Since January 1, 2012, a new team of editors has been looking after the journal. The photographs with a very brief summary of research interests are being used here as an introduction for all of our readers (Figure). We are privileged to be able to serve the readers of Hypertension and to follow in the footsteps of an excellent editorial team led by Dr John Hall. Indeed, we suspect that you haven’t noticed the transition, because our aim has been to make it as smooth as possible.

Hypertension is recognized as the top journal in its field, and the new team thanks all of the previous editors for their vision and hard work, both essential prerequisites to get the journal to this position. Under the previous editorial team, the impact factor grew, and we will make every effort to ensure that this continues. It is up to all of us, including the editorial board and the entire community of contributors and readers, to maintain and develop the excellence of our journal. The main objectives for Hypertension remain very similar to those published by Dr John Hall a few months ago: (1) to publish the highest quality of original basic and clinical research relating to hypertension; (2) to increase the readership and scientific importance of Hypertension; (3) to provide fair and quick reviews for submitted manuscripts followed by a rapid publication of all accepted articles; and (4) to serve well the international community of hypertension researchers and practitioners and to be an important vehicle for achieving the mission of the American Heart Association.

To achieve these objectives, we have assembled an international team of associate editors who represent 6 countries and 3 continents between them. We are also greatly helped by our consulting editors (Drs Carey, DiBona, Dzau, Ellison, Frohlich, Fujita, Hall, Mark, Navar, and Oparil). There are several new ideas and initiatives that are being developed together with the American Heart Association.

These include several new topical reviews that we commissioned before January 2012, which will cover broad areas of interest, such as microRNAs, regenerative medicine, clinical trials, clinical guidelines, and many other aspects relevant to hypertension clinicians and scientists alike. We have developed a closer editorial relationship with Circulation, which will result in a referral of articles between the 2 journals with a significant benefit to authors and readers. A similar relationship will also be developed with the online American Heart Association journal, Journal of the American Heart Association. Other plans include a presence on Facebook and Twitter, as well as the iPad application or “app” being developed for Hypertension.

We remind all researchers that Hypertension can only publish the top 25% or less of your submissions. We look for the best original articles with a sound hypothesis, strong data, and novel findings. We have to say no frequently, but we are always happy to look again at new or improved data from you. Please support Hypertension by sending your best work to the journal, and encourage your colleagues to do the same.

The scientific paradigm underlying the clinical and research specialty that we call “hypertension” is mature and yet in great need of further development. Despite our enormous progress in detailed understanding of the pathophysiology of hypertension and hypertension-related target organ damage, the new drug pipelines in major pharmaceutical companies are dry. This is in the face of millions of people worldwide who are suboptimally treated and, thus, at risk of irreversible late complications, such as stroke, myocardial infarction, and end-stage renal failure. We call on all authors and supporters of Hypertension to bring about new paradigms in translational research and stratified medicine to eliminate late complications of uncontrolled hypertension worldwide. Please join these efforts as an author of original work, a clinical scientist proposing new drug targets, a member or fellow of the American Heart Association Council for High Blood Pressure Research, or in many other roles worldwide, which contribute to better treatment for millions of patients who suffer from the consequences of high blood pressure.

Disclosures
None.

Reference
Figure. A, Editor-in-Chief Anna F. Dominiczak, OBE, MD, FRCP, FRSE, FAHA, FMedSci; University of Glasgow, Glasgow, Scotland, United Kingdom; Regius Professor of Medicine and Vice Principal and Head of College of Medical, Veterinary, and Life Sciences at the University of Glasgow; honorary consultant physician with the Greater Glasgow and Clyde Health Board. Prof Dominiczak’s major research interests are in clinical and experimental hypertension, cardiovascular genomics, biomarkers, and systems medicine. B, Deputy Editor Rhian Touyz, MBChB, MSc(Med), PhD; University of Glasgow, Glasgow, Scotland, United Kingdom; Director of the Institute of Cardiovascular and Medical Sciences, British Heart Foundation Glasgow Cardiovascular Research Centre at Glasgow University, Chair of the Council for High Blood Pressure Research of the American Heart Association. Dr Touyz’s areas of study include clinical and experimental hypertension, signal transduction, oxidative stress, ion transport, cell biology, vascular biology, adipose tissue biology, and diabetes. She has a particular interest in translational research. Associate Editors: C, Gregory Fink, PhD; Michigan State University, East Lansing, MI; Professor, Department of Pharmacology and Toxicology at Michigan State University; Vice Chair, American Heart Association Council for High Blood Pressure Research. Dr Fink’s research focuses on the central, peripheral, and neural mechanisms of blood pressure regulation in hypertension. Other important interests are the renin-angiotensin system, endothelin, and the role of venous function and body fluid volume distribution in control of blood pressure. D, Joey P. Granger, PhD; University of Mississippi Medical Center, Jackson, MS; Billy S. Guyton Distinguished Professor, Professor of Physiology and Medicine, Director of the Center for Excellence in Cardiovascular-Renal Research, and Dean of the School of Graduate Studies in the Health Sciences at the University of Mississippi. Dr Granger’s current research focuses on the role of endothelial and neurohormonal factors in mediating hypertension in animal models of preeclampsia. His laboratory is also investigating the role of the renal endothelin system in salt-sensitive hypertension. E, Norbert Hübner, MD, PhD; Charité Medical School, Berlin, Germany; Professor and Chair of Cardiovascular and Metabolic Sciences at the Charité Medical School Berlin, Germany; heads a program on Medical Genomics and Genetics at the Max-Delbrück Center for Molecular Medicine. Dr Hübner’s laboratory uses large-scale technologies and systems biology approaches to identify genes, gene networks, and genomic mechanisms underlying common cardiovascular and metabolic diseases. F, Garry Jennings, AM, MB, BS, MD, FRCP, FRACP, FAHA, FCSANZ, MAICD; Baker IDI Heart and Diabetes Institute, Melbourne, Victoria, Australia; Director of the Baker IDI Heart and Diabetes Institute; President of the Asia Pacific Society of Hypertension. Dr Jennings is a cardiologist with interest in clinical and translational research subjects including the benefits of exercise, sympathetic pathophysiology of cardiovascular and metabolic disease, cardiac hypertrophy, indigenous cardiovascular health, and clinical trials of the management of hypertension. G, Ernesto L. Schiffrin, CM, MD, PhD, FRSC, FRCPC, FACP; McGill University, Montreal, Quebec, Canada; Physician-in-Chief of the Jewish General Hospital; Canada Research Chair in Hypertension and Vascular Research; Professor and Vice-Chair (Research), Department of Medicine at McGill University. Dr Schiffrin’s research focuses on mechanisms and treatment of high blood pressure, from molecules and cells to humans. H, Jan Staessen, MD, PhD; University of Leuven, Leuven, Belgium; Professor of Medicine at the University of Leuven; Head of Clinic at the University Hospitals Leuven; Division of Hypertension and Cardiovascular Rehabilitation, Department of Cardiovascular Diseases, University of Leuven, Belgium; Professor of Genetic Epidemiology at the Department of Epidemiology, Maastricht University. Dr Staessen’s current research interests focus on the genetics, epidemiology, and treatment of cardiovascular disease, in particular, hypertension.