2015 is year 3 of a 5-year term for the current editorial team. As we have just passed the midpoint in our term, we share with you several accomplishments and set the stage for additional successes in the upcoming year.

Our mission to be the best hypertension journal in the world remains foremost, and the objectives laid out to achieve this mission remain largely unchanged (Table). Hypertension is a global disease. Complications of hypertension account for 9.4 million deaths worldwide every year. Keeping this in mind, Hypertension, an American Heart Association journal, strives to be globally inclusive with 75% of editors and 45% of the editorial board located outside the United States. In addition, Hypertension received submissions from 47 countries in the first 9 months of 2014 and >50% of accepted articles in 2014 are from corresponding authors working outside the United States.

Rapid and fair reviews have been a focus of the journal for a long time, predating the current editorial team.3 The average time from submission to first decision has averaged 2.5 weeks (16.5 days) for >5 years; however, we thought that it is possible to shorten this time if peer reviewers were able to return reviews consistently sooner than the previously requested 14 days. Therefore, in the last weeks of 2013, a change to the standard review window was put into action. Reviewers are now asked to return comments within 10 days for most article types. Due to implementing this change, the average time from submission to first decision has decreased to 13 days.

Two new series introduced in 2013, Editors’ Picks and Best Papers in Hypertension saw new installments published in May and July, respectively. In addition, our Recent Advances in Hypertension series continues to highlight important topics in hypertension with the publication of seven articles5–11 in the first 10 months of 2014.

In nearly all cases, articles in Hypertension’s invited series are well cited. This is one contributing factor to Hypertension’s 2013 scientific impact factor of 7.632 (2013 Journal Citation Reports; Thomson Reuters, 2014), the highest in Hypertension history (Figure 1).

This year, we took another step toward expanding Hypertension’s appeal to clinicians. Many members of the editorial team gathered in Glasgow to participate in the filming of a Clinical–Pathological Conference. Three clinical cases were presented by University of Glasgow clinicians. Editors and other audience members contributed to the discussion of differential diagnoses, treatment options, and a broader discussion of how each case fits with recent hypertension research.

Each case presented at the Clinical–Pathological Conference was captured as a video that is now available on American Heart Association’s Professional Education Center (learn.heart.org). Hosting the videos on the Professional Education Center Website allows tracking of the number of viewers. In addition, each case and subsequent discussion have been transcribed into a written report.12–14

We continually look for opportunities to add features that best serve authors and readers of the journal. In 2014, article level metrics were made available to online readers of all American Heart Association journals including Hypertension via a link on the journal Website. While viewing a published article, the reader may select to view article usage statistics and Altmetric’s donut (Figure 2). In addition, Hypertension along with all American Heart Association journals has expanded its copyright and licensing offerings to include open access. Hypertension now offers the choice of either a traditional Copyright agreement or 3 creative commons licensing options.15

All American Heart Association journals, including Hypertension also endorsed the recently published Proposed Principles and Guidelines for Reporting Preclinical Research,16 the results of an National Institutes of Health and Nature Publishing Group and Science joint workshop in June 2014 focused on the issue of reproducibility and rigor of research findings. Authors will notice that many of the proposed principles and guidelines have been part of Hypertension’s instructions to authors for a number of years. Endorsing the proposed principles and guidelines emphasizes our commitment to facilitating the interpretation and repetition of experiments that have been conducted in studies published in Hypertension.

Table. Objectives of Current Hypertension Editorial Team

<table>
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<tr>
<th>Journal Objective</th>
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<tbody>
<tr>
<td>Publish the highest quality of original basic, clinical, and population research relating to hypertension</td>
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<tr>
<td>Increase the readership and scientific importance of Hypertension</td>
</tr>
<tr>
<td>Provide fair and quick reviews for submitted articles followed by a rapid publication of all accepted articles</td>
</tr>
<tr>
<td>Serve well the international community of hypertension researchers and practitioners and serve as an important vehicle to achieve the mission of the American Heart Association</td>
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From the College of Medical, Veterinary and Life Science, University of Glasgow, Glasgow, United Kingdom. Correspondence to Anna F. Dominiczak, College of Medical, Veterinary & Life Science, University of Glasgow, Wolfson Medical School Bldg, University Ave, Glasgow G12 8QQ, United Kingdom. E-mail hypertension@heart.org (Hypertension.2015;65:3-4. DOI: 10.1161/HYPERTENSIONAHA.114.04842.) © 2014 American Heart Association, Inc. Hypertension is available at http://hyper.ahajournals.org DOI: 10.1161/HYPERTENSIONAHA.114.04842

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Finally, we share with you 2 changes to our editorial team. Dr Wang of The Shanghai Institute of Hypertension transitioned from Guest Editor to the more labor intense Associate Editor role 13 months ago. Dr Wang’s expertise expanded the editorial team’s capacity to handle epidemiological and population science submissions. Dr Ortiz, located at Henry Ford Hospital and current chair of the American Heart Association’s Council on the Kidney in Cardiovascular Research joined Hypertension’s distinguished team of Guest Editors in October 2014.

![Figure 1. Impact factor 2002 to 2013.](http)

Disclosures

None.

References
