



INTERNATIONAL SOCIETY OF
HYPERTENSION

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

Hypertension News

Opus 11 2006



ESH/ISH Joint Scientific Meeting 2014

The Councils of the European Society of Hypertension (ESH) and the International Society of Hypertension (ISH) have agreed to hold a Joint Scientific Meeting in Europe in 2014. Both Councils would welcome bids from scientists, research groups or European National Societies of Hypertension to host this meeting. *See page 7*

Editors Corner

Lawrie Beilin
Honorary Editor

I am delighted to take on the Editorship of Hypertension News at time when the global challenge of hypertension is increasing and the need for high quality basic and applied research in this area has never been greater. With the 'changing of the guard' in Council this issue naturally deals with the highly successful ISH 2006 meeting in Fukuoka as well as touching on some of the initiatives in our remit. Our new Secretary presents a timely and succinct overview of some revisions to guidelines for pharmacologic management of hypertension published in the UK, based on recent trial results.

I very much look forward to receiving unsolicited, as well as solicited contributions from members of ISH. Wishing you all happy and healthy festive seasons ahead.

The President's Last Hurrah

Mickey Alderman
Immediate Past President ISH

It has been a wonderful honor and privilege to serve as President of the International Society of Hypertension for these past 2 eventful and gratifying years. Although ISH has a variety of important functions, it is the Biennial Scientific Meeting of the Society that is the highpoint of each President's term. It certainly has been for me. I am happy to report that the Fukuoka Meeting was an outstanding success! Judged from every perspective - scientific content, collegial interaction, social program, and, world wide participation -- Fukuoka has set a new standard for excellence in international scientific meetings about hypertension.

A complex international, multifaceted project such as the 21st Scientific Meeting of the ISH demands careful planning and creative leadership. The Local Organizing Committee began its work 4 years ago led by Professors Ogihara and Saruta, with a team that included many of the scholars who have made the Japanese Hypertension community among the world's leaders over the past 2 decades. The opportunity for ISH to collaborate formally with the Japanese Society of Hypertension as well as the Asian-Pacific Congress of Hypertension insured a truly international program.

In the event, attendance, at 4500 delegates, was high by traditional standards and compared favorably meetings held in sites more accessible to Europe and the Americas. More importantly, however, was the quality of the program. With input from a broad range of authorities within and without the leadership of ISH, invited speakers covered the full range of issues from genes through medical care to issues of population health. It was frequently noted that, in Fukuoka, there had been assembled perhaps the most distinguished array of the world's hypertension leaders ever brought together in one meeting. The concert and Gala evenings augmented, in the most delightful way, opportunities for delegates to meet old friends and make new ones. In short, all of us lucky enough to have been in Fukuoka left with a warm sense of time well spent and, I suspect, heightened enthusiasm for the 2008 meeting in Berlin.

I am also pleased to have participated, over the past 2 years, in the process of growth and renewal that has characterized ISH over the past several years.

All organizations, to remain vibrant and relevant, must adapt to new circumstances, new challenges, and new opportunities.

I believe that ISH, is doing just that. In a very real sense, I have continued a process well begun by my predecessor, Lawrie Beilin. While remaining committed to scientific excellence and the fostering of research and its communication, we have increased our recognition of the global scope of our society. A new emphasis on promoting the science of blood pressure and its associated cardiovascular complications in low and middle income countries is proceeding effectively with growing local and regional activities, often in league with the World Health Organization. On an organizational level, the Society has developed new administrative excellence, efficiency and economy by having the Hampton Medical Group assume its administrative functions. This Newsletter is received and widely read, our membership rolls increase, and the Journal of Hypertension, our official organ under the skilled Editorship of Professor Zanchetti and his energetic team, is a leader in the field.

It has been a wonderful two years. In closing, let me thank members of the Society, its Council, staff, and particularly the Executive Council of ISH (Lars H Lindholm, Alberto Morganti, Toshio Ogihara, Lawrie Beilin, and, our indefatigable Secretary, Anna Dominiczak) for their tireless efforts over the past 2 years, and to wish Lars H Lindholm all success. He inherits a strong, youthful, and energetic society.

The 21st Scientific Meeting of the International Society of Hypertension – ISH 2006 Fukuoka Report

Toshio Ogihara

Chairman of ISH 2006

The 21st Scientific Meeting of the International Society of Hypertension (ISH 2006 Fukuoka) was held between Sunday, October 15 to Thursday, October 19, 2006 at Fukuoka Sun Palace, Fukuoka International Congress Center and Marine Messe Fukuoka. The meeting was a great success with 4,445 delegates from 68 countries. It is the second biennial ISH meeting held in Japan, while the first one had been held 18 years ago. ISH 2006 was sponsored jointly with the 5th annual meeting of Asian Pacific Society of Hypertension (APSH) and the 29th annual meeting of Japanese Society of Hypertension (JSH). There was also strong financial support from local Universities, the Japanese Government and Industry.

The pivotal members of ISH2006 Local Organizing Committee are: Toshio Ogihara for President, Takao Saruta for Vice President, Toshiro Fujita, Anna Dominiczak and Kazuaki Shimamoto for Executive Program Chairs, Hiroaki Matsuoka and Alberto Morganti for Treasurer and Hiromi Rakugi for Secretary-General. Delegates by region: 65% from Japan, 14% from Europe, 10.5% from Asia, 5% from Africa, 3% from North America, 1% from Oceania, 1% from Latin America and 0.5% from Middle East.

Following the theme, “Global Challenge for Overcoming High Blood Pressure”, which reflects the current global concerns toward controlling hypertension, distinguished researchers discussed and presented the highest quality studies from the various fields of basic, epidemiology and clinical research. Such cutting edge lectures attracted large audiences every day, and led to lively discussion among the participants.

For the ISH Presidential Lecture, Michael Alderman presented “Salt, Blood Pressure, and Cardiovascular Disease”, and for the APSH Presidential Lecture, Toshio Ogihara presented “Molecular Basis of Essential Hypertension”. Some notable Plenary Lectures were “Renin 2006: A Century of Discovery” by Victor Dzau, “Oxidative Stress and Cardiovascular Disease: Patients, Genomes and Pathways” by Anna Dominiczak, “Obesity, Adipokines and Hypertension” by John Hall, “Pathogenesis and Treatment of the Metabolic Syndrome: Insights from the Mitochondrial Genome” by Theodore Kurtz and “Molecular Genetics of Human Hypertension: From Rare Phenotypes to Common Pathways” by Richard Lifton. All of the lecturers presented the updated studies and took the audience with them. There were 1,545 poster and 217 oral presentations, mostly by younger investigators many of whom were supported by ISH travel awards. Hypertension research and education was further stimulated by ISH 2006 with a number of outstanding satellite meetings in Japan and neighbouring countries

A special feature at ISH 2006 was the Large-scale Clinical Trials Late-Breaking and Clinical Update; especially CASE-J and JATOS results of which were finally presented at this meeting. On the last day of the meeting, Michael Alderman, ISH President, and Toshio Ogihara, ISH2006 President, announced the “Fukuoka Statement,” a starting point for action towards global challenge for overcoming high blood pressure.

It emphasizes the significance of both non-pharmacological therapy and strict control of hypertension management, and the need for greater involvement of governments as well as healthcare professionals.

At the Closing Ceremony, the flags of ISH, APSH and JSH were handed over to Detlev Ganten, President of the upcoming ISH 2008 Berlin meeting, Trefor Morgan, APSH Secretary-General and Shuichi Takishita, President of the upcoming JSH 2007 Okinawa meeting respectively, with expectation of further advances in hypertension research, the global challenge for hypertension control and innovations in hypertension management. Once again we thank you all very much for your cooperation and efforts for the success of the meeting.

Brief Commentary: HYPERTENSION Management in adults in primary care: pharmacological update

Tony Heagerty

The National Collaborating Centre for Chronic Conditions

The UK Government funded National Institute for Clinical Excellence issued a guideline (18) in August 2004 (www.nice.org.uk/CG018). This was to give up to date evidence based advice on how to manage the problem of hypertension in primary care. This is a rapidly moving area and there have been a large number of outcome trials published since that original guideline was drafted. In consequence, the Royal College of Physicians in collaboration with the British Hypertension Society and the National Collaborating Centre for Chronic Conditions has issued further updated recommendations on pharmacological interventions for hypertension. The remit was very specific: it focused only on recommendations on drug management of hypertension, thereby bringing up to date Chapter 1.4 of the original guidelines.

Its conclusions were based on a systematic search of the literature performed on EMBASE and MEDLINE for randomised controlled trials comparing any combination of antihypertensive drugs from among the commonly used five classes namely, ACE inhibitors (ACEi), angiotensin-II receptor antagonists (ARB), beta-receptor blockers (BB), calcium-channel blockers (CCB) and thiazide-type diuretics (TD).

A total of twenty studies were found that satisfied the inclusion criteria for comparison involving these agents. The Guideline Development Group drafted recommendations based on the clinical evidence provided by these studies. Then a health economic analysis was conducted to balance the clinical outcomes and test the cost effectiveness of the initial antihypertensive medications. The results of this analysis supported their preliminary clinical conclusions. The document then provides a series of new recommendations. In hypertensive patients aged 55 years or over or black patients of any age the first choice for initial therapy should either be a CCB or a TD. In hypertensive patients younger than 55 years the initial choice should be ACEi or where this cannot be tolerated, an ARB. If initial therapy was with a CCB or a TD and a second drug is required then an ACEi should be added. If initial therapy was an ACEi add a CCB or a TD. If treatment with three drugs is required the combination of ACEi, CCB and TD should be used. If blood pressure remains uncontrolled, expert medical advice should be sought and a fourth drug should be considered such as a higher dose of TD, the addition of another diuretic, or BB or alpha blockade. BBs should be used in young patients if they have intolerance or contraindications to ACEi or ARB or in women with child-bearing potential or patients with evidence of increased sympathetic drive. In patients whose blood pressure is not controlled despite treatment including a BB treatment should be revised.

The Guideline Development Group did not propose changing a number of recommendations such as starting levels or target levels for blood pressure.

This is a comprehensive evidence based document. It is worthy of careful scrutiny. The conclusions drawn are valid and based on solid analysis of current trials which have recently been published. It has excited debate nationally and internationally but overall the cornerstone of hypertension management remains the same. The lowering of blood pressure is paramount to reducing adverse cardiovascular events.

Effective drug therapy remains important alongside lifestyle measures which are known to ameliorate the need for drugs but in many cases cannot replace some form of pharmacological treatment.

The Guideline Development Committee is to be congratulated on its careful and balanced approach to a controversial area and the formation of sensible and practical changes to the way we manage a problem which affects more than 30% of the population of most countries.

From the President- ISH in Perspective

Lars H Lindholm, President of ISH 2006-8

Globally, from an estimated total of 58 million deaths from all causes in 2005, cardiovascular diseases (CVD) accounted for 30%. This proportion is equal to that due to infectious diseases, nutritional deficiencies and maternal and prenatal conditions combined. It is important to recognize that those under 70, in the productive period of life, make up a substantial proportion of deaths (46%) and disease burden (79%) attributed to CVD.

Between 2006 and 2015, chronic disease deaths (half of them due to CVD) are expected to increase by more than 20% in low-income countries while deaths from infectious disease are expected to decline. Almost half the disease burden in low and middle income countries is already due to chronic diseases. Against this background, the ISH has joined the World Health Organization (WHO) in the development of new guidelines for primary prevention, with a special focus on low- and middle income countries, to be published in 2007. The review of the 6th draft by the ISH executive and the WHO/ISH liaison committee has just been completed and after some minor amendments, the final draft of the guidelines will be ready to be sent through the different steps to get approval at WHO. Hopefully, the WHO approval will come quickly so we can get the guidelines out before summer. A summary will be sent to the Journal of Hypertension and a joint WHO/ISH evaluation is under planning.

The ISH meeting in Fukuoka went very well indeed and attracted more than 4500 delegates. We owe our sincere thanks to Professor Toshio Ogihara and his lovely team in Japan. Professor Mickey Alderman completed his period as president of the ISH with blue figures in the books (the profit from the Fukuoka meeting not included). As reflected by the success of the Fukuoka meeting the ISH is 'up and running' with many new activities ongoing or under planning thanks to skilful leadership of the two past presidents professors Lawrie Beilin (2002-4) and Mickey Alderman (2004-6) and strong support from the Executive Council. The negotiations with the European Society of Hypertension have gone well and we will have a joint meeting in Europe in 2014. We expect there to be keen competition for the location of this meeting and where it will take place will be decided by the two societies together. Both Councils welcome bids from scientists, research groups or European National Societies of Hypertension to host this meeting. For details please see the separate advert in this issue of Hypertension News.

I will come back to you with more information on the ISH activities in the next issue of Hypertension News (Opus 12).

Please recruit new members! Form enclosed.

ESH/ISH JOINT SCIENTIFIC MEETING 2014

The Councils of the European Society of Hypertension (ESH) and the International Society of Hypertension (ISH) have agreed to hold a Joint Scientific Meeting in Europe in 2014. Both Councils would welcome bids from scientists, research groups or European National Societies of Hypertension to host this meeting.

Previous conferences have attracted more than 5,000 delegates and local organisers should be prepared to host a meeting of at least this size and to meet with the terms set by the two Societies.

Prospective applicants should prepare a comprehensive proposal to be submitted to the ESH/ISH 2014 Secretariat by 30 April, 2007. Please contact Mrs Jacinta Scannell at the Secretariat to receive a copy of the full bid requirements. Contact details are shown below.

A final decision will be made by representatives of both Councils at the forthcoming ESH meeting in Milan on 17 June 2007. Applicants may present further printed material at this meeting and also make a short (10 minute) presentation of their respective bid.

Contact:

Mrs Jacinta Scannell
ESH/ISH 2014 Secretariat
c/o Hampton Medical Conferences
113-119 High Street
Hampton Hill
Middlesex
TW12 1NJ
Tel: +44 (0) 20 8979 8300
Email: secretariat@ish-world.com

Membership

If you have not yet renewed your ISH membership for 2006 now is the time to do so to ensure you continue to receive copies of the Journal of Hypertension and subsequent copies of the Newsletter.

Payment can be made **on-line by visiting www.ish-world.com** Note: **You will be required to quote your membership number** (if you do not know this, it can be obtained by emailing secretariat@ish-world.com).

Go to the Membership page and click on Membership Fees. A confirmation email will be sent to you.

Newsletter

Within the next month or so there will also be a members' only area on the new ISH website (www.ish-world.com) where members will be able to read past copies of the ISH Newsletter.

In addition, HMC maintain the electronic ISH membership database and keep it updated with address changes, etc. If you have not already done so, please complete and fax back the form below.

Recruit New Members

We would welcome your assistance to help us recruit new members to the Society. The Society welcomes applications for membership from individuals working in the field of hypertension and cardiovascular disease.

If you have a colleague who would like to become a member of the International Society of Hypertension, please ask them to complete the downloadable Application Form that can be found on the Society's new website: **www.ish-world.com**. Applications must also be accompanied by:

1. A written statement by two members of the Society (names of regional/national members can be provided by the Secretariat) as to the qualifications of the nominee;
2. A list of the nominee's academic degrees, professional positions, and a list of five best and five most recent publications relating to hypertension or allied fields.

Nominations are initially considered by the Membership Committee and ultimately approved by the Society at its biennial scientific meetings.

If you have any questions regarding your membership, please do not hesitate to contact us.

International Society of Hypertension Secretariat
Hampton Medical Conferences Ltd
113-119 High Street
Hampton Hill
Middlesex, TW12 1NJ, UK
Fax: +44 (0)20 8979 6700
Email: secretariat@ish-world.com
Website: www.ish-world.com

PLEASE FILL IN AND RETURN TO THE ISH SECRETARIAT AT THE ADDRESS BELOW

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