and lipids were 31% to 22% and 26% to 10%, respectively. Use of other PAH-specific medication was also increased among those with resistant hypertension. The prevalence of obese patients increased from 26% in 2010 to 63% in 2012, and those aged over 60 years. At 1-year follow-up, 46.1% were prescribed statin therapy, and the number of LDL-C measured patients with a recent ACS episode who are uncontrolled increased from 31% in 2010 to 34% in 2012. This was a retrospective study using a Japanese healthcare database composed of annual health checklist and claims data (MinaCare Co., Ltd.). Subjects aged >20 years at 2012 health checklist with 2 years (2011/2012) of checkup were selected for the study. Diagnosed hypertensive subjects (ICD-10 codes I10-115) who were prescribed with antihypertensive medications within 1 year prior to checkup were defined as "treated." Resistant hypertension was defined as uncontrolled hypertension (SBP/DBP ≥140/90 mmHg) with 3 classes of antihypertensives including diuretics, or the use of 4–4 classes: RESULTS: A total of 462,323 subjects (32% female, 68% male) were analyzed. The age category 40–50 years accounted for the largest proportion (35%) of the sample. The mean BMI was 21.8±2.3 and the proportion of obese subjects (BMI≥25) was 16.0±29.9% (female)/male. Approximately 10.4% of the subjects were "treated." For each age, sex, and treatment category, the prevalence of hypertension (defined as SBP/DBP ≥140/90 mmHg or "treated") increased with increasing BMI. In particular, males in 40–50 age category, odds-ratio for the prevalence of hypertension versus BMI 18.5–25 were 0.69, 3.60, 7.40, 15.45 for BMI categories <18.5, 18.5–20, 20–23, 23–25, respectively. The prevalence of resistant hypertension among those diagnosed and prescribed with antihypertensives was consistently higher for obese subjects (vs non-obese) for each sex and age category; in particular, it was consistently higher in 40–50 years age category at BMI≥25. Results: We demonstrated that prevalence of resistant hypertension as well as that of hyperglycemia in obese patients, with a focus on resistant hypertension. METHODS: This was a retrospective study using a Japanese healthcare database composed of annual health checklist and claims data (MinaCare Co., Ltd.). Subjects aged >20 years at 2012 health checklist with 2 years (2011/2012) of checkup were selected for the study. Diagnosed hypertensive subjects (ICD-10 codes I10-115) who were prescribed with antihypertensive medications within 1 year prior to checkup were defined as "treated." Resistant hypertension was defined as uncontrolled hypertension (SBP/DBP ≥140/90 mmHg) with 3 classes of antihypertensives including diuretics, or the use of 4–4 classes: RESULTS: A total of 462,323 subjects (32% female, 68% male) were analyzed. The age category 40–50 years accounted for the largest proportion (35%) of the sample. The mean BMI was 21.8±2.3 and the proportion of obese subjects (BMI≥25) was 16.0±29.9% (female)/male. Approximately 10.4% of the subjects were "treated." For each age, sex, and treatment category, the prevalence of hypertension (defined as SBP/DBP ≥140/90 mmHg or "treated") increased with increasing BMI. In particular, males in 40–50 age category, odds-ratio for the prevalence of hypertension versus BMI 18.5–25 were 0.69, 3.60, 7.40, 15.45 for BMI categories <18.5, 18.5–20, 20–23, 23–25, respectively. The prevalence of resistant hypertension among those diagnosed and prescribed with antihypertensives was consistently higher for obese subjects (vs non-obese) for each sex and age category; in particular, it was consistently higher in 40–50 years age category at BMI≥25.