



INTERNATIONAL SOCIETY OF
HYPERTENSION

Member of the Scientific Advisory Board
of the World Heart Federation

Hypertension News – an Electronic Newsletter



Opus 7, May 2005

Global Challenge for Overcoming High Blood Pressure

ISH 2006

The 21st Scientific Meeting of the
International Society of Hypertension
October 15 - 19, 2006 Fukuoka, Japan

<http://www.congre.co.jp/ish2006>

From the Editor of Hypertension News
LH Lindholm
Umeå, Sweden

I am delighted to present to you the seventh issue of the ISH Hypertension News which comprises a report from Canada as well as an update on the planning of the ISH meeting in Fukuoka next year as well as information about the coming ESH meeting in Milan in June this year. As before, the newsletter starts with the President's address, this time with a focus on the term 'hypertension'. Please note that Dr. Alderman invites you to respond. At the end of the newsletter you will find forms for applications of new members. Please help by encouraging young colleagues interested in hypertension to become ISH members. Next issue of Hypertension News (Opus 8) will be out in September-October 2005.

From the Chair of the Board of Management
L Landsberg
Chicago, USA

I am pleased to report to the members of the ISH and the ESH that we have a new contract in place with the publishers of *The Journal of Hypertension* as of January 1, 2005. The members of the board of management of the *Journal* wish to thank Phil Daley of Lippincott Williams and Wilkins for the constructive role he played in developing the new agreement between the societies and the publisher. The two societies worked together well, and it is a pleasure to recognize the leadership of Mickey Alderman, ISH president and Tony Heagerty, president of the ESH, in bringing the contract negotiations to a successful conclusion. The new contract will provide greatly enhanced revenues for the societies and should ensure the continued smooth functioning of the journal. I want to acknowledge as well the outstanding legal representation provided to the societies by Mr. Seth Dubin of Satterlee Stephens Burke and Burke LLP (New York, NY).

On behalf of the societies and the board of management I wish to thank the editor in chief, Professor Alberto Zanchetti, for his continued skillful and attentive stewardship of the *Journal* and for his important contribution to the renewal of the contract.

From Australia
Satellite Meeting in Perth of the International Nephrology Congress in Singapore
L Beilin
Perth, Australia

ISH members and colleagues attending the International Nephrology Congress in Singapore in June are invited to attend a hypertension satellite at Fremantle in Australia 1-2 July 2005. Fremantle is a delightful port town of Perth and is only four and half flying hours from Singapore. The meeting has an excellent range of international scientific speakers as per the attached program. Pre or post congress options include visits to beautiful vineyards and fine restaurants in the 'Margaret River' area of S.W. Australia where many of our best cardioprotective wines come from. Registration can be online on (info5@eventedge.com.au) or on the forms attached to the Hypertension News e-mail.

From the ISH President

MH Alderman

New York, U.S.A.

Lawrie Beilin, my predecessor, raised the question, in a previous (#3) number of this Newsletter, as to whether Hypertension Societies had outlived their usefulness. The question itself, although perhaps surprising coming from a Society President, was thoroughly appropriate. After a period of remarkable expansion of knowledge about the relationship of blood pressure to disease, and the concomitant broadening of interest in the treatment of blood pressure, the very notion of categorical societies separately approaching cardiovascular disease had become increasingly irrational. Beilin recognized that blood pressure control, once a topic of minimal interest to specialists interested in other dimensions of cardiovascular disease, was no longer our special domain. Now, cardiologists, endocrinologists, and diabetologists, to say nothing of generalists, are all deeply engaged in antihypertensive therapy. Beilin concluded, quite rightly I believe, that, despite having to share the therapeutic franchise, Societies concerned with an understanding of the pathophysiology and treatment of blood pressure continued to be relevant. Indeed, given the magnitude of the problem, and the fact that blood pressure reduction may be the most powerful tool in the cardioprotective armamentarium, scholars and scientists focused on blood pressure and its management are more necessary than ever before.

Recently, MacMahon, Neal, and Rogers, all distinguished members of ISH, in the pages of *Lancet*(2005;365:1108), have moved reexamination of our discipline even further by questioning the validity of the term "Hypertension" itself. In a thoughtful essay, they note the disconnect between the categorical construct that separates normotension from hypertension on the one hand, and, on the other, the biological reality that blood pressure, from very low levels (115-120/70-75 mmHg) , bears a continuous relation to stroke and heart attack. The notion that a disease can be diagnosed by an arbitrary level of highly variable physical probably reflects convenience than reason. It might be like viewing fever as a disease. This current paradigm, is based upon defining hypertension by the lowest level at which benefit of reducing blood pressure has been demonstrated. In other words, the design of clinical trials, and their outcomes, has created a disease entity. With each successive trial, the disease has spread to an ever larger pool as if it were a poorly controlled and highly contagious virus.

At the same time, there has been growing recognition that stroke and heart attack, are multifactorial in etiology. Blood pressure is but one a quantitative determinant. Moreover, despite the continuous rise in relative risk as blood pressure increases, there is no point below which cardiovascular events do not occur. Thus, because most people have blood pressures below the conventional level at which hypertension is diagnosed, it is not surprising that most (probably 60%) of strokes and heart attacks occur in persons who fail to qualify for the hypertensive label. Those who have focused on hyperlipidemia confronted the same kind of disconnect between a categorical paradigm and a biological and epidemiological reality. In sharp contrast to the blood pressure community, however, the lipidologists long ago abandoned a threshold lipid to define disease, or the need for treatment. Instead, intervention is determined by absolute risk, and thus, the benefit of lipid reduction is provided for patients based upon their expectation of disease, and therefore the potential for benefit.

In contrast, we in the hypertension community remain constrained by our terminology. Therapeutic research has largely been based upon the search for an ever-lower level of blood pressure that would identify persons would benefit from its reduction. While recent guidelines have recognized the reality that the absolute risk for cardiovascular disease is determined by the sum total of patient characteristics. In fact, persons with lower blood pressures may actually be at far higher risk than persons of similar age with markedly elevated pressures.

Nevertheless, actual treatment recommendations continue to be largely bound by threshold levels. The result of this strategy is to deny blood pressure lowering to most of those who might benefit, while persisting in the treatment of many at little blood pressure related risk.

Professional perception is moving rapidly to the acceptance of the notion of absolute risk guiding therapy, as an advance over the idea of treating according to a blood pressure level.. Where does that leave the term “hypertension”. Based upon modern understanding the very term is misleading and distorts thought and action. Habit, buttressed by time, is difficult to amend. MacMahon et al suggest that we might substitute “blood pressure related disease”. That reflects an attempt to provide a label that actually describes the role of blood pressure. A modification – blood pressure-responsive diseases might be even more precise.

This returns us to Beilin’s question. The Societies must continue to focus on blood pressure, and, given the magnitude of the blood pressure attributable disease, can expect to play an ever more important role in public health and medicine. Lets not dispense with the Societies, but, instead, consider some cosmetic alterations. Maybe we need to add “...dedicated to the prevention of blood pressure related diseases” as a modifier to “American, European, International, etc Society of Hypertension”.. By retaining the Hypertension label, we avoid a wrenching linguistic controversy while perhaps helping lead research and practice into conformity with modern scientific understanding.

It would be good to hear any member suggestions.

From the Site Inspection and the Ongoing Preparations for ISH 2006

Toshio Ogihara

Osaka, Japan

On 2-3 February 2005, the site inspection for ISH2006 was conducted by the ISH Executives, Drs. Alderman, Dominiczak, Lindholm, and Beilin, the Local Organizing Committee, and the ISH2006 corporate sponsors in Fukuoka, Japan. In the windy and chilly weather, which was odd in Fukuoka then, we visited *Fukuoka International Congress Center* and *Marine Messe Fukuoka*, the exhibition space. In addition, we had the courtesy call on the mayor of Fukuoka-city and meetings with the sponsors. These events were meant to confirm our collaboration toward a successful meeting.

As a result of the inspection, we decided to use the large hall of *Fukuoka Sun Palace*, which is adjacent to *Fukuoka International Congress Center*, as the main hall of ISH2006. Both the ISH Executives and the Local Organizing Committee are satisfied with the artistic and classy atmosphere of this main hall. This planning is good for the organizers since it gives us more flexibility to assign the rooms to the sessions.

After the inspection of the venue, we had a meeting with the sponsors, reported our planning, and responded to their inquiries. It was also a good opportunity for the Secretariat to discuss the concerns of the sponsors.



The inspection that impressed the members most, we believe, was the study tour at *Health C & C Center Hisayama* (Director: Dr. Teruo Omae). Hisayama-town is the place in which the long-term prospective epidemiological study on lifestyle disease in the residents started in 1961. According to the members' suggestion, we will have a booth for the Hisayama-study to introduce to the participants at ISH2006.

Finally, we would like to thank the ISH Executives, the Local Organizing Committees, and the ISH2006 corporate sponsors for having joined us at the site inspection. It went well and it was a good experience for the organizers.

Regarding the progress of our preparations for ISH2006, we have been working on programming to focus on enhancing scientific intelligence, while encouraging more young investigators to participate in the meeting.

We are scheduling the late breaking session and good debates, so we are hoping that these attempts will be helpful to vitalize the overall program. We have just asked the ISH2006 Committees for any large scaled clinical trial that can be presented at ISH2006. We appreciate the response from the ISH2006 Committees and will take them into consideration for programming. Program at a Glance is as below:

	October 14 Saturday	October 15 Sunday	October 16 Monday	October 17 Tuesday	October 18 Wednesday	October 19 Thursday
AM		Registration	Breakfast Topical Workshops Oral Sessions Plenary Session	Breakfast Topical Workshops Oral Sessions Plenary Session	Breakfast Topical Workshops Oral Sessions Award Presentation	Breakfast Topical Workshops Oral Sessions Plenary Session
PM	Registration Public Forum	Satellite Symposia Opening Ceremony	Luncheon Seminars Poster Sessions Oral Sessions	Luncheon Seminars Poster Sessions Oral Sessions	Luncheon Seminars Poster Sessions Late Breaking	Luncheon Seminars Poster Sessions Oral Sessions
Evening		Welcome Reception	Evening Seminars	Concert	Gala Evening	

Not only the program itself but also the timing of the promotion is important for us to encourage the worldwide researchers to attend ISH2006. We will send Final Announcements to the members via the National Societies/Councils of Hypertension so that they will have sufficient time to make a travel planning. Hardcopies of Final Announcement will be available at ESH Milan in June, 2005.

Here is another critical program for a successful scientific meeting, Investigator-Initiated Symposia. We thank the organizers for planning the following symposia.

Dates	Place	Topic
Japan		
October 14 (Sat.)	Tokyo	New Paradime Sift of CV Continnum The Role of RAS
October 14 (Sat.)	Fukuoka	Central Cardiovascular Regulation: From Hypertension to Heart Failure
October 14 (Sat.) & 15 (Sun.)	Fukuoka	Translational Research on Cardiovascular Hormones
October 15 (Sun.)	Fukuoka	Chymase Inhibitors for Cardiovascular Diseases
October 19 (Thu.) & 20 (Fri.)	Nagoya	Salt, Other Minerals and Hypertension
October 20 (Fri.)	Fukuoka	Progress of Stroke Prevention by Blood Pressure Control – What has been Achieved and What will the Future Bring? -
October 20 (Fri.)	Fukuoka	Recent Advances in Blood Pressure Monitoring
October 20 (Fri.) & 21 (Sat.)	Osaka or Kyoto	Chymase Comprehending Tissue-Angiotensin Generating System
October 20 (Fri.) & 21 (Sat.)	Kyoto	The 12 th International Symposium on SHR – Genetics of Experimental and Human Hypertension in Relation with Environmental Factors

October 21 (Sat.)	Sendai	The Kidney and Hypertension
October 21 (Sat.) & 22 (Sun.)	Nishinomiya	Lifestyle Related Diseases – Perspectives for Primary Prevention and Treatment in Animal Models and Humans
October 23 (Mon.)	Sapporo	Metabolic Syndrome, Adipocytokines and Hypertension
China		
October 11 – 14 (Wed. – Sat.)	Beijing	Epidemiology and Community Control of Hypertension and Related Diseases
October 20 – 23 (Fri. – Mon.)	Shanghai	Blood Pressure Measurement and Ambulatory Blood Pressure (ABP)

From the Canadian Hypertension Society

P Laroche

Montreal, Canada

The Canadian Hypertension Society (CHS) was founded in 1979. Its mission is to promote the prevention and control of hypertension through research. Its current president is **Dr Richard Lewanczuk** from the Division of endocrinology at the University of Alberta. The CHS was the host of the ISH 1990 meeting in Montreal and will host the 2010 meeting in Vancouver. The CHS has now 350 active members, holds an annual meeting in conjunction with the Canadian Cardiovascular Society, published a quarterly newsletter called Hypertension Canada which is distributed to more than 23,000 health Care Professionals, supports a significant number of awards and updates annually its guidelines in collaboration with other sponsoring organisations in Canada. At its annual meeting held in Calgary in 2004, more than 100 abstracts both clinical and fundamental were presented by its members in both oral and poster forms. The support programs of the CHS distributes more than \$750,000.00 annually in various programs in collaboration with corporate sponsors and the Canadian Institutes of Health Research. The support program includes two new investigator awards, two clinical scholarship awards, one clinical fellowship, three doctoral and post doctoral, six graduate studentship as well as summer student awards and travel award.

One of the most significant activities of the CHS in recent years has been the development of CHEP Program by some of its members.

The Canadian Hypertension Education Program (CHEP). A national program to improve the treatment and control of hypertension. Campbell NRC, Drouin D, McAlister F, Onysko J, Tobe S and Touyz R M for the Canadian Hypertension Education Program

Introduction

CHEP was developed specifically to improve the treatment and control of hypertension in Canada. The United States has had a National High Blood Pressure Education Program for over thirty years. In the early 1990s, survey data indicated that the United States had a hypertension treatment and control rate that was almost twice the Canadian rate indicating the feasibility of markedly reducing the cardiovascular risk of Canadians through an education program to improve the treatment and control of hypertension. The Canadian Hypertension Education Program (CHEP) was initiated in 2000 following the 1999 periodic update of Canadian Hypertension recommendations. CHEP is sponsored by the Canadian Hypertension Society, the Blood Pressure Canada, the Public Health Agency of Canada, the Heart and Stroke Foundation of Canada and the College of Family Physicians of Canada.

CHEP currently has 3 task forces to 1) develop management recommendations, 2) assist in the dissemination and implementation of the recommendations and 3) evaluate the impact of CHEP on hypertension management and hypertensive complications. The figure illustrates the organizational structure of CHEP.

Recommendations Task Force

The Recommendations Task Force is unique in having a highly structured and systematic approach that reduces bias, increases transparency and values rigorous research design and patient outcomes. There are 14 subgroups consisting of 1 to 6 members that develop draft recommendations based on a literature search performed by a librarian.

A committee of experts in evidence-based medicine (central review committee- CRC) reviews all the recommendations and evidence to ensure a consistent approach to the recommendations development and negotiates revisions with the sub groups.

The evidence and draft recommendations are further discussed and revised at the annual meeting of the Task Force and are presented at the Canadian Cardiovascular Congress. After the congress the draft recommendations are sent to the full task force and executive and only those recommendations that achieve over 70% support are adopted. To date the lowest level of support for a recommendation is over 80%.

Implementation and Dissemination of Recommendations

Implementation of recommendations involves all members of CHEP and other key opinions leaders across Canada, bringing together numerous experts to provide education and influence policy and opinions. The ability to readdress contentious issues and new evidence creates wide spread support within the membership of the CHEP program for the recommendations. The structured process deters divisive arguments based on the diversity of personal opinions.

The CHEP executive annually determines the key implementation messages to highlight new and important recommendations that are fundamental to reducing morbidity and mortality in hypertensive patients. Generally a topical theme is also selected each year to highlight a new change or an important initiative in hypertension. The dissemination process has involved the full scientific manuscripts published in the Canadian Journal of Cardiology, a variety of summaries tailored to the audience, short handouts, posters, pocket cards, advertisements, power point education kits, text books, lectures and workshops. Publications of the recommendations are published in up to 15 multi disciplinary journals each year. Many pharmaceutical companies have developed educational material based on the recommendations and 'train the trainer' sessions where local opinion leaders learn to provide workshops in the latest CHEP recommendations and provided numerous opportunities to provide local educational sessions. CHEP endorses those programs that are completely consistent with the recommendations. The Canadian Hypertension Society Website (www.hypertension.ca) houses the recommendations and a number of dissemination tools.

The CHEP Implementation Task Force was revised this year to have specific subgroups of nurses, family physicians, pharmacists, a stroke neurologist and a exercise physiologist to specifically aid dissemination to those health care professions. Other subgroups will be added in the future. The subgroups will identify discipline-specific issues and tailor the implementation material. The subgroups will also identify and disseminate to the health care professional schools and training programs, national and provincial organizations as well as to websites and written publications for the discipline. In addition CHEP is actively seeking formal partnership arrangements with professional societies to help aid the dissemination process.

Outcomes Research Task Force

An Outcomes Research Task Force is developing a surveillance program for hypertension and is evaluating the impact of the CHEP program.

The Task Force has 4 subgroups to examine the 1) the incidence of hospitalization for acute stroke, acute myocardial infarction and heart failure, 2) cross sectional national population-based surveys on awareness of hypertension, treatment of hypertension and the gap between awareness and treatment of hypertension, 3) provincial administrative data bases to track hypertension diagnosis, hypertension treatment and complications for hypertension and 4) national prescriptions of antihypertensive drugs. The Task Force also communicates with Statistics Canada regarding the Canadian Health Measures Survey, that will be conducted in 2006-2008 to determine the prevalence of hypertension as well as the hypertension treatment and control rate.

CHEP is a dynamic program that changes annually based on the previous years' experience. In its development, it has grown to meet the challenge of hypertension treatment and control. CHEP will aid health care professionals by providing credible widely disseminated up-to-date recommendations in multiple formats to suit individual learning needs. CHEP material is available on the CHS website www.hypertension.ca.

Reading List

Joffres MR, Hamet P, MacLean DR, L'Italien GJ, Fodor G. Distribution of Blood Pressure and Hypertension in Canada and the United States. *AJH* 2001; 14: 1099-1105.

Hemmelgarn BR, McAlister FA, Myers MG et al for the Canadian Hypertension Education Program. The 2005 Canadian Hypertension Education Program (CHEP) recommendations for the management of hypertension: Part I - Blood pressure measurement, diagnosis, and assessment of risk. *Can J Cardiol*. In press.

Khan NA, McAlister FA, Lewanczuk RZ et al for the Canadian Hypertension Education Program. The 2005 Canadian Hypertension Education Program (CHEP) recommendations for the management of hypertension: Part 2- Therapy. *Can J Cardiol*. In press.

From the 15th Meeting of the European Society of Hypertension in Milan

G. Mancia

Monza, Italy

The meeting of the European Society of Hypertension will be held in Milan from June 17 to June 21 2005. The meeting will be structured largely as the past ones: That is it will be based on the original research of the European and Extra-European investigators who will have a chance to present and discuss their data in a large number of oral communications and poster sessions. This has been and is a goal of the Society which has seen their role as important to stimulate excellent scientific work in hypertension and related cardiovascular diseases by offering a forum within which investigators can test their work and interact with their peers.

Particular attention has always been given to young investigators whose participation has been in the past and will again be in Milan helped by about 200 travel and accommodation grants as well as by two evening symposia entirely devoted to presentation of their research. It will also be based on more structured sessions (Topical Workshops, Breakfast Workshops, Lectures, meetings of the Working Groups) to allow a number of clinical and more basic research issues to be dealt with more in depth by worldwide recognized experts, thereby providing attendees with a qualified update in areas of their clinical and scientific interest in which, however, they have less direct knowledge.

It will finally be based on 14 Symposia sponsored by Drug Companies (on the initial day of the meeting, the final day of the meeting and on the evenings during the meeting) which will as usually focus on the evolving concept on prevention and treatment of cardiovascular disease, offering attendees an update on the recent animal and human research on new drugs as well as on data obtained by latest trials.

All this will be complemented by Satellites organized by investigators and held in the day before and after the main meeting some involving a large audience and others restricted to a small number of experts and aimed at producing a consensus document on a specific theme. There will be this year investigator-generated Satellites in Milan, Monza, Brescia, Padua, Bologna, Palermo; Krakow and Mikonos which will cover among others issues such as hypertension and the kidney, ambulatory blood pressure monitoring, subclinical organ damage, total cardiovascular risk and the metabolic syndrome. That is, hotly debated issues in the cardiovascular arena.

The meeting of the European Society of Hypertension has over the years become the largest hypertension meeting in the world with participations, last year in Paris, of more than 8000 clinicians and investigators from European and Extra-European countries.

I hope that the success of the Paris meeting will be confirmed by the Milan Meeting. The very high number of abstracts received (about 1500 hundred) is a good access.



INTERNATIONAL SOCIETY OF HYPERTENSION

A member of the Scientific Advisory Board
of the **World Heart Federation**

HOW TO BECOME A MEMBER OF THE

INTERNATIONAL SOCIETY OF HYPERTENSION

Applications should be made in writing to the Secretary of the Society, Professor Anna F Dominiczak, at the address below, accompanied by a written statement from two members of the Society as to the qualifications of the applicant plus a list of five best and five most recent publications related to hypertension or allied fields and a short CV.

These should then be forwarded to:

Secretary of the Society
Professor A F Dominiczak
c/o S Davenport
Administrator
International Society of Hypertension

c/o World Heart Federation

5 avenue du Mail
CH-1205 Geneva
Switzerland
Telephone: +41 22 807 0326
Fax: +41 22 807 0339
Email: ish@worldheart.org

**APPLICATION FORM FOR MEMBERSHIP OF THE
INTERNATIONAL SOCIETY OF HYPERTENSION**

TITLE

SURNAME

FORENAMES:

INSTITUTION:

ADDRESS:

Telephone No: Fax No:

Email:

NAMES AND ADDRESSES OF TWO MEMBERS OF ISH WHO SUPPORT YOUR APPLICATION

NAME:

ADDRESS:

NAME:

ADDRESS:

APPLICATIONS SHOULD BE MADE IN WRITING TO THE SECRETARY OF THE SOCIETY, PROFESSOR ANNA F DOMINICZAK ACCOMPANIED BY A WRITTEN STATEMENT FROM TWO MEMBERS OF THE SOCIETY AS TO THE QUALIFICATIONS OF THE APPLICANT PLUS A LIST OF FIVE BEST AND FIVE MOST RECENT PUBLICATIONS RELATED TO HYPERTENSION OR ALLIED FIELDS AND A SHORT CV.

These should then be forwarded to:

Secretary of the Society
Professor A F Dominiczak
c/o S Davenport
Administrator
International Society of Hypertension
World Heart Federation
5 avenue du Mail
CH-1205 Geneva, Switzerland

Telephone: +41 22 807 0326

Fax: +41 22 807 0339

Email: ish@worldheart.org

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*Payment should **not** be made until membership is approved. Applications for membership will be assessed by the Membership Committee and ratified at the next ISH General Business Meeting.*