

Hypertension Research Guide to Authors

The instructions below are structured so you can quickly and easily answer the following questions:

1. Is my manuscript suitable for *Hypertension Research*? (see [Aims and Scope](#))
2. How do I format my manuscript for *Hypertension Research*? (see [Format of Papers](#))
3. How do I submit my manuscript to *Hypertension Research*? (see [Submission of Papers](#))

Journal Information

Hypertension Research is the official publication of the [Japanese Society of Hypertension](#), publishing high-quality original research articles, reviews, correspondence and editorials on all aspects of hypertension and related cardiovascular diseases. The journal publishes papers on clinical trials, clinical and epidemiological studies and basic research (e.g. pathophysiology, genetics, metabolomics, pharmacology, molecular biology, and biomarkers).

We have recently expanded the journal's scope. It now includes **organ damage, vascular dysfunction, cerebrovascular disease, chronic kidney disease, metabolic diseases, and important issues in specific populations such as the elderly (cognitive dysfunction, frailty), children, pregnant women, cancer patients** etc. Moreover, papers on **outcome research concerning hypertension and its management and the use of emerging technologies such as telemedicine, big data analysis, wearable devices, artificial intelligence (AI), and other digital technologies** are also welcome.

Aims and Scope

Hypertension Research is the official publication of the [Japanese Society of Hypertension](#). The journal publishes papers reporting original clinical and experimental research that contribute to the advancement of knowledge in the field of hypertension and related cardiovascular diseases. The journal publishes Review Articles, Articles, Correspondence and Comments. Manuscripts submitted to *Hypertension Research* will be accepted on the understanding that the author must not have previously submitted the paper to another journal or have published the material elsewhere.

Prior to Submission

Editorial policy

The editors reserve the right to reject manuscripts without review. Such rejections must be approved by the editor-in-chief, and are intended to alleviate unnecessary workload for the editorial board, as well as provide authors the opportunity to seek other publishing options as soon as possible. Articles that are selected for peer review will be reviewed by two or more referees.

To avoid unnecessary delays in the review process, please consider the following policies carefully before you submit your manuscript. Manuscripts that are not concise or do not conform to the conventions and standards of *Hypertension Research* will be returned to the authors for revision.

Preprint

Hypertension Research also accepts submissions of research manuscripts posted on preprint servers for review. However, authors must acknowledge that the manuscript can be found on a preprint server and provide any associated access numbers or DOIs in the cover letter (see [Preprints & Conference Proceedings](#) for more information). Additionally, they need to upload the preprint PDF as a "Supplementary File for Review" during the submission process. In this regard, they need to ensure the file is clearly identified as a preprint PDF on the first page.

Authorship

It is the responsibility of every person listed as an author of an article published in *Hypertension Research* to have contributed in a meaningful and identifiable way to the design, performance, analysis, and reporting of the work. A manuscript will be considered for publication on the understanding that all named authors have agreed to its submission and that if accepted it will not be later published in the same or similar form in any language without the consent of the publishers.

All contributors who do not meet the criteria for authorship as defined above should be listed in an acknowledgements section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chair who provided only general support. Authors should disclose whether they had any writing assistance and identify the entity that paid for this assistance.

Large Language Models (LLMs), such as ChatGPT, do not currently satisfy our authorship criteria. Notably an attribution of authorship carries with it accountability for the work, which cannot be effectively applied to LLMs. Use of an LLM should be properly documented in the Methods section (and if a Methods section is not available, in a suitable alternative part) of the manuscript. (e.g. For the language proofreading of the manuscript, we employed ChatGPT by GPT-3.5.)

The corresponding (submitting) author is responsible for having ensured that this agreement has been reached, and for managing all communication between the journal and all co-authors, before and after publication. Any changes to the author list after submission, such as a change in the order of the authors, or the deletion or addition of authors, needs to be approved by a letter signed by every author.

Basic researches

If the study includes gene manipulation procedures, the description is required in the text as to the conformity to the Cartagena Protocol (<http://bch.cbd.int/protocol/>). If the study includes handling of experimental animals, the descriptions are required in the text as to the approval of Institutional Review Board or Animal Care and Use Committee and the conformity to the International Guiding Principles for Biomedical Research Involving Animals (<http://grants.nih.gov/grants/olaw/olaw.htm>) or equivalent guidelines for animal care.

Clinical trials and epidemiological studies

As defined by the [International Committee of Medical Journal Editors \(ICMJE\)](#), a clinical trial is any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. A medical intervention is any intervention used to modify a health outcome and includes but is not limited to drugs, surgical procedures, devices, behavioral treatments, and process-of-care changes. A trial must have at least one prospectively assigned concurrent control or comparison group in order to trigger the requirement for registration. Nonrandomized trials are not exempt from the registration requirement if they meet the above criteria. When reporting experiments on human subjects, indicate whether the procedures were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) or with the 1964 Declaration of Helsinki and its later amendments). Include the approval of Institutional Review Board or Ethical Committee.

All clinical trials must be registered in a public registry prior to submission. *Hypertension Research* follows the trials registration policy of the ICMJE and considers only trials that have been appropriately registered before submission, regardless of when the trial closed to enrollment. Acceptable registries must meet the following ICMJE requirements:

- be publicly available, searchable, and open to all prospective registrants
- have a validation mechanism for registration data
- be managed by a not-for-profit organization:

Examples of registries that meet these criteria include (1) [the registry sponsored by the United States National Library of Medicine](#); (2) [the International Standard Randomised Controlled Trial Number Registry](#); (3) [International Clinical Trials Registry Platform \(ICTRP\)](#) (4) [The National Research Register \(NRR\) Archive](#); (5) [the European Clinical Trials Database](#) and (6) [University Hospital Medical Information network Clinical Trials Registry \(UMIN-CTR\)](#).

Clinical studies are recommended to conform with the corresponding guidelines of EQUATOR (Enhancing the QUALity and Transparency Of health Research) network (<http://www.equator-network.org/>) or equivalent guidelines according to the type of study such as observational study, interventional trial, parallel group randomized trial, study of diagnostic accuracy, case report, systematic review and meta-analysis, etc.. For the manuscript reporting genetic association studies, refer to [the Guidelines for Human Genetic Association Studies](#).

Statistical analyses

In performing the statistical analyses of the data, it is recommended to follow the SAMPL (Statistical Analyses and Methods in the Published Literature) Guidelines (<http://www.equator-network.org/reporting-guidelines/sampl/>) or equivalent principles.

Conflicts of interest

In the interests of transparency and to help reviewers assess any potential bias, *Hypertension Research* requires all authors of all submitted papers to declare any conflict of interest (COI) that could be considered broadly relevant to the submitted work, following the guideline and detailed regulations set by the Japanese Society of Hypertension (JSH) in 2015.

Authors submitting their manuscripts using the journal's online manuscript tracking system are required to make their declaration as part of this process and to specify the competing interests in cases where they exist.

Criteria for COI disclosure

1. Employment/Leadership position/ Advisory role (1,000,000 yen*/year or more)
2. Stock ownership or options (Profit of 1,000,000 yen/year or more/ownership of 5% or more of total shares)
3. Patent royalties/licensing fees (1,000,000 yen/year or more)
4. Honoraria (e.g. lecture fees) and Fees for promotional materials (e.g. manuscript fee) (500,000 yen/year or more)
5. Research funding (5,000,000 yen/yr or more)
6. Scholarship or donation (1,000,000 yen/yr or more)
7. Endowed departments by commercial entities
8. Others (e.g. trips, travel, or gifts, which are not related to research) (50,000 yen/year or more)

Corresponding author is requested to collect above listed COI from all authors using "[Hypertension Research: Self-reported Potential Conflict of Interest Disclosure Statement Form](#)" or "[ICMJE \(International Committee of Medical Journal Editors\) Form for Disclosure of Potential Conflicts of Interest](#)" and enter them on electronic submission according to the following styles:

[category of interest]:[initials of author name](entity name);

e.g.) Employment: AB (C Pharmaceutical); Stock: DE's spouse (F Co. Ltd.); Honoraria: GH (I Pharma Inc., J Holdings); Research fund: KL, MN (O Corporation, P Laboratories).

Also, authors should add COI statement to the end of the manuscript main text, and before the acknowledgement or the list of references as described later in this Guide to Authors at "Conflict of Interest" under "Article Section". Please note that the disclosure is required only for the relationship that the author had within three years before the date of submission.

Referees are also asked to indicate any potential conflict they might have reviewing a particular paper.

For detailed information in Japanese, please refer to [JSH Guideline for managing COI](#) and its detailed regulations.

Electronic manipulation of images

Digital image enhancement is acceptable practice, although it can result in the presentation of unrepresentative data as well as in the loss of meaningful signals. During manipulation of images a positive relationship between the original data and the resulting electronic image must be maintained. If a figure has been subjected to significant electronic manipulation, the specific nature of the enhancements must be noted in the figure legend or in the 'Methods' section. The editors reserve the right to request original versions of figures from the authors of a paper under consideration.

Plagiarism and fabrication

Plagiarism is when an author attempts to pass off someone else's work as his or her own. Duplicate publication, sometimes called self-plagiarism, occurs when an author reuses substantial parts of his or her own published work without providing the appropriate references. Such manuscripts would not be considered for publication. But minor plagiarism without dishonest intent is relatively frequent, for example, when an author reuses parts of an introduction from an earlier paper. The editors judge any case of which they become aware (either by their own knowledge of and reading about the literature, or when alerted by referees) on its own merits.

Nature Publishing Group is part of [CrossCheck](#), an initiative to help editors verify the originality of submitted manuscripts. As part of this process, selected submitted manuscripts are scanned and compared with the CrossCheck database.

If a case of plagiarism comes to light after a paper is published in *Hypertension Research*, the journal will conduct a preliminary investigation. If plagiarism is found, the journal will contact the author's institute and funding agencies. A determination of misconduct will lead *Hypertension Research* to run a statement, bidirectionally linked online to and from the original paper, to note the plagiarism and to provide a reference to the plagiarized material. The paper containing the plagiarism will also be obviously marked on each page of the PDF. Depending on the extent of the plagiarism, the paper may also be formally retracted.

Supplementary information for the editors and the reviewers

Any manuscripts under review or accepted for publication elsewhere should accompany the submission if they are relevant to its scientific assessment. Authors should also provide upon submission any kind of supplementary material that will aid the review process.

Content types and format of papers

The content types accepted by *Hypertension Research* are:

- Review Article
- Mini Review
- Article
- Correspondence
- Comment
- Brief Report
- Literature Review and Cases with Typical Imaging (Clinical or Experimental)

Preparation of manuscripts

All papers should be written in concise English but should contain sufficient detail to illustrate how the results were obtained.

It is recommended for manuscripts to be typed, double-spaced using a 12-point font, including references, figure legends, and tables. Leave 1-inch (2.54 cm) margins on all sides.

Manuscripts are considered with the understanding that they have not been published previously in print or electronic format and are not under consideration by another publication or electronic medium. Copies of possibly duplicative materials that have been previously published or are being considered elsewhere must be provided at the time of manuscript submission.

Manuscripts should contain a statement to the effect that all human studies have been reviewed by the appropriate ethics committee or it should be stated clearly in the text that all persons gave their informed consent prior to their inclusion in the study. Details that might disclose the identity of the subjects under study should be omitted. Authors should also draw attention to the [Code of Ethics of the World Medical Association](#) (1964 Declaration of Helsinki and its later amendments).

When reporting the results from experiments on animals indicate whether the experiments were conducted according to the National Research Council's guidelines.

Cover Letter

The uploaded covering letter must state that the material has not been submitted for publication elsewhere while under consideration for *Hypertension Research*. Identify the name, full postal address and fax number of the corresponding author. The authors are free to offer suggestions of suitable expert reviewers.

Review Article

Review Articles normally have a word limit of 5000 words including abstract but excluding references, tables and figures. A number of Review Articles will be solicited by the editors; however, we also welcome timely, unsolicited Review Articles.

Mini Review

Mini Reviews normally have a word limit of 3000 words including abstract but excluding references, tables and figures. It should not include more than six figures/tables.

Article

Studies that are of high scientific quality and that are of interest to the diverse readership of the journal. Manuscripts should include an abstract and appropriate experimental details to support the conclusions. Articles should be no more than 5000 words including abstract but excluding references, and should not normally include more than six display items (tables and/or figures). Manuscripts should include the following sections, each starting a new page: title, abstract and keywords, text (introduction, methods, results and discussion), conflict of interest, references, tables and figure legends.

Correspondence

Letters discussing a recently published article, or preliminary reports of unusual urgency, significance and interest, the subjects of which may be republished in expanded form, may be submitted as Correspondence. In addition, authors who wish to submit a "Letter to the Editor" can use this article type. Correspondence should contain no more than 500 words of text and a maximum of 5 references. Correspondence **does not** contain an abstract but should contain one Graphical Abstract. Any other graphics (figures or tables) should be included in the supplementary information. Apart from keywords there is no obligation to divide the text into sections. In all other respects, the directions for full papers should be followed.

Authors who wish to submit preliminary reports for the Topical Issue Implementation Hypertension can refer to the call for papers page <<https://www.nature.com/hr/call-for-paper>> for further information.

Comment

Articles that describe issues and questions from papers that have appeared in *Hypertension Research*, or articles describing topics of particular interest to the hypertension research community. **Comments on published articles are normally solicited by invitation.** The suggested length for a comment is 1500 words with a maximum of 10 references. Comments do not contain an abstract section, and apart from keywords there is no obligation to divide the text into sections. The use of up to two figures to illustrate key discussion points is encouraged.

Brief Report

Studies that are preliminary or small-scale results but are contribute to future research, leading to new insights or hypothesis are able to be submitted as a brief report. Articles should be no more than 1500 words including abstract but excluding references (up to 15 references), and should not normally include more than two display items (tables and/or figures). Manuscripts should include the following sections, each starting a new page: title, unstructured abstract (no more than 150 words) and keywords, text (introduction, methods, results and discussion), conflict of interest, references, tables and figure legends.

Literature Review and Cases with Typical Imaging (Clinical or Experimental)

Case report that is novel with useful information may be submitted in this section. The editors consider to rarely accept this report. The case should be 1) educational, 2) rare clinical cases, 3) indicating mechanistic background, and 4) have an illustrative and visually attractive clinical imaging and experimental figure (histological and/or experimental finding using patient's specimens). Reports are selected for peer review will be reviewed by two or more referees. This section should describe the case in chronological order and include Discussion. Discussion should include a topical and comprehensive literature review, and comparison of the case reports from the previous published literature. "Literature Review and Cases with Typical Imaging" should be no more than 1500 words excluding references (up to 15 references), and should include two display items (one typical imaging and one topical review table).

Fast Track

Authors who wish to publish their paper in conjunction with [the Annual Meeting of the Japanese Society of Hypertension](#) should submit their manuscript as early as possible, ideally three months before the Meeting. The first author must be a member of the Society, submit an abstract, and participate in the Meeting.

Typically, the Meeting takes place in September or October. However, authors should verify the latest details on the Meeting website. Fast Track publication is available for Articles and Brief Communications. The Editors will endeavor to process all manuscripts swiftly. Nonetheless, it is important to note that selecting Fast Track publication does not ensure acceptance.

Once an abstract has been submitted to the Meeting and Fast Track has been requested, the Editorial Office will contact the first author with instructions on how to submit the manuscript for Fast Track publication.

Hypertension Research Article Types					
Article Type	Abstract	Maximum Length	Figures/ Tables	References	Graphical Abstract (GA)/ Graphical Opinion (GO)
Review Article	Unstructured abstract (no more than 250 words)	5,000 words (abstract and main text)			GA required
Article	Unstructured abstract (no more than 250 words)	5000 words (abstract and main text)	Up to 6 materials (Tables and/or Figures)		GA required
Correspondence	No abstract	500 words	Up to 1 Table or Figure	Up to 5 references	GO not obligatory
Comment	No abstract	1,500 words	Up to 2 materials (Tables and/or Figures)	Up to 10 references	GO encouraged
Mini Review	Unstructured abstract (no more than 250 words)	3,000 words (abstract and main text)	Up to 6 materials (Tables and/or Figures)		GA required
Brief Report	Unstructured abstract (no more than 150 words)	1,500 words (abstract and main text)	Up to 2 materials (Tables and/or Figures)	Up to 15 references	GA required

Literature Review and Cases with Typical Imaging (Clinical or Experimental)	Unstructured abstract (no more than 250 words)	1,500 words (abstract and main text)	One typical imaging and one topical review table are required	Up to 15 references	GA not obligatory
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Article sections

Please make spelling consistent with current editions of either Webster's Dictionary or Oxford English Dictionary. In general, manuscripts should be divided in to the following sections:

- ☐ Title page
- ☐ Abstract
- ☐ Introduction
- ☐ Methods
- ☐ Results
- ☐ Discussion
- ☐ Acknowledgments
- ☐ Conflict of Interest
- ☐ References
- ☐ Figure legends
- ☐ Tables
- ☐ Figures
- ☐ Graphical Abstract Image
- ☐ Graphical Abstract Text
- ☐ Supplementary Information

Title page

The title page should give a concise but informative title, the first and last names and other initials of all authors, as well as their affiliations (but not degrees). Names of grants covering the research described should also be included on this page. The order in which the contributors are listed should be agreed amongst the investigators, and should indicate that the first listed made the greatest contribution to the paper. Full contact details should be provided for the corresponding author. No more than 20 co-authors can be added in the ScholarOne Manuscripts. However, additional authors who cannot be entered will be included in the publication if their names are indicated on the title page as co-authors.

Abstract

An abstract of not more than 250 words. The abstract should be comprehensible to readers before they have read the paper, and abbreviations and reference citations within the abstract should be avoided. It should outline the purpose of the study, the basic procedures and the most important conclusions.

Three to five keywords, which may or may not appear in the title, should be given in alphabetical order below the abstract, each separated by a comma (,). Whenever possible, the terms should be from the [Medical Subject Headings list of Index Medicus](#).

Introduction

This should give a short, clear account of the background and reasons for undertaking the study. It should not be a review of the literature.

Methods

This section should contain sufficient detail so that all experimental procedures can be repeated by others in conjunction with cited references. This section may be divided into subheadings to assist the reader. Names of products and manufacturers should be included only if alternative sources are deemed unsatisfactory, giving both the company name and city. Generic names of drugs should be used.

Novel experimental procedures should be described in detail, but published procedures should be referred to by literature citation of the original article and published modifications. Use of standard abbreviations and SI units of measurement (according to the Systeme International d'Unites) is encouraged. Measurements that are not currently converted to SI units in biomedical applications are blood and oxygen pressures, enzyme activity, H⁺ concentration, temperature, and volume. Abbreviations, if used, should be defined on their first appearance in the text.

Results

The description of results should not simply reiterate data that appear in tables and figures and, likewise, the same data should not be displayed in both tables and figures. The results section should be concise and follow a logical sequence. If the paper describes a complex series of experiments, it is permissible to explain the protocol/experimental design before presenting the results. Do not discuss the results or draw any conclusions in this section. This section may be divided into subheadings to assist the reader. Large datasets or other cumbersome data pertinent to the manuscript may be submitted as supplementary information.

Discussion

Do not recapitulate the results, but discuss their significance against the background of existing knowledge, and identify clearly those aspects that are novel. The final paragraph should highlight the main conclusion(s), and provide some indication of the direction future research should take. This section may be divided into subheadings to assist the reader.

Conflict of Interest

All authors are required to disclose any financial relationship (within the past 36 months) with a biotechnology manufacturer, a pharmaceutical company, or other commercial entity that has an interest in the subject matter or materials discussed in the manuscript. The matters requiring disclosure are outlined in the JSH Conflict of Interest Policy (IV. Matters Requiring Disclosure).

The corresponding author needs to include a summary in the text of the manuscript in a separate section before the reference list.

For detailed information such as criteria of COI and style of description, see the Conflict of Interest section.

Acknowledgments

These should be brief, and should include sources of financial support, material (e.g. novel compounds, strains, etc.) not available commercially, personal assistance, advice from colleagues and gifts. Acknowledgments should be made only to those who have made a significant contribution to the study.

References

Authors are responsible for the accuracy of the references. If there are more than six authors, list the first six authors followed by et al. In the text of the manuscript, references to the literature should be numbered consecutively and given in brackets. Each reference should be numbered individually and listed at the end of the manuscript. Only articles that have been published or accepted and waiting for publication (listed as 'in press' following digital object identifier number) should be in the reference list. Reference to 'unpublished data' and 'personal communications' should not appear in the list but should be cited in the text parenthetically only (e.g. Smith A, 2007, unpublished data). Written proof for 'personal communication' and preprint for 'in press' may be requested for review.

Abstracts may be cited only if they are the sole sources, and must be identified in the reference list as '(Abstract)'. The names of journals cited should be abbreviated (without full stops) according to the 'International List of Periodical Title Word Abbreviations (Chemical Abstracts Service, Columbus, Ohio, USA, 1970)'.

Example of references:*Journal article*

Glodny B, Pauli G. Medullopresin: a new pressor activity from the renal medulla. *Hypertens Res* 2005; 28: 827–36.

Price RA, Curry N, McCann KE, Fielding JL, Lockett M, Abercrombie E. Analysis of obesity in twins. *Hum Hered* 1989; 39 (Suppl 1): 121–35.

Feig SA, Lenarsky C, Moss T, Gallardo RL, Juneja HS, Gordon MY. Bone marrow transplantation for neuroblastoma. *Exp Hematol* 1985; 13: 362 (abstract 102).

Journal article - online only

Jelinic P, Stehle JC, Shaw P. The testis-specific factor CTCFL cooperates with the protein methyltransferase PRMT7 in H19 imprinting control region methylation. *PLoS Biol* 2006; 4: e355. doi:10.1371/journal.pbio.0040355.

Journal article - in press

Davis ID, Chen Q, Morris L, Quirk J, Stanley M, Tavarnesi ML, et al. Blood dendritic cells generated with Flt3 ligand and CD40 ligand prime CD8+ T cells efficiently in cancer patients. *J Immunother* (in press).

Journal article - e-pub ahead of print

Tian X-P, Long L-J, Li S-M, Zhang J, Xu Y, He J, et al. *Pseudonocardia antitumoralis* sp. nov., a new deoxyxyboquinone-producing actinomycete isolated from a deep-sea sedimental sample in South China Sea. *Int J Syst Evol Microbiol* (e-pub ahead of print 25 May 2012; doi:10.1099/ij.s.0.037135-0).

Book

Chapter in a Book

Morrow DA, Gersch BJ, Braunwald E. Chronic coronary artery disease. In Zipes DP, Libby P, Bonow RO, Braunwald E (eds), Heart Disease, 7th edn. WB Saunders: Philadelphia, PA, USA, 2005, 1281–341.

Electronic Material

National Institutes of Health. Genome-Wide Association Studies (GWAS).
<http://grants.nih.gov/grants/gwas/index.htm>. Accessed 4 January 2007.

Tables

These should be labelled sequentially as Table 1, Table 2, etc. **Each table should be saved in a separate file**, numbered and titled, and cited in the text. Reference to table footnotes should be made by means of Arabic numerals. Tables should not duplicate the content of the text. They should consist of at least two columns; columns should always have headings. Tables should have a brief footnote that identifies all abbreviations used. Authors should ensure that the data in the tables are consistent with those cited in the relevant places in the text, totals add up correctly, and percentages have been calculated correctly. Tables should be supplied as separate electronic files (as Word or Excel file formats).

Figures

These should be labelled sequentially as Figure 1, Figure 2, etc. Please note that when uploading Figure files, **each figure should be saved in a separate file**, numbered and titled and cited in the text. Figure legends should be submitted on a separate sheet with list of text captions to all figures after the reference list. Figures should be referred to specifically in the text of the paper but should not be embedded within the text. The use of three-dimensional histograms is strongly discouraged when the addition of the third dimension gives no extra information. If a table or figure has been published before, the authors must obtain written permission to reproduce the material in both print and electronic formats from the copyright owner and submit it with the manuscript. This follows for quotes, illustrations and other materials taken from previously published works not in the public domain. The original source should be cited in the figure legends or table footnote.

At submission, ALL figures should be of a high enough quality to be assessed in the peer review process. A minimum resolution of 300 dpi is required at the size the image is to appear in print. The minimum resolution for images containing text should be 400dpi and 1000dpi for images containing line art. Please refer to the [Artwork Guidelines](#) for details of artwork (Figures and Images) preparation.

Acceptable file formats for the figures are

- ☐ Adobe Illustrator (.ai, .eps)
- ☐ CorelDRAW version 8 or above (.cdr)
- ☐ Photoshop (.psd)
- ☐ TIFF (.tiff)
- ☐ MS Word documents (.doc)
- ☐ PowerPoint (.ppt)
- ☐ MS Excel spreadsheet documents (.xls)
- ☐ JPEG image files (.jpg)
- ☐ Acrobat files (.pdf)
- ☐ TeX, LaTeX

Colour figures

Colour figures are free of charge. Authors who wish their articles to have colour figures must supply files in colour in the following format.

For Single Images:

Width	500 pixels (authors should select "constrain proportions", or equivalent instructions, to allow the application to set the correct height automatically.)
Resolution	125 dpi (dots per inch) or "Save for Web" if using Photoshop
Format	JPEG for photographs GIF for line drawings or charts

Filenaming	Please save image with .jpg or .gif extension to ensure it can be read by all platforms and graphics packages.
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For Multi-part Images:

Width	900 pixels (authors should select "constrain proportions", or equivalent instructions, to allow the application to set the correct height automatically.)
Resolution	125 dpi (dots per inch) or "Save for Web" if using Photoshop
Format	JPEG for photographs GIF for line drawings or charts
Filenaming	Please save image with .jpg or .gif extension to ensure it can be read by all platforms and graphics packages.

Graphical Abstract

Authors should submit a graphical abstract (chart, graph, image or other informative illustration) and a short summary text with their manuscript. A graphical abstract, which summarizes the manuscript in a visual way, is intended to attract readers' attention. Graphical abstracts are published with Review Articles, Mini Reviews, Articles and Brief Reports. Textual statements should be kept to a minimum. To make an effective graphical abstract, we recommend including the following components:

1. Graphical abstract title
2. Study design/Method (Describe the cohort. Please provide the N and other characteristics if applicable.)
3. A summary of the outcomes (the data and visual representations of the outcomes)
4. Citation (Add the journal title and first author's name.)

Please see also: [Hypertension Research: Sample graphical abstracts and template](#) at the bottom of the guideline.

The image must fit within a rectangular text field measuring 18cm (7.08 inches) wide and 12-15 cm (4.72 - 5.91 inches) high when printed at full scale (100%). The graphical abstract should not be totally identical to the figure itself. The graphical abstract will be published underneath the Abstract both in print and online. It will also be published in the table of contents on the journal website and in the print issue. It should be entered in the submission system as a single file by selecting the file designation "Graphical Abstract Image." The summary text should not exceed 50 words and should be submitted as a single file by selecting "Graphical Abstract Text." All graphical abstracts should be submitted with a white background and all images should fill the available width, whenever possible. Please see our [figure guidelines](#) for resolution requirements.

Graphical Opinion

We strongly recommend that authors submit a "graphical opinion" (chart, graph, image or other informative illustration) and a short summary text with their manuscript for Comments. Though not mandatory, they are also encouraged to submit graphical opinions for Correspondence. Similar to graphical abstracts, the purpose of graphical opinions is to give the reader a representative idea of the topic discussed in the manuscript. The image must fit within a rectangular text field measuring 18cm (7.08 inches) wide and 12-15 cm (4.72 - 5.91 inches) high when printed at full scale (100%). The graphical opinion should not be totally identical to the figure itself. Please submit your graphical opinion as a single file in the submission system by selecting the file designation "Graphical Opinion Image." Please include the caption "Graphical Opinion Image" in the figure. The summary text should not exceed 50 words and should be submitted as a single file by selecting "Graphical Opinion Text." Please see our [figure guidelines](#) for the resolution requirements. Please see also: [Hypertension Research: Sample graphical abstracts and template](#) at the bottom of the guidelines.

Supplementary information is peer-reviewed material directly relevant to the conclusion of an article that cannot be included in the printed version owing to space or format constraints. It is posted on the journal's website and linked to the article when the article is published and may consist of data files, graphics, movies or extensive tables.

The printed article must be complete and self-explanatory without the supplementary information. Supplementary information enhances a reader's understanding of the paper but is not essential to that understanding.

Supplementary information must be supplied to the editorial office in its final form for peer review. On acceptance the final version of the peer-reviewed supplementary information should be submitted with the accepted paper.

To ensure that the contents of the supplementary information files can be viewed by the editor(s), referees and readers, please also submit a 'read-me' file containing brief instructions on how to use the file.

The supplementary information may not be altered, nor new supplementary information added, after the paper has been accepted for publication. Material in the 'Supplementary Materials' must be directly relevant and critical to the manuscript's interpretation and should only be included if these conditions are met. The Editors reserve the right not to publish and will consult the authors in such a case.

Supplying supplementary information files

Authors should ensure that supplementary information is supplied in its FINAL format because it is not subedited and will appear online exactly as originally submitted. It cannot be altered, nor new supplementary information added, after the paper has been accepted for publication.

Please supply the supplementary information via ScholarOne Manuscripts, the electronic manuscript submission and tracking system, in an acceptable file format (see below).

Authors should:

- ☐ Include a text summary (no more than 50 words) to describe the contents of each file.
- ☐ Identify the types of files (file formats) submitted.
- ☐ Include the text 'Supplementary information is available at (the journal's name)'s website' at the end of the article and before the references.

Acceptable file formats for the figures are

- ☐ Quick Time files (.mov)
- ☐ Graphical image files (.gif)
- ☐ HTML files (.html)
- ☐ MPEG movie files (.mpg)
- ☐ JPEG image files (.jpg)
- ☐ Sound files (.wav)
- ☐ Plain ASCII text (.txt)
- ☐ Acrobat files (.pdf)
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°	degree, angle	mg	milligram
AM	before noon	min	minute
°C	Celsius	mL	milliliter
c	centi	mL/min	milliliters per minute
cal	calorie	mm, mm ² , mm ³	millimeters
cm, cm ² , cm ³	centimeters	mmHg	millimeters of mercury
cpm	counts per minute	mol	mole
cRNA	complementary RNA	mRNA	messenger RNA
CT	computed tomography	MRI	magnetic resonance imaging
d	deci-	μ	micro-
DNA	deoxyribonucleic acid	μL	microliter
DNase	deoxyribonuclease	μmol	micromole
cDNA	complementary DNA	n	nano-
ECG	electrocardiogram	nm	nanometer
Eq	equivalent	osmol	osmole
f	femto-	Pi	inorganic phosphate
g	gram	p	picog
g	gravitational constant	%	percent
h	hecto-; hour	pH	negative log of hydrogen ion concentration
Hb	hemoglobin	PM	after noon
IC ₅₀	inhibitory concentration, 50%	r	correlation coefficient
i.p.	intraperitoneal	RBC	red blood cell
IU	international unit	RNA	ribonucleic acid
i.v.	intravenous	RNase	ribonuclease
k	kilo-	rpm	revolutions per minute
kcal	kilocalorie	s	second
kg	kilogram	s.c.	subcutaneous
km	kilometer	SD	standard deviation
L	liter	SEM	standard error of the mean
log	logarithm	V	volt
mol/L	moles/liter (molar)	WBC	white blood cell
m	meter; milli-	vs.	versus
mEq	milliequivalent		

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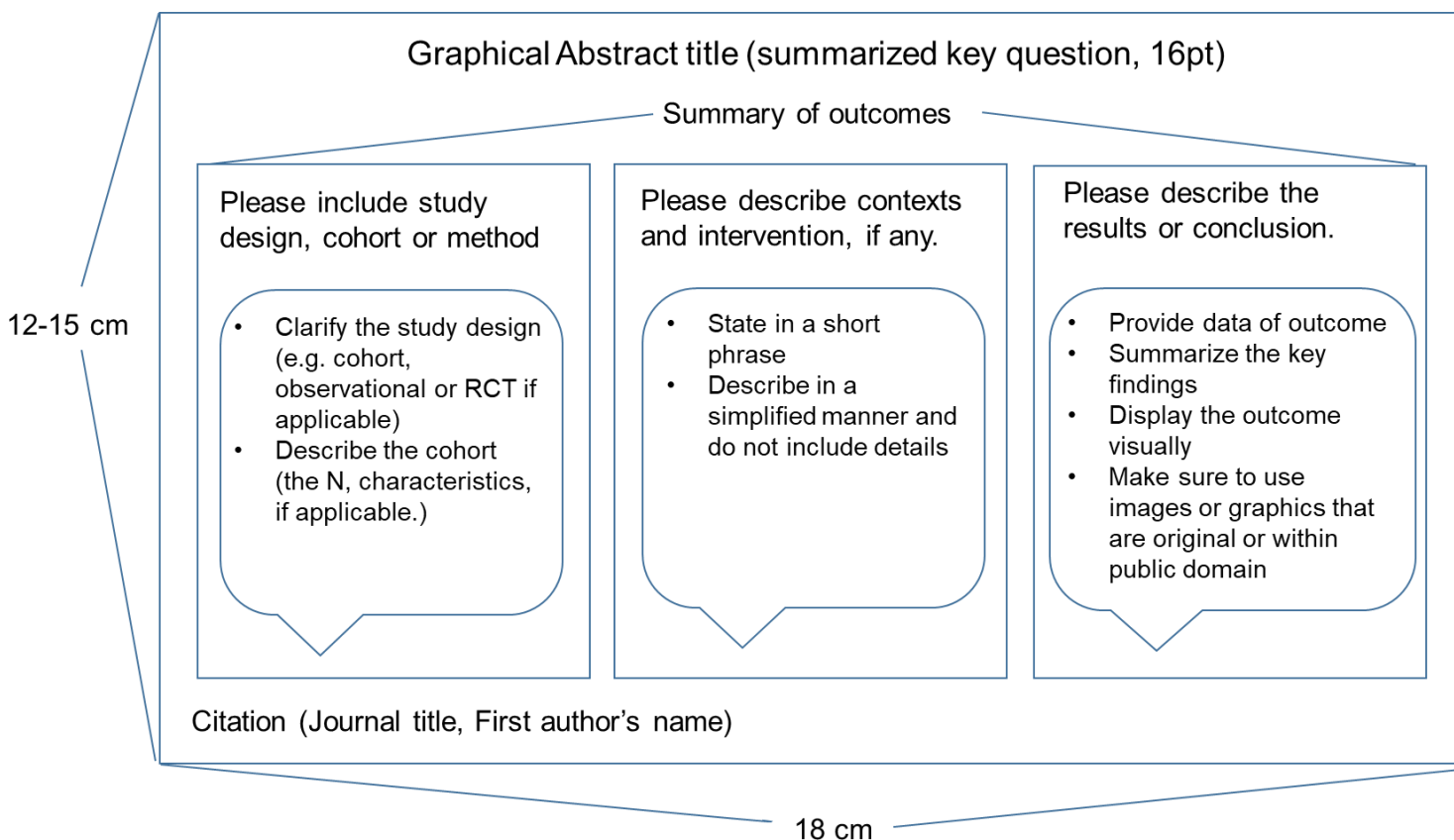
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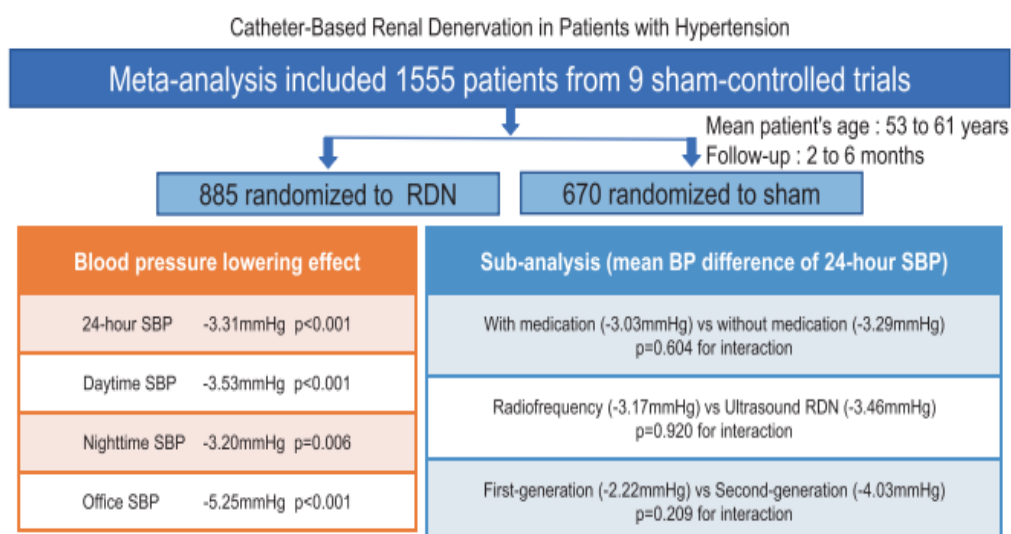


Fig. 6 Graphical Abstract: Our meta-analysis showed that renal denervation significantly reduced all blood pressure metrics in hypertension patients. There were not significant blood pressures reduction between generation trials, devices, with or without medication

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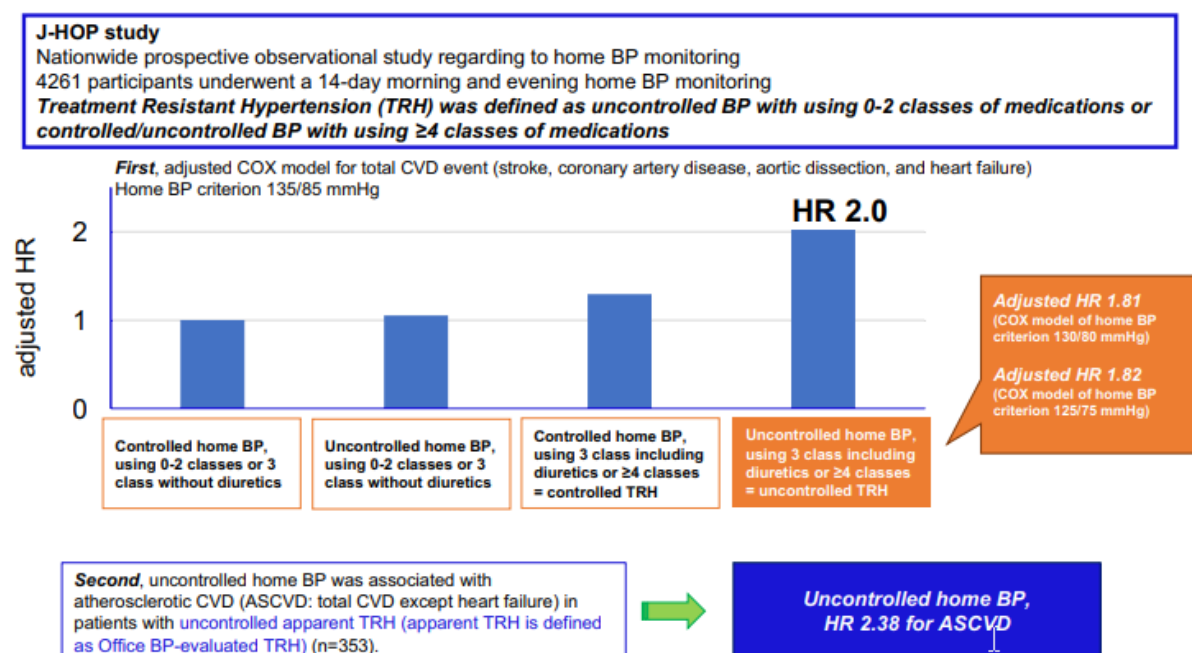


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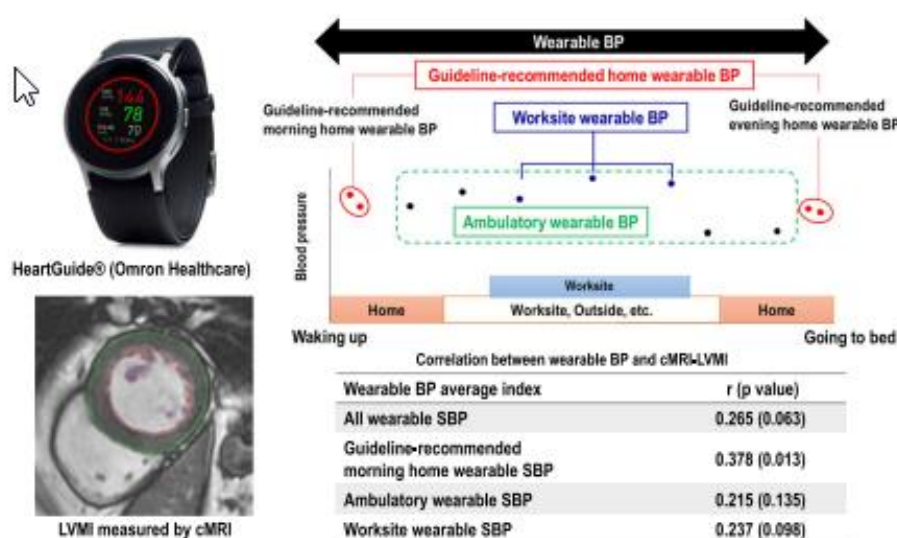
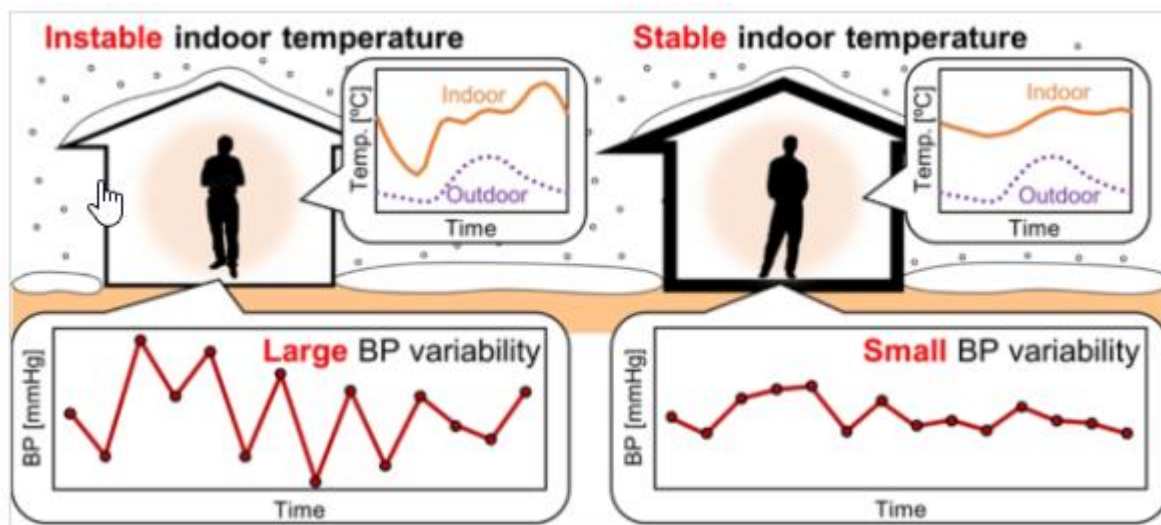


Fig. 4 Graphical Abstract: The HeartGuide® could detect the BP elevation during daily activity. The correlation of cMRI-LVMI with all wearable SBP was weak, but that with guideline-recommended morning home wearable SBP was strong

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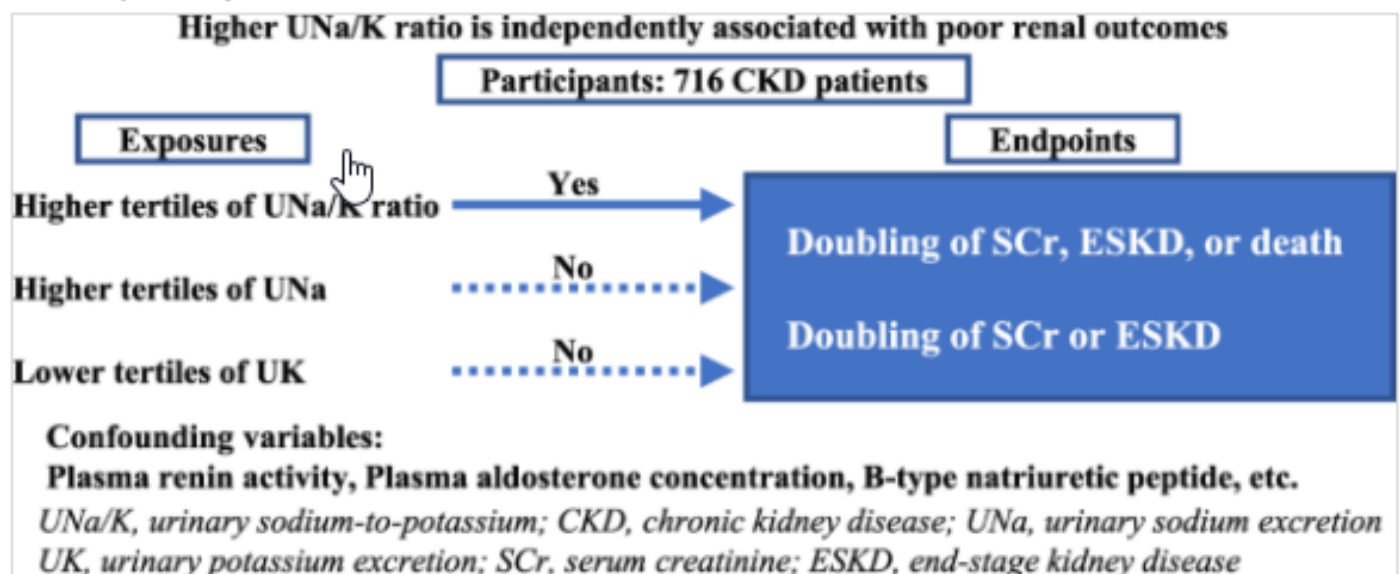
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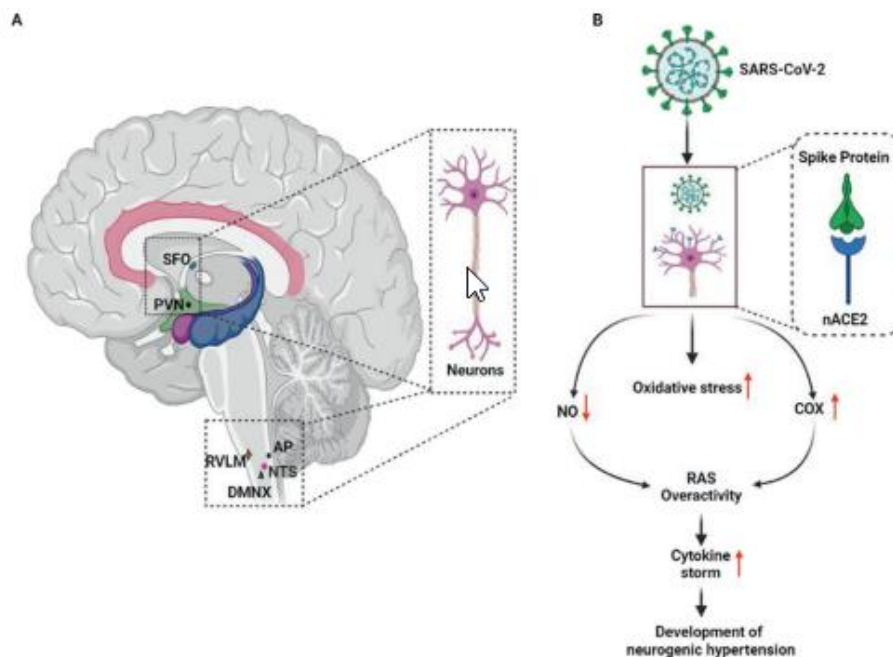


Fig. 1 Schematic representation of the effect of SARS-CoV-2 infection on the generation of neurogenic hypertension. **A** Neuronal ACE2 expression in different parts of the brain, such as the subfornical organ (SFO), area postrema (AP), paraventricular nucleus (PVN), dorsal motor nucleus of the vagus (DMNX), nucleus of tractus solitarius (NTS), and rostromedial lateral medulla (RVLN). **B** SARS-CoV-2 neuroinvasion is

facilitated by its binding to neuronal ACE2 present on neurons, that leads to inflammatory response induction, such as increased secretion of chemokines and cytokines, as well as increased ROS levels. This not only can lead to alterations in neuronal function but also can alter baroreceptor reflex activity, that in turn leads to the development of hypertension

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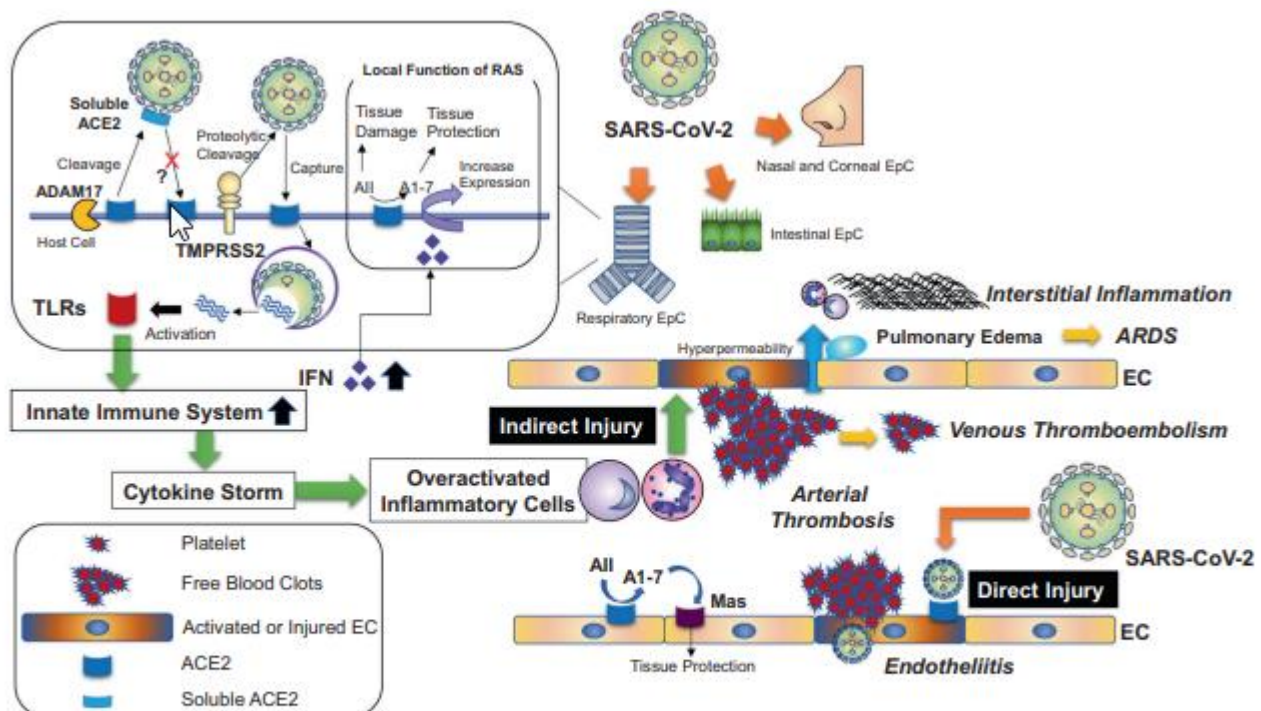


Fig. 1 Possible mechanism of SARS-CoV-2-induced vascular complications. ACE2 angiotensin-converting enzyme 2, ADAM17 a disintegrin and metalloprotease 17, AII angiotensin II, A1-7 angiotensin 1-7, ARDS acute respiratory distress syndrome, EC endothelial cell,

EpC epithelial cell, IFN interferon, SARS-CoV-2 severe acute respiratory syndrome coronavirus 2, TLRs Toll-like receptors, TMPRSS2 transmembrane serine protease 2, RAS renin-angiotensin system

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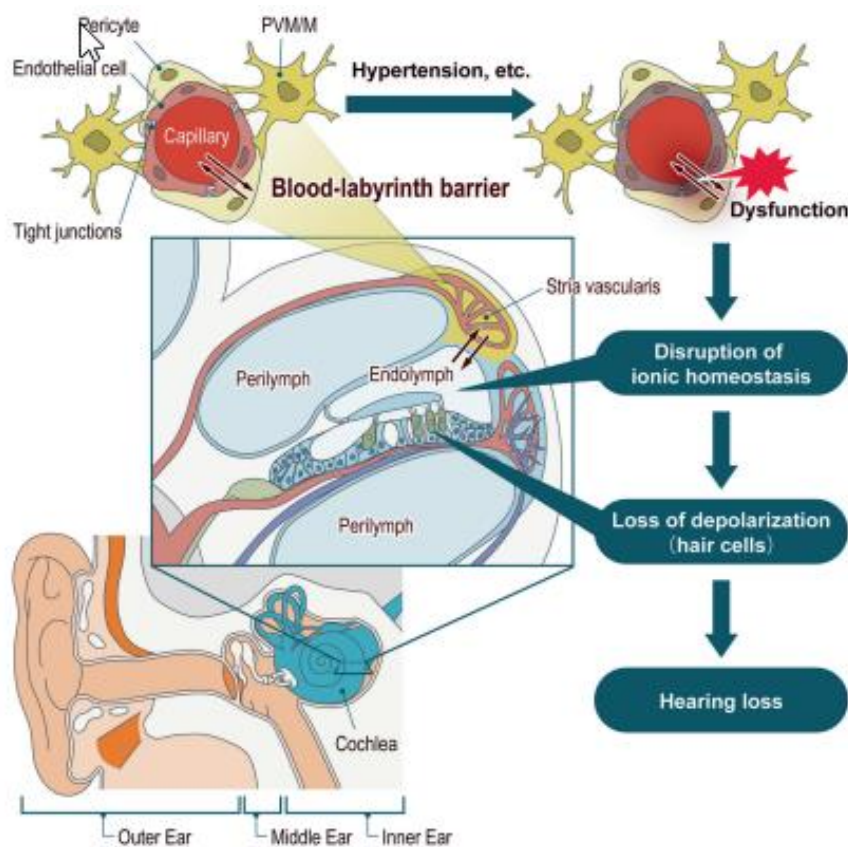


Fig. 1 One of the possible mechanisms between hypertension and hearing loss development via blood-labyrinth barrier dysfunction. PVM/M perivascular-resident macrophage-like melanocytes

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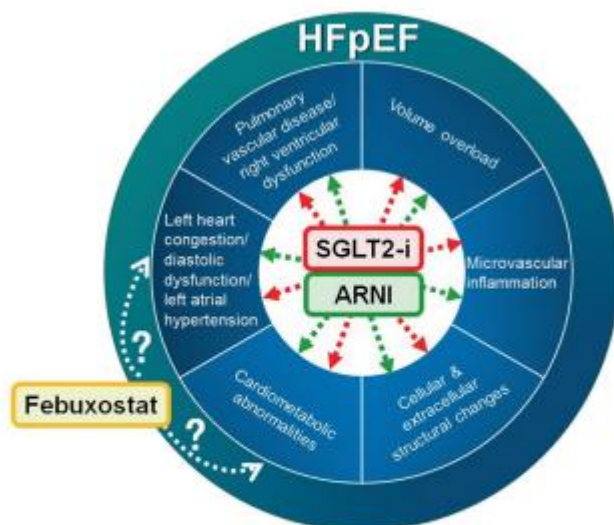


Fig. 1 Recently proposed mechanisms of action of SGLT2-i, ARNI, and febuxostat for the treatment of HFpEF (heart failure with preserved ejection fraction). SGLT2-i sodium-glucose cotransporter 2 inhibitor, ARNI angiotensin receptor neprilysin inhibitor