a technique for measuring blood pressure by applying a cuff with an inflatable bladder around the patient’s arm and using a stethoscope to listen to sounds in the brachial artery. The identification of these “Korotkoff sounds” marked the emergence of hypertension as a medical condition that could be measured in an ongoing fashion. Despite the advances that have been made over the last century in better understanding the epidemiology, pathophysiology, and therapeutic approaches to controlling blood pressure, diseases attributable to hypertension remain the leading cause of death in the world. In the United States, one in every three adults has high blood pressure. Only about half of those patients have their values under control. The Centers for Disease Control and Prevention estimates that by adding up the cost of health care services, medications, and missed days of work, high blood pressure costs the nation almost $50 billion each year.

In this issue of the *Medical Clinics of North America*, Dr Edward D. Frohlich and his colleagues provide an in-depth review of the pathophysiology of hypertension and the impact that this condition has on inducing coronary disease, heart failure, and kidney disease. The authors further highlight the complexity of controlling high blood pressure and the importance of tailoring treatment approaches to specific populations of patients (eg, diabetics, cardiac transplant patients, elderly patients). No review of hypertension would be complete without a description of the current therapeutic guidelines. Dr Chobanian examines the Eighth Joint National Committee guidelines while identifying where controversies may exist.

It is been over 110 years since Dr Korotkoff described the sounds that would so significantly impact the fight against cardiovascular disease. Since 1950, age-adjusted death rates from cardiovascular disease have declined 60%, partially due to the identification and treatment of hypertension. Yet, much still needs to be accomplished. We
hope that the articles in this issue provide the framework to assist clinicians in assessing and managing this very important clinical entity.

Bimal H. Ashar, MD, MBA, FACP
Division of General Internal Medicine
Johns Hopkins University School of Medicine
601 North Caroline Street
#7143
Baltimore, MD 21287, USA

E-mail address:
Bashar1@jhmi.edu