



INTERNATIONAL SOCIETY OF HYPERTENSION

A Scientific Council of the
World Heart Federation

Hypertension News – an Electronic Newsletter

Opus 2



25 November 2003

UMEÅ UNIVERSITY, SWEDEN
Department of Public Health and Clinical Medicine

Dear member,

First we would like to thank you for the positive and encouraging comments you have sent us after Opus 1 was distributed two months ago. In the present issue, Opus 2, we have made a few changes. The photo on page 1 has been removed since it made the file unnecessarily big (0.8 Mb extra). We have also removed the coloured boxes around the headlines. Moreover, we have kept the contributions as short as possible. Altogether, the newsletter should now be easy to download.

Opus 1 was sent out to our 780 members but 125 came back (16%). If you look at this from the optimistic side, it means that we have a correct e-mail address to 84% of our members, which is much better than I thought possible. This does credit to Ms Susan Davenport in Geneva and her dedicated work on the membership list. However, you could also say that we do not reach 16% of our members, which leaves room for some concern. Could you therefore please ask your colleagues and friends, who you know are members of the ISH, if they are receiving the newsletter and, if not, ask them to get in contact with Susan Davenport (susan.davenport@worldheart.org).

The next issue, Opus 3, will be sent out in early January 2004. It will contain a short questionnaire which we hope you will fill in and return to us. Opus 3 will also be included in the congress bags in São Paulo.

Best wishes and a Merry Christmas when we get that far.

Lars H Lindholm
ISH Newsagent

Opus 2 has the following content:

1. The President's letter by L. Beilin
2. The Secretary's letter by A. Dominiczak and S.Davenport
3. Hypertension in developing countries by S Erdine
4. Strategic planning at ISH by M Alderman
5. Update on the coming ISH meeting in São Paulo in February 2004 by A Ribeiro
6. The deputy editor's corner with his pick of preclinical studies by G Mancina

ISH President's Letter

Lawrie Beilin

Perth, Australia

The countdown to the 20th Scientific meeting in São Paulo begins and a preview of the programme indicates a very high quality of invited speakers and submitted abstracts which should cater for a broad range of interests and exchange of ideas.

It is worth reflecting on some of the major issues challenging us in hypertension. First, despite substantial advances in knowledge of mechanisms and new treatments, the incidence of hypertension is rapidly increasing in developing countries. Even improvements in blood pressure levels in countries such as the USA appear to have halted and may even be reversing. These changes are clearly related to environmental/psychosocial factors of which diet, decreasing physical activity and associated overweight and obesity appear to dominate. Current trends are such that the World Health Organisation recognises blood pressure as the single most important factor predisposing to cardiovascular disease in the 21st century.

Second, blood pressure control in treated hypertensives remains dismally poor, even in the most technically advanced countries. What hope is there then for developing nations unless we can find better ways for our doctors, nurses and patients to deal with this situation. Some incentives for better blood pressure control come from recent analyses of major drug trials (1), with the recognition of the overwhelming importance of effective blood pressure lowering regardless of the type of agent used. Inherent in this is the need for greater use of combination drug therapy, with resuscitation of over maligned diuretics in low doses. However, given that long-term diuretic use will inevitably increase rates of diabetes in an already diabetes-prone population, there is a major priority for research in to how to achieve more effective lifestyle modification to decrease drug requirements.

To achieve significant lifestyle changes at a population level, let alone in individuals at high risk, will require the same multifaceted and painstaking approach to clinical and public health research and political advocacy as has been successfully used to diminish tobacco smoking rates. Members of ISH are well informed and in influential positions to lead in this respect.

Increasing the research capacity of lower and middle income countries is one of our priorities and an issue that will be addressed by one of the working groups in São Paulo. Clearly the increasing problems of hypertension, obesity and diabetes are going to be with us for a long time, leading to an explosion in the worldwide incidence of heart disease and stroke. This makes it all the more important to continue apace with fundamental research that will offer new approaches to prevention and treatment. The final challenge, and one of the most important for our society, is to ensure the capacity to rapidly translate the 'shotgun' approaches of genomics and proteomics into new knowledge by training and nurturing a cohort of younger researchers who are strong on integrative physiology, clinical and population research.

With this in mind I hope that many of your younger colleagues will be encouraged to join ISH and to participate in the multidisciplinary sessions and workshops in São Paulo and forthcoming international meetings.

Looking forward to seeing many of you shortly and wishing you all seasons greetings and safe travel

Ref 1. Blood Pressure Lowering Treatment Trialists' Collaboration.

Effects of different blood-pressure-lowering regimens on major cardiovascular events: results of prospectively-designed overviews of randomised trials.

Lancet 2003; 362, 1527- 1535

ISH Secretary's letter
Anna F Dominiczak
Glasgow, UK

I would like to take this opportunity to reflect on the work of the ISH Council since our last Scientific Meeting in Prague in June 2002. You will all be aware that the excellent leadership of our current President, Professor Lawrie Beilin, has encouraged several new initiatives with a focus on scientific developments in hypertension in the developing world. The first meeting of the new ISH Working Group founded especially to address the issues relevant to the developing world will take place in São Paulo in February 2004.

Lawrie Beilin has been an excellent Secretary (1998–2003) and an excellent President (2002–2004). On behalf of the entire Council and the ISH membership I would like to express our great thanks for his hard work and uncompromising integrity. We are fortunate to have a further two years of his wise counsel as an immediate Past-President. As most of you will be aware, Professor Michael Alderman will take over the presidency in February 2004. He has distinguished himself as chair of the Strategic Planning Committee and the issues related to hypertension in the developing world will continue at the very core of his leadership. Our financial health has been carefully looked after by Alberto Morganti with significant support provided by Mrs Susan Davenport, our Administrative Assistant based in Geneva.

Elsewhere in this issue of the Newsletter you will be able to read about detailed planning of the Scientific Meeting in São Paulo. It seems to me that the scientific programme is excellent and I hope that the great majority of the ISH members will be able to attend. During the preparations for the São Paulo meeting there have been several opportunities for discussions with the pharmaceutical industry. One such discussion has made a very significant difference in my perception of the way the cardiovascular research community interacts with our industrial partners. A senior representative of one of the leading companies with a significant cardiovascular portfolio showed me a calendar of various international and regional meetings taking place in one year. The numbers exceeded my expectations several times. In our clinical practice we no longer address each cardiovascular risk factor in a separate clinic but instead try to provide multi-risk interventions aimed at reducing the overall cardiovascular risk. It is therefore hard to understand why our scientific meetings still seem to address each cardiovascular risk factor separately.

I think one of important emerging roles for the ISH is to foster collaborations with other cognate international and regional societies to improve cardiovascular health worldwide. Such a collaborative frame of mind would then facilitate joint meetings, thus reducing the pressure on our industrial partners.

Let me end this brief letter by expressing my hope to see you all in São Paulo in February for high-quality scientific discussion and debate.

Below you will find a few administrative matters prepared by Mrs Susan Davenport.

Membership Dues

A large number of you have still not paid your fees for 2003.

Reminders were posted to you at the beginning of October, please take the time to complete the invoice with payment details and return it to the Secretariat in Geneva.

Remember that membership shall automatically cease upon failure to pay the annual subscription fee for two consecutive years.

New Membership

Please encourage your colleagues to join the Society.

Click on www.worldheart.org/science/scientific_council.html#hypertension and scroll down for further details including membership application forms.

Membership applications received by end of the year will be put forward to the Membership Committee that meets in São Paulo on 14 February 2004.

As you know, being a member of ISH entitles the successful applicant to a substantially reduced subscription fee for the Journal of Hypertension and reduced registration fees at the biennial scientific meeting of the ISH.

Membership Handbook 2004–2006

This contains all contact details of ISH Members and will be produced after the 20th Scientific Meeting of ISH and distributed to all who have paid the membership fee for 2003.

Change of Contact details

IMPORTANT Please don't forget to advise the Secretariat of any change of contact details and especially your email address. This enables the Secretariat to send you our Electronic Newsletter on a regular basis.

Hypertension in developing countries

**Serap Erdine,
Istanbul, Turkey**

Cardiovascular diseases are emerging as a prominent health problem in developing countries. They have already become the first cause of death in such countries as Argentina, Chile, Cuba, Mauritius, Singapore, Sri Lanka and Trinidad. The death rate from non-communicable diseases in Africa was one third of that from communicable diseases in 1990 and is estimated to be roughly equal by 2020. The socioeconomic and demographic changes taking place in developing countries are followed by the epidemiological transition whereby non-communicable chronic diseases coexist with communicable diseases and a 'second wave epidemic' of cardiovascular disease is now flowing through developing countries.

World Health Report 2002 states that sub-optimal blood pressure (Systolic blood pressure > 115 mm Hg) accounts for 62% of cerebrovascular disease, 42% of ischaemic disease, and 13% of global mortality. Few available accurate data in developing countries have demonstrated that hypertension ranks as a primary contributor to cardiovascular morbidity and mortality. Although the prevalence of hypertension has a marked variation among and within developing countries, it is found to be lower than in developed countries. Nevertheless, an increase in the prevalence of hypertension in the developing world has been observed due to the aging of the population, urbanization, and socioeconomic changes. Prevalence of hypertension ranged from 1% to over 30%, being lowest among Zulu men (1%), the Tanzanian population (2-3%), Ethiopian women (2-3%), and highest among younger São Paulo city workers (34%) and among urban Bantu men (33%). Earlier findings that differences are related to the economic situation of countries in the developing world are confirmed, with the poorest countries having the lowest prevalence. Epidemiological studies have also shown that in a number of traditional, unacculturated communities, blood pressure levels are low and fail to rise with age. Hypertension is more frequent in urban than in rural communities. The lowest blood pressure levels have been found in the rural population of New Guinea.

Despite the lower prevalence of hypertension, the total number of hypertensive subjects in the developing world is high and a very low percentage of patients are under treatment, and few are under control. The low control rates, mainly due to scarce health resources and insufficient health infrastructure, emphasize the importance of continuing efforts to improve the management of hypertension in the developing world.

Strategic planning at ISH

**Michael Alderman,
New York, United States of America**

The Scientific Council of ISH, at its 2000 meeting, in view of a changing environment, established a Strategic Planning Group (SPG). The SPG was charged with reviewing current ISH activities and programmes, assessing their strengths, weaknesses, and opportunities in the context of their internal and external scientific/medical environment, as a basis for recommendations to the full Council. The Committee has met six times through the June 2003 meeting in Milan.

ISH was the first major society established to address issues of hypertension and vascular disease. Since its first meeting at Oxford, UK, in 1970, ISH has been committed to excellence in scientific research, and its effective application in the prevention and treatment of disease. To accomplish these goals, ISH has sponsored biennial Scientific Meetings, an official publication ***Journal of Hypertension***, and a variety of educational programmes throughout the world. Membership in ISH, which is truly worldwide, is open to all who have demonstrated ability and commitment to their peers.

While research activities related to hypertension have both deepened and expanded, ISH has not deviated from its original commitment to scientific excellence. In this regard the Journal, the biennial meeting, and the educational programmes continue to meet that standard of excellence. At the same time, changing circumstances have led the SPG to identify a further focus of activity for which ISH is uniquely well suited.

The SPG recommended, and the Scientific Council approved, the facilitation of the development of a strong science base in ***low and middle income*** countries as a further specific objective of ISH. In pursuit of this goal, President Lawrie Beilin has secured commitments of support for collaborative activities from other organizations whose missions are related to vascular disease.

In pursuit of this objective, special emphasis will be directed toward this issue within the 2003 meeting in São Paulo. In addition, we hope to use the São Paulo meeting as an opportunity to initiate an international 'working' party to develop strategies to advance research capability in low and middle income countries.

Individual interested scholars, scientists, and representatives of other relevant societies are invited to an initial planning meeting. More specific details about the time and place of the meeting will soon be available and will be announced in the next edition of this newsletter

The SPG is an ongoing process. It is anxious to receive suggestions and comments about how ISH can continue to play a leadership role in support of science that enhances understanding of hypertension and its appropriate treatment.

The 20th Scientific Meeting of the International Society of Hypertension to be held in São Paulo on 15-19 February 2004.
Artur Beltrame Ribeiro
São Paulo, Brazil

The 20th Scientific Meeting dates are around the corner (15-19 February 2004). The programme looks very nice, composed of 36 state-of-the-art lectures, 9 symposia, 3 debates, 1 how-to session, 1 session on clinical trials, 16 topic breakfast workshops, 4 hypertension specialist teaching sessions, 166 oral presentations and 4 poster presentations sessions (around 200 posters each). We invited 134 international speakers from 32 countries and about 1000 abstracts from 60 countries have been received. Confirmation for oral and poster presentations was mailed in the second week of November.

A concert with the São Paulo Philharmonic Orchestra featuring Brazilian music is programmed for the evening of Tuesday 17. A Carnival dinner with Brazilian music (samba) will replace the traditional Gala Dinner.

Please check on the website: <http://www.hypertension2004.com.br> for information on the preliminary scientific programme, meeting and breakfast workshop registration, social events booking, hotel reservations as well as tours and travel opportunities in Brazil.

Do Not Forget: ISH members can register at a lower price until 31December.

We look forward to welcoming you all in Brazil.

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The Deputy Editor's corner with his pick of preclinical studies

G. Mancia

Milan, Italy

One of the most interesting issues addressed in the last 20 years has been the mechanical determinants of cardiovascular damage in addition to the blood pressure values measured in the office. This has led first to the evidence that average 24 hour, day or night blood pressures are prognostically superior to office blood pressure. They have then led to the suggestion that other blood pressure phenomena may be clinically relevant, e.g. the extent of blood pressure variations throughout the day and night.

The October issue of the Journal of Hypertension scores significantly in this direction via a paper by Liu and co-workers (Liu et al. J.Hypertens 2003; 21:1961) on conscious SHR. Data were collected in control conditions and after blood pressure was similarly lowered by nitrendipine or hydralazine and in either condition blood pressure was measured intra-arterially for 24 hours. When the heart, the kidneys and the brain were examined post-mortem it was clear that the damage was less for nitrendipine -treated than hydralazine-treated animals in relation to the fact that only the former treatment had reduced both blood pressure and blood pressure variability.

This is the first time, to my knowledge, that an active modification of blood pressure variability by drugs shows an effect on organ damage. This has major implications for clinical research, including the interpretation of clinical trials. It may not be sufficient for trials comparing different drugs to infer their specific organ-protective properties on the background of a similar blood pressure reduction. Whether a similar effect on blood pressure variability occurred may also need to be investigated.