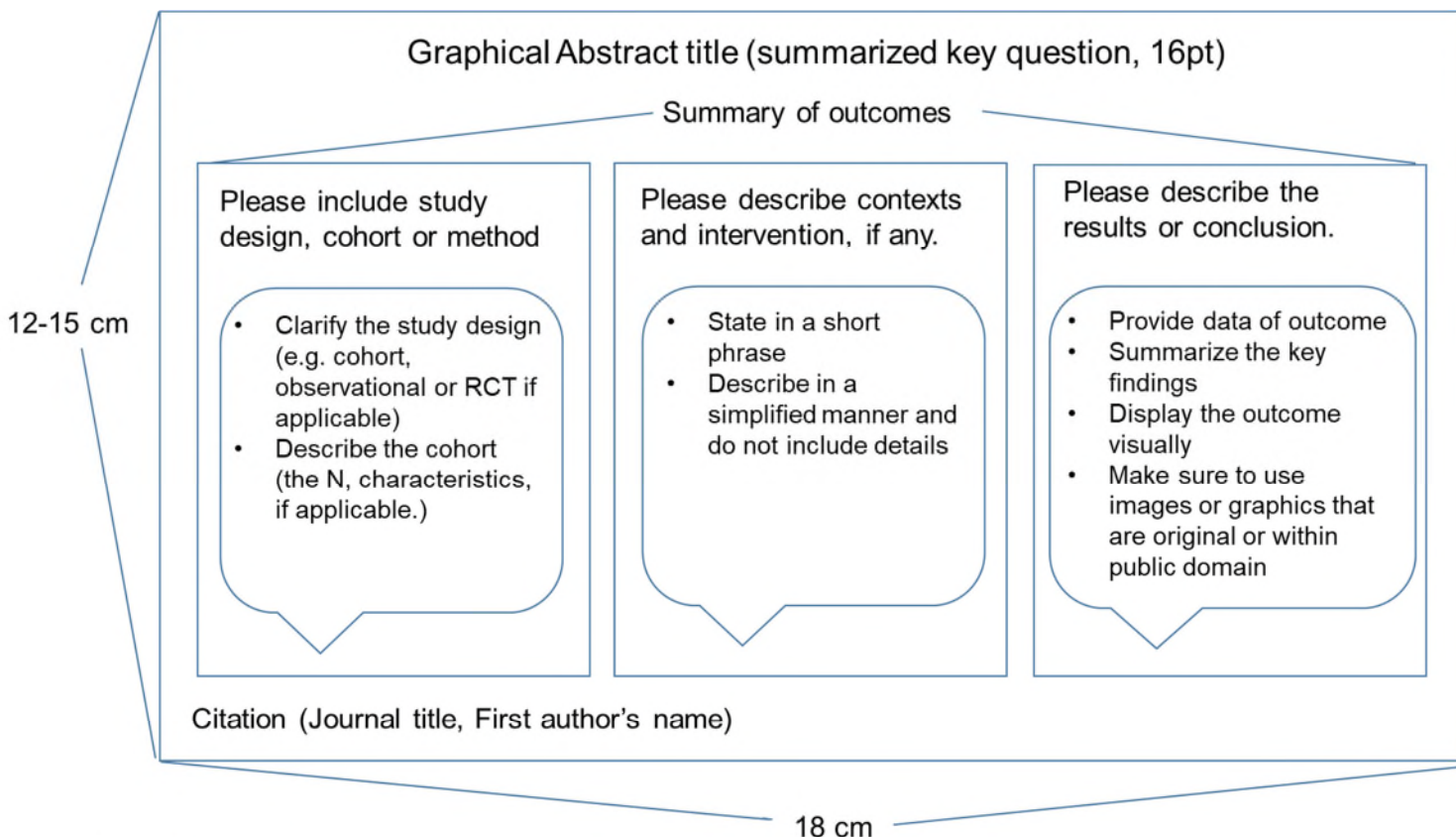


Hypertension Research Template for Graphical Abstracts/Opinions



Use white backgrounds
 Use Helvetica or Arial font, 12pt
 Minimum resolution: 300 dpi

Sample Graphical Abstracts from *Hypertension Research*

Sample1.

<Article>

<https://doi.org/10.1038/s41440-021-00761-8>

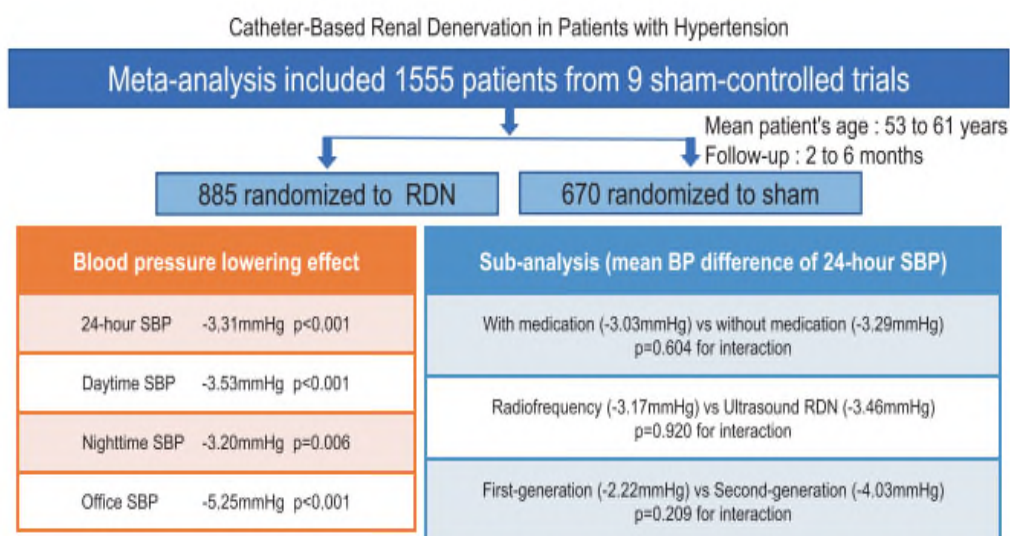


Fig. 6 Graphical Abstract: Our meta-analysis showed that renal denervation significantly reduced all blood pressure metrics in hypertension patients. There were not significantly blood pressures reduction between generation trials, devices, with or without medication

Sample2.

<Article>

<https://doi.org/10.1038/s41440-021-00757-4>

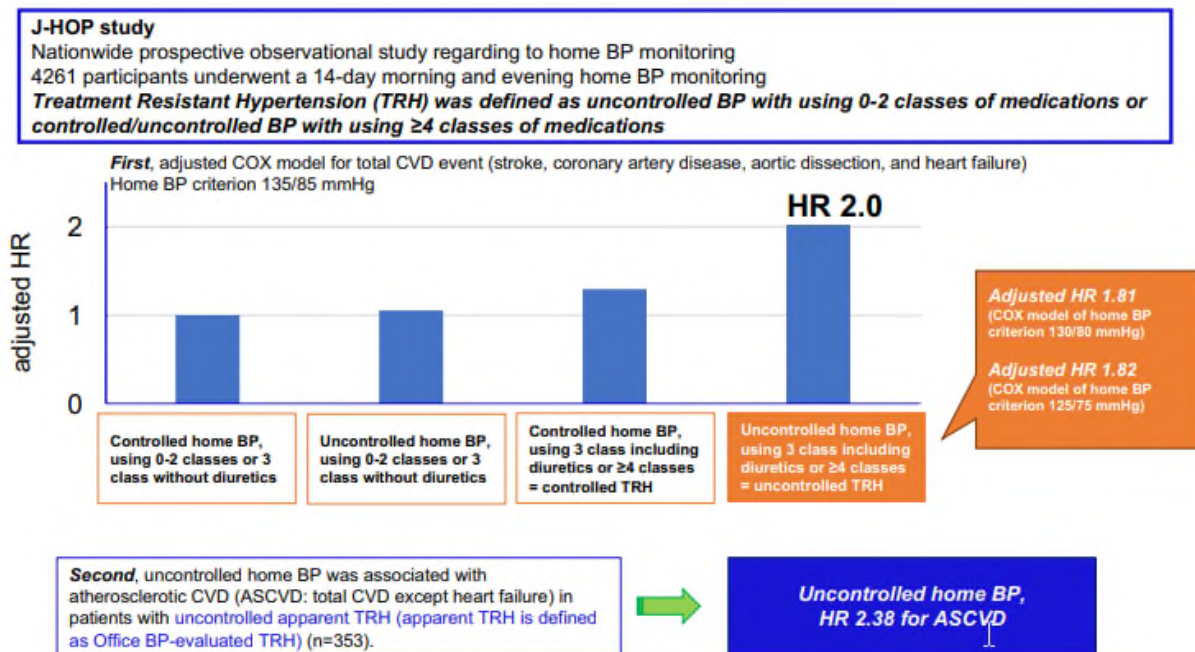


Fig. 2 Graphical Abstract: We demonstrated the association between TRH diagnosed by home BP and CVD outcomes, which would appear to reinforce the recommendation of home. BP monitoring for diagnosis of TRH.

Sample3.

<Article>

<https://doi.org/10.1038/s41440-021-00758-3>

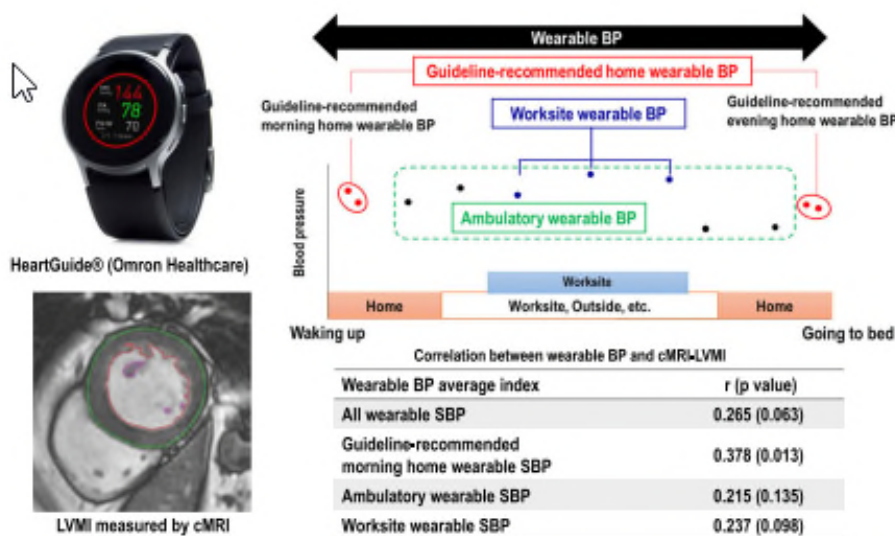
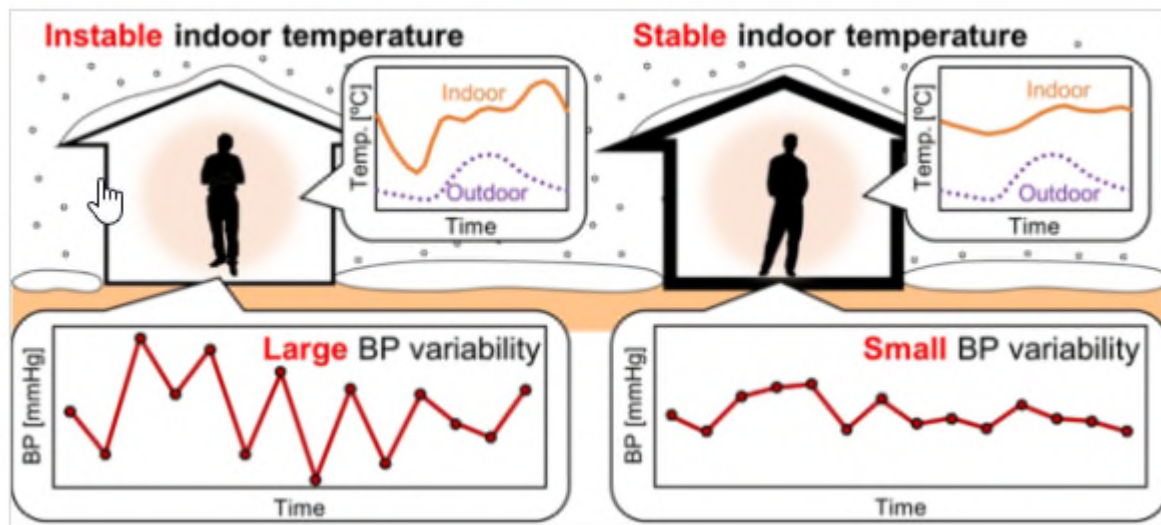


Fig. 4 Graphical Abstract: The HeartGuide® could detect the BP elevation during daily activity. The correlation of cMRI-LVMI with all wearable SBP was weak, but that with guideline-recommended morning home wearable SBP was strong

Sample4.

<Article>

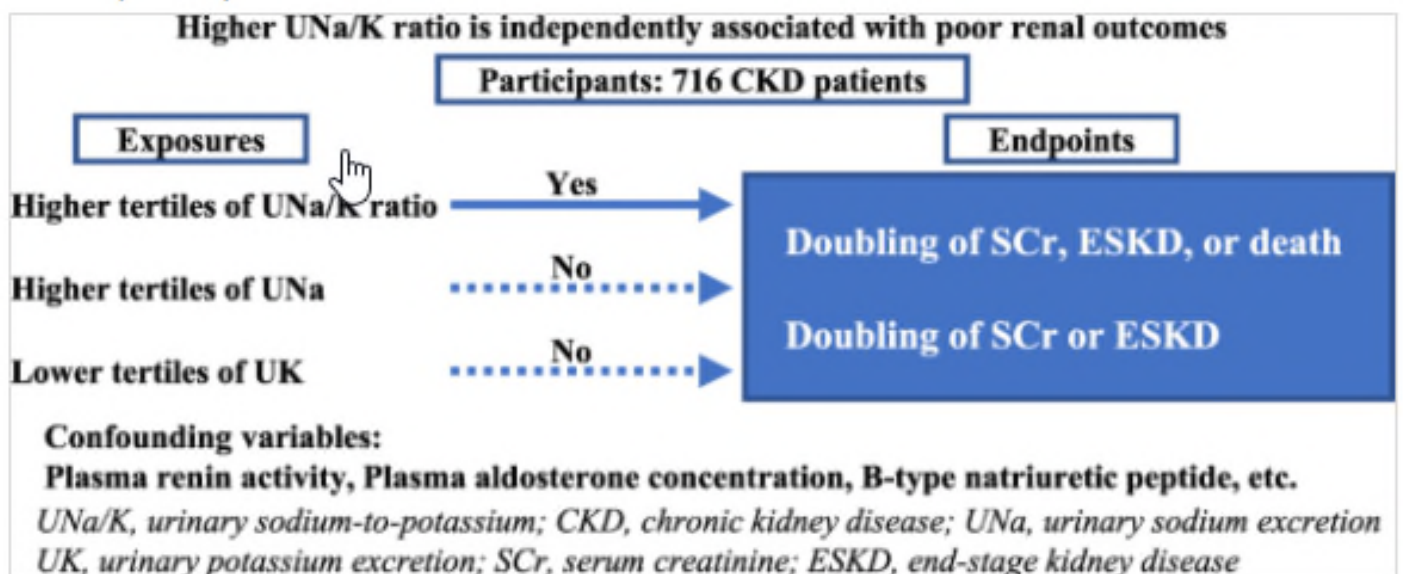
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Sample5.

<Article>

<https://doi.org/10.1038/s41440-021-00741-y>



Sample6.

<Review>

<https://doi.org/10.1038/s41440-021-00800-4>

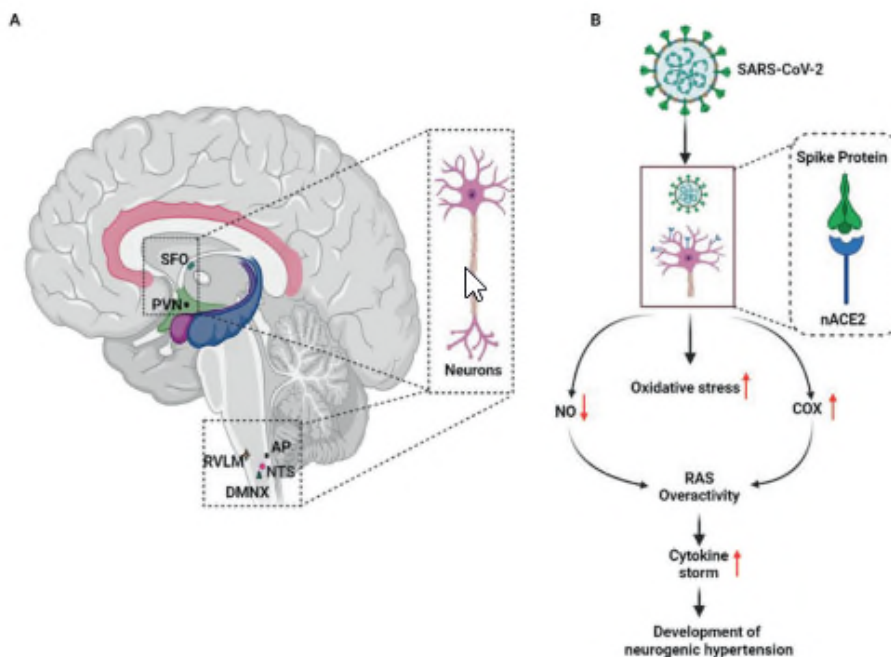


Fig. 1 Schematic representation of the effect of SARS-CoV-2 infection on the generation of neurogenic hypertension. **A** Neuronal ACE2 expression in different parts of the brain, such as the subfornical organ (SFO), area postrema (AP), paraventricular nucleus (PVN), dorsal motor nucleus of the vagus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

Sample7.

<Review>

<https://doi.org/10.1038/s41440-020-0515-0>

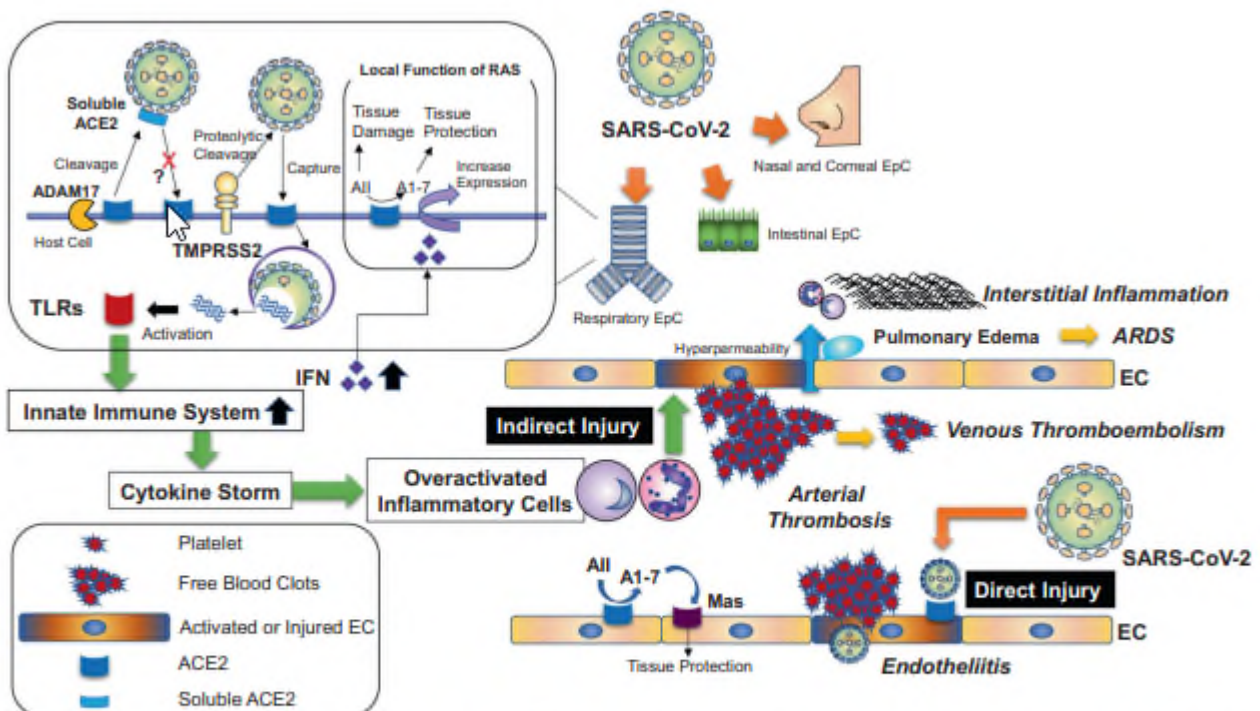


Fig. 1 Possible mechanism of SARS-CoV-2-induced vascular complications. ACE2 angiotensin-converting enzyme 2, ADAM17 a disintegrin and metalloprotease 17, AII angiotensin II, A1-7 angiotensin 1-7, ARDS acute respiratory distress syndrome, EC endothelial cell,

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

Sample8.

<Comment>

<https://doi.org/10.1038/s41440-021-00789-w>

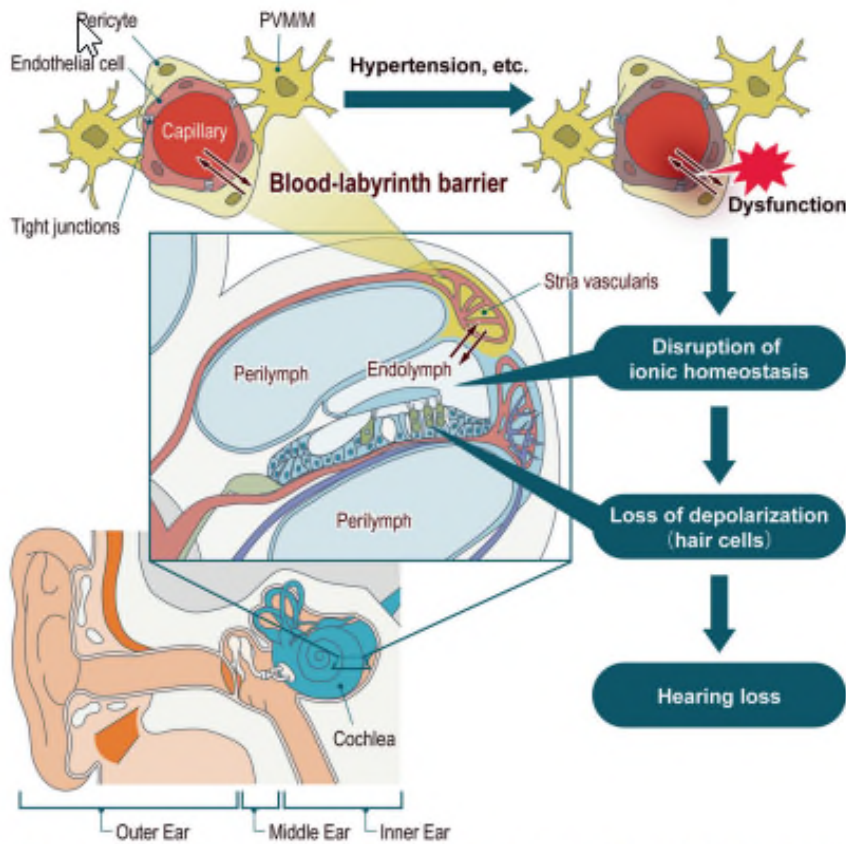


Fig. 1 One of the possible mechanisms between hypertension and hearing loss development via blood-labyrinth barrier dysfunction. PVM perivascular-resident macrophage-like melanocytes

Sample9.

<Comment>

<https://doi.org/10.1038/s41440-021-00799-8>



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