



International Society of Hypertension Hypertension News, January 2008 – Opus 15

Dear Colleagues,

Highlights of this issue of Hypertension News are as follows:



- An update from the President on ISH's recent charity registration
- A report on the ISH workshop at the Asian Pacific Hypertension Meeting in Beijing by Stephen Harrap and Trefor Morgan
- A report on the ISH International Forum by Stephen Harrap, ISH Forum Officer
- Historical Corner -some recollections from Past Presidents – Professors Arakawa, Chalmers and Rahn
- A call for nominations for the ISH 2008 Awards
- A request for proposals for the ISH 2016 Biennial Meeting

Wishing you a very happy, healthy and productive New Year!

Lawrie Beilin
Hon. Editor Hypertension News



14 - 19 June 2008, Berlin, Germany
For further information on the meeting and to register please view
www.hypertension2008.com

EXCELLENT NEWS; ISH IS NOW A CHARITABLE ORGANISATION

ISH President, Lars H Lindholm

Following the move of the ISH Secretariat from Geneva to London in 2005, the ISH decided to seek charitable status with the Charity Commission, the government's regulator for charities in England and Wales. We are delighted to inform you that after quite a long and complicated process ISH's application was accepted on 31st December 2007 and the Society became a registered charity (Reg. number 11 22 135).

To qualify as a charity, ISH had to meet strict conditions about its overall purposes and the ISH Constitution had to meet certain requirements. We would like to thank all those members who voted to change the Constitution in both May and November 2007.

For those interested, details of our registration can be viewed on the Central Register of Charities on the Charity Commission website – www.charitycommission.gov.uk. This includes the objects of the Society (shown below):

'To protect and promote the health of the public in particular by encouraging the advancement of scientific research and knowledge and of its application in all aspects of hypertension and associated cardiovascular diseases and to disseminate the useful results of such research.'

Why become a charity?

- Charities are viewed differently from other organisations by the government and given special treatment to help them direct as much money as they can into their chosen cause. Registered charities also carry a degree of trust and authority with the public that other groups don't always have.
- If you are a registered charity, you can enjoy some tax advantages from the



government. You don't have to pay income tax, corporation tax, or capital gains tax on most of your income and gains.

- As a charity it is more likely that you'll be invited to give advice, serve on groups and influence outcomes.

The ISH Council members (currently 22) are the Charity Trustees and are responsible for not only directing the affairs of the charity, and ensuring that it is solvent and well-run, but delivering the charitable outcomes for the benefit of the public for which it has been set up (*please see above the objects of the Society*).

To ensure that all charities remain independent of government or commercial interests all charities are publicly accountable. Each year the ISH will have to submit its financial accounts to the Charity Commission, and these accounts are open to the public.

We hope that you will agree that gaining charitable status is a great achievement for the ISH and one which will allow us to more effectively achieve our global objectives and enforce our global commitment to the science of blood pressure related diseases.

**JOINT AP SH / ISH
WORKSHOP**
HYPERTENSION IN THE
ASIAN PACIFIC REGION
**The Problem and the
Solution**



Trefor Morgan & Stephen Harrap, Australia

Regional and National Perspectives:

A workshop funded conjointly by the Asian Pacific Society of Hypertension (APSH) and the International Society of Hypertension was held in Beijing on November 15 immediately prior to the 6th Congress of the APSH. The meeting was attended by approximately 50 people and reported on the problem in the region and possible solutions.

Dr Bruce Neal from the George Institute in Australia provided an overview of the problem in

the Asian Pacific region and perspectives from different countries were given by Dr Piyamitr Sritara (Thailand), Dr Rashid Rahman (Malaysia) Dr Arieska Soenarta (Indonesia) and Dr Dong Zhao (China).

It was clear that hypertension is a long-standing health problem, with hypertension prevalence in some countries similar to that in western societies, while in others it was still increasing. There were differences in the prevalence between rural and urban centres but these were not necessarily consistent from country to country. It was also clear that in most regions stroke was still more common than ischaemic heart disease, though coronary disease was increasing.

Hypertension was not an isolated phenomenon but was frequently associated with diabetes, obesity and other parameters of the metabolic syndrome. Dr Il Suh from Korea extended these observations and indicated that the problem was even greater, as prehypertensives contributed significantly to mortality and morbidity. A consensus was reached that the use of hypertension which implies an arbitrary cutoff probably was hindering progress in primary prevention.

Health Economic Considerations:

Dr Thomas Gaziano from Harvard placed the problem in a financial perspective. The cost of blood pressure and associated diseases accounts for more than 10 % of the global health expenditure. In some countries funds are mainly spent on treating the complications and this is possibly the least effective, though essential, way of spending the health dollar. While most of blood pressure costs are incurred in the developed world at present, the burden will shift to the developing world where steps should be taken to reduce overall health costs through effective prevention, identification and management, and treatment of end organ damage.

Environment and Lifestyle:

Dr Graham MacGregor and Dr Lawrie Beilin spoke about primary prevention. Dr MacGregor discussed the importance of reducing sodium intake and increasing potassium intake to achieve community-wide reductions in blood pressure and prevention of hypertension. He put forward a



strategy to reduce salt consumption, based on education of the public, coupled with practicable intervention strategies and guidelines that can be adopted by the general public. Such interventions can be legislated, but as seen in the United Kingdom, some success can be achieved by direct involvement and discussion with the food manufacturers leading to voluntary reduction in the salt added to processed food.

Dr Beilin reviewed the role of a range of other lifestyle interventions to reduce blood pressure but also importantly reduce other risk factors that interact with elevated blood pressure to cause cardiovascular disease. These are simple measures but their application requires effort at a community and individual level, all the more important in the face of increasing incidence of obesity, diabetes and hypercholesterolemia. For example, success has been achieved to reduce smoking by a process of education backed by governmental action.

Dr Hirotosugu Ueshima from Japan presented data that education related to the dangers of high salt consumption coupled with community-based changes such as better road transport and more refrigeration had led to a reduction in salt intake, a reduction in blood pressure and reduced mortality from stroke.

Dr Lip Ping Low (Singapore), Dr Ramon Abarquez (Philippines), Dr Yuan-The Lee (Taiwan) and Dr Lingzhi Kong (China) presented data from their countries about programmes that have been instituted to prevent and manage hypertension. A common theme was that they involved education of the public, education of the health care profession, and Government action to make access to health care more affordable. Only by a combination of these measures can success be achieved.

Involving Governments:

Primary prevention requires a major change in the conceptual thinking of health workers and governments. In relation to the roles of governments and policies, Dr Whitworth (Australia) spoke about the importance of presenting governments (or more often an individual politician who will champion the cause) with a clear definition of the problem coupled with good evidence, clearly and succinctly presented.

The decisions made by Governments take into account all priorities and to be successful we need to emphasise the medical, social and economic importance of hypertension with a clear statement of the benefits to be gained by implementation of different strategies.

Dr Shanthi Mendis emphasised that if primary prevention is not achieved we need to be aware of ways that we can ensure that identification and treatment can be supplied to individuals in an affordable manner. There is a need to use primary health care facilities and to involve the family and community groups in the management of individual's and the community's problems of increased cardiac death.

Multivariate Risk Assessment:

Dr Rod Jackson (New Zealand) emphasised that we are interested in prevention of cardiac and cerebral complications and to achieve this aim we must not think only of blood pressure, but also of overall individual risk. Thus there might be no specific blood pressure level that you would treat and the level varies markedly according to other risk factors. In discussion, the point was made that this approach might emphasise treatment of the elderly at the expense of the young (in whom few risk factors might be evident), who may only become eligible for treatment after they suffer a complication and declare their individual risk. The way to overcome this problem would be for good preventive programmes related to all the modifiable risk factors.

The Need for Guidelines:

The final session was to discuss whether there should be guidelines for the treatment of hypertension in the Asian-Pacific region. Dr Whitworth indicated how the Australian Guidelines and the ISH/WHO guidelines had been prepared as a consensus document. Dr Lars Lindholm (Sweden and President of ISH) spoke about the preparation of the ESH guidelines. The preparation of guidelines has evolved into a more systematic process with the need to collect more objective evidence. Dr Lindholm also spoke about the WHO/ISH guidelines specifically developed for the poorer countries of the world. Dr Peter Yan (Singapore) reviewed the present situation in Asia and the guidelines that are in use in different countries.



There was considerable discussion on the need for specific regional guidelines. It was decided that it would not be appropriate to produce guidelines along the ESH model. Given the diverse economic characteristics and the heterogeneity in language and customs, it was felt that it would be difficult to produce guidelines as "one size fits all." The guidelines of WHO for the poorer countries was thought to be most appropriate at this stage.

However, it was agreed that there should be a clear statement of the economical, social and medical importance of elevated blood pressure in the region. This needs to be backed up by strategies for its prevention, detection, initiation of therapy, maintenance of therapy and achievement of goal. This will involve education of the doctor, of health care workers, the public and the government and the development of partnerships that will allow us to progress.

The Convenors of the Workshop were Trefor Morgan (APSH), Stephen Harrap (ISH) Liu Lisheng (China)

ISH Future Meetings



**14 – 19 June
2008**
Berlin, Germany



**26 – 30
September 2010**
Vancouver,
Canada



**30 September –
3 October 2012**
Sydney, Australia

2014
Athens, Greece

2016

Bids are welcomed for this meeting.

Deadline for proposals: 31 March 2008

CALL FOR BIDS

ISH BIENNIAL SCIENTIFIC MEETING 2016

The Council of the International Society of Hypertension (ISH) would welcome bids from scientists, research groups or National Societies of Hypertension to host the ISH Biennial Scientific Meeting in 2016.

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 Society.

Prospective applicants should prepare a comprehensive proposal to be submitted to the ISH Secretariat electronically by no later than 31 March 2008. Please contact Helen Horsfield at the Secretariat to receive a copy of the full bid requirements. Contact details are shown below.

A final decision will be made by the ISH Council at the forthcoming meeting in Berlin on 14 June 2008. Shortlisted applicants may present further printed material at this meeting and also make a 10 minute presentation of their respective bid.

Contact:

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

The ISH scientific meeting in Fukuoka in 2006
(Professor Ogihara)





ISH International Forum Update

Stephen Harrap, ISH Forum Officer

On behalf of the ISH Forum Officers Serap Erdine and John Chalmers

The International Forum of the ISH provides an umbrella for national hypertension and related societies around the globe. Its success is important to the ISH in fulfilling its international responsibilities.



To strengthen the Forum it is necessary to engage more with the national societies and understand better their needs. In this way the ISH can cooperate more effectively with national societies and derive mutual benefits. To this end, questionnaires were sent to the Presidents of national societies to seek an indication of their societies' individual nature, operations and aspirations.

To date we have been delighted to receive responses from more than 30 national societies from all 4 corners of the globe. We are extremely grateful for the generous response from these societies and gratified that the overwhelming response from national societies was for greater alignment with the ISH. This is a great fillip to increasing interaction and consolidating the Forum.

The information gathered to date from the questionnaires provides a very interesting snapshot of the "average" national hypertension society.

- The typical society consists of over 400 members, although there is another large group with a size of between 200-300 members.

- The typical member of such a society is a specialist physician, most often a cardiologist or general physician.
- Surprisingly, student members are not common in the average society. This demographic is reflected in the age of members that are most commonly between 30-50 years.
- The average society holds an annual scientific meeting at which the majority of presentations are related to clinical research. In addition, the average society conducts educational workshops at least twice a year.
- Government is not likely to provide sponsorship to the average society, but the pharmaceutical industry is a common sponsor.
- The average society provides support for its members to attend international conferences and is also likely to support its members to undertake original research.

The questionnaire has revealed these general trends, but also has highlighted special characteristics of individual societies that will help ensure that the ISH is able to respond to the special issues as well as those which are common.

Along with the increased communication between the ISH Forum and the Affiliated Societies, there will be an opportunity to meet face-to-face at the Berlin meeting in June. This will be an opportunity to discuss the detailed findings of the questionnaire and identify common interests between the ISH and its Affiliated Societies.

We all look forward to continued growth and international involvement of the ISH.



CALL FOR NOMINATIONS ISH AWARDS 2008

The ISH would like to call for nominations for the following awards.

ASTRAZENECA AWARD

To be presented to a distinguished investigator responsible for outstanding work related to the clinical pharmacology and therapy of arterial hypertension.

BOEHRINGER INGELHEIM DEVELOPING WORLD AWARD

This award is for a researcher in the developing world who has done outstanding work in the region. The awardee will be expected to submit an abstract of his/her research for the 2008 Meeting.

FRANZ VOLHARD AWARD AND LECTURESHIP SUPPORTED BY BAYER SCHERING PHARMA AG

To be presented to a person or persons who shall have initiated in the field of hypertension or in a related discipline, a concept, which remains of current interest. The recipient shall be invited to deliver to the ISH a lecture on the topic for which the award is bestowed.

TWO PFIZER AWARDS

To be given to investigators presenting superior research projects in the study of basic mechanisms by which blood pressure and lipids interact in the development of cardiovascular disease.



Dr Alderman and Dr J Zhang,
2006 Pfizer Award winner

THE ROBERT TIGERSTEDT AWARD SUPPORTED BY MSD

To be presented to a person, persons or institution responsible for distinguished work relating to the aetiology, epidemiology, pathology or treatment of high blood pressure.

THE STEVO JULIUS AWARD SUPPORTED BY NOVARTIS

To be given to a person or persons demonstrating exceptional and continuous commitment to the dissemination of information, knowledge and skills in the field of hypertension to: (a) general public; (b) medical community; (c) specialists in the hypertension field, and; (d) to investigators involved in hypertension research.

AUSTIN DOYLE AWARD SUPPORTED BY SERVIER AUSTRALIA

(NOMINATIONS NOT REQUIRED)

This award is for a graduate who is within 5 years of post-graduate qualification. The recipient will be judged to have submitted the best original presentation relevant to clinical medicine at the 2008 Meeting.

The ISH Awards Committee will make the selection of the awardees.

The awards will be presented to the recipients at the 22nd Biennial Scientific Meeting in Berlin, Germany from 14th – 19th June 2008.

Please view full information on criteria and eligibility of nomination in the Awards section of www.ish-world.com.

Please note that only ISH members may nominate.

NOMINATIONS SHOULD BE RECEIVED BY THE ISH SECRETARIAT NO LATER THAN 31 March 2008

Professor AM Heagerty, ISH Secretary
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HISTORICAL CORNER

Recollections from ISH Past Presidents

RECOLLECTIONS OF SOME EARLY ISH MEETINGS

John Chalmers
Past President 1992-94

My first ISH meeting was the 1974 meeting in Milan, held in the wonderful cloistered setting of the University of Milan in September, 1974. This was a Milanese meeting in every way – held in Milan, with Cesare Bartorelli as Chairman of the meeting and head of the famous “Istituto” or “Centro di Ricerche Cardiovascolare”, Alberto Zanchetti as Hon. Secretary of the Society, and Giuseppe Mancina as a member of the younger brigade. There were about 400 registrants and the meeting was all single track in the “Aula Magna”, with almost everyone fitting in downstairs!

I was privileged to give a paper on the first day (all oral, no posters in those days) on Central serotonergic neurones and experimental hypertension, in the first session on the “Sympathetic nervous system and hypertension”. This was the hey-day of the role of sympathetic nervous system in hypertension and the first session or two were traditionally devoted to what is now called “neuroscience”. The renin-angiotensin system was still looking for a purpose and ACE inhibitors were not yet on the map!

At that meeting, it was agreed the next meeting of the ISH would be held in Sydney in 1976 and I was put on the organising committee, as a young man, along with Colin Johnston and Bill Louis. The senior players were Austin Doyle, Paul Korner and Ralph Reader.

My most vivid recollection of that meeting, and there are many, was the lunch hosted by Bartorelli for the newly appointed organising committee for the next ISH meeting, the 1976 meeting which had just been accorded to Sydney. We were led to Bartorelli’s chosen “ristorante” just by the University, around the corner from the “Via Festa del Perdono”. When we got there, our

(reserved?) table was not available. Disaster! But fixed in a few milliseconds after an angry word or two from Bartorelli to the Maitré D. Two or three tables of startled and protesting diners were abruptly ushered out the door, their tables cleared and pushed together for us, re-set and hey pestro, we sat down to a magnificent Italian lunch, to be instructed on how to run a proper ISH meeting in two years time in Sydney.

The 1976 meeting was duly held at the then very new Sydney Opera House and attended by around 600 experts in Hypertension. There was no Australian Society of Hypertension to host the meeting and the meeting was finally constituted through the National Heart Foundation and the Cardiac Society. The highlight of the meeting for me was the Opera House setting and the Gala Concert held at the Opera House with a wonderful big white cruise ship sailing past during the interval, on a moonlit night!

Which brings me to the 1978 meeting in Paris, as once again the Australian hypertension community came together at an overseas meeting, and led by Austin Doyle, the decision was taken to establish an Australian “High Blood Pressure Research Council”, which duly happened, with Austin Doyle as its first President, and with the first meeting held in Melbourne in 1979. The other highlight of the 1978 meeting for all the Australian participants was Graham Boyd’s amazing performance in setting the all-time record for the ratio of questions per paper asked by a single delegate – Graham achieved a ratio greater than one! This has only been challenged in the past 30 years by one Jock Campbell, who tried valiantly at a succession of meetings of the High Blood Pressure Research Council in Melbourne, but despite Jock’s very best efforts, the record remains with Graham Boyd.

NEWS:

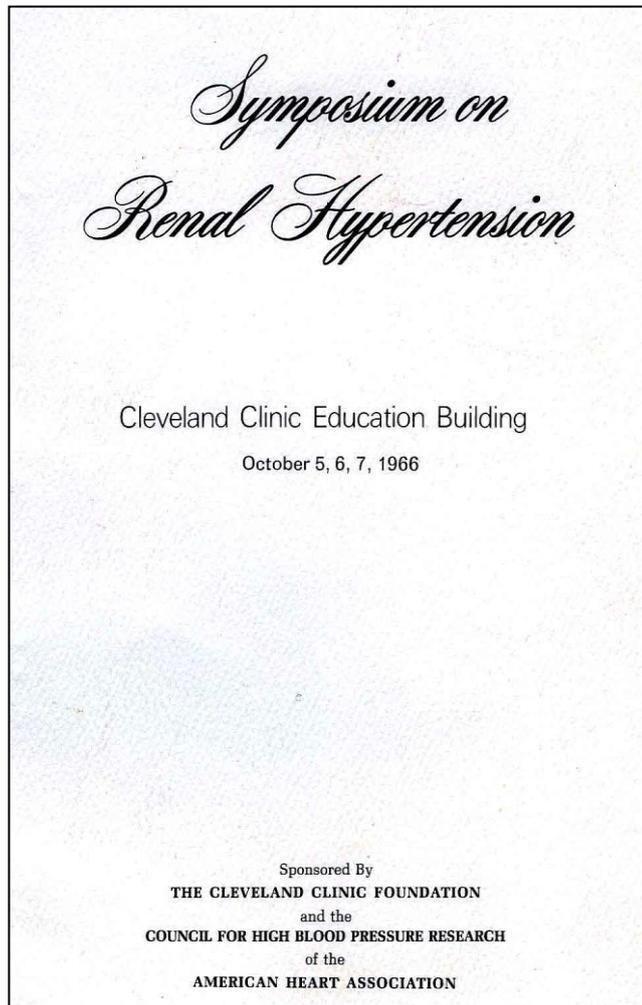
On 31st December 2007, Professor P. A. van Zwieten, (Past President 1990-1992) was honoured to be elected to Honorary Fellowship of the British Pharmacological Society in recognition of his distinguished service to pharmacology.



MY MEMORY OF ISH WHEN IT STARTED

Kikuo Arakawa, Fukuoka, Japan
Past President 1994-1996

ISH celebrated its 40th anniversary on the occasion of the ISH 2006 meeting in FUKUOKA. Forty years before that ISH was established in 1966 in Cleveland, Ohio, where nearly 100 hypertension specialists were meeting for the "Symposium on Renal Hypertension". The meeting (programme cover below) was held in honour of Dr. Irvine Page's 65th birthday, and sponsored by the Cleveland Clinic Foundation, Council of High Blood Pressure Research and American Heart Association (Circulation Research, Supplement II, 1967). Since it was the first international occasion of this kind where world hypertension specialists were meeting together, Ohio was a natural place for the ISH to be born.



The meeting happened to coincide with the time when I had just succeeded in isolating human angiotensin and determining the chemical structure, and I was given the honour of presenting my paper there. One man who came to shake hands with me when I came down from the stage was Dr. Skeggs who first chemically identified angiotensin I, II and ACE from horse blood 10 years before, and he said "You won". He told me that his group in USA, as well as Dr. Peart's group in London who elucidated ox angiotensin also 10 years before, had been struggling in purifying human angiotensin for many years ever since they achieved it from animal material. The elucidation of human angiotensin, therefore, meant the start of ISH to me, and this is how I became involved in the ISH.

Those whom I met at the meeting in 1966 were the first generation hypertensiologists from various countries such as, Sir George Pickering and W.S. Peart from England, Franz Gross from Germany, Paul Milliez from France, Cesare Bartorelli from Italy, Austin Doyle from Australia, Alberto Taquini, Juan Fasciolo and Hector Croxatto from Argentina, Jacques Genest from Canada, Harry Goldblatt, Leonard Skeggs, Jerome W. Conn, Edward W. Freis, Merlin F. Bumpus, Irvine H. Page from USA and so on. Sadly, most of them have now past away, unfortunately not living to witness subsequent advancement in hypertensiology.

DEVELOPMENTS DURING MY TIME ON THE ISH SCIENTIFIC COUNCIL

Karl-Heinz Rahn
Past President 1998-2000

From 1992 – 2000, I was a member of the ISH Scientific Council. I served as Treasurer of the ISH from 1994 – 1996, as Vice President 1996 – 1998 and as President 1998 – 2000.

In the last decade of the 20th century, ISH accumulated assets of about 500 000 US Dollars. This was possible due to good investments and by keeping the expenses of the society low. In fact, the Executives financed most of their activities from their own budgets, with some compensation from the ISH for secretarial work. During my presidency, the Scientific Council



decided to use part of the assets in order to set up a central Secretariat. The idea was to improve contact with members of the society as well as the sponsors and to support the Executive Officers. Because of ISH's good relationship with the World Heart Federation, the Council decided to establish the central secretariat in the rooms of, and in close cooperation with, this Federation. The yearly expenses for the secretariat were not to exceed 50 000 US Dollars. Keeping this in mind, as Immediate Past President I negotiated with representatives of the World Heart Federation, and the ISH Central Secretariat was formed in July 2001.

For many years, ESH and ISH organised alternating biannual scientific meetings. During my presidency, ESH decided to hold an annual meeting of its own. As a consequence, in 2000

there was an ESH Meeting in Gothenburg and some weeks later an ISH Meeting in Chicago, resulting in decreased attendance at both. It was felt to be most unfavourable to have competing ESH and ISH meetings in Europe in the same year. Therefore, during a meeting of ESH and ISH representatives in Italy in 1999 I proposed that ESH and ISH organise joint scientific meetings.

After much discussion, the representatives accepted the proposal to hold the first ESH/ISH Joint Meeting in Prague in 2002 and the next one in Berlin in 2008. Following this meeting, the Scientific Councils of both ESH and ISH agreed with the proposal and – in my opinion – a very successful joint meeting took place in Prague in 2002. I hope that the same will be true for the ESH/ISH Meeting in Berlin this year.

UPCOMING MEETINGS

2008

7 – 10 February 2008, Budapest, Hungary
International Conference on Fixed Combination in the Treatment of Hypertension and Dyslipidemia
www.paragon-conventions.com/fixed

14 – 17 May 2008, New Orleans, USA
American Society of Hypertension Annual Meeting and Exposition
www.ash-us.org

26 – 29 May 2008, Santa Clara, Cuba
HTA 2008: 4th International Symposium of Hypertension and 2nd International Workshop of Vascular Risk
<http://cencomed.sld.cu/hta2008/indexeng.htm>

4 – 6 June 2008, New Orleans, USA
2nd Annual Scientific Meeting of the Organization for the Study of Sex Differences
www.ossdweb.org

14 – 19 June 2008, Berlin, Germany
Hypertension 2008: 22nd Scientific Meeting of the International Society of Hypertension & 18th Scientific Meeting of the European Society of Hypertension
www.hypertension2008.com

24 – 27 June 2008, Tampere, Finland
5th International EDHF Symposium
www.EDHF2008.org

17 – 20 September 2008, Cambridge, UK
2nd International Symposium on Pheochromocytoma
www.isp2008.ukevents.org

24 – 27 September 2008, Caracas, Venezuela
VII Venezuelan Congress on Hypertension
www.svhipertension.org

26 – 27 September 2008, Ghent, Belgium
Artery 8
www.artery.uk.net

22 – 25 October 2008, Venice, Italy
7th International Symposium on Multiple Risk Factors in CVD: Prevention and Intervention – Health Economics
www.lorenzinifoundation.org

30 October – 2 November 2008, Barcelona, Spain
2nd World Congress on Controversies in Diabetes, Obesity & Hypertension
www.codhy.com



GENERAL SOCIETY INFORMATION

Membership

If you have not yet renewed your ISH membership for 2008 now is the time to do so to ensure you continue to receive copies of the Journal of Hypertension.

Payment can be made on-line by visiting the membership section of www.ish-world.com. Alternatively, please contact the Secretariat to receive a payment form. (Email: secretariat@ish-world.com)

We would like to take this opportunity to remind you of the Society's Constitution concerning Membership.

"Members shall pay annual dues in the amount and within the time period determined by the Executive Committee. Membership shall automatically cease upon failure to pay the annual subscription fee for two consecutive years."

Members Only Area of the Website

You may like view the Members Area of the website in order to view the following information.

- Past copies of the ISH Newsletter
- Minutes of Society meetings (Council and AGM)
- A list of ISH Members with contact details
- Access to the Journal of Hypertension for those who are eligible for free online access.

This free online access is available for new members (since 2006) who reside or work in one of the resource poor countries, zones and territories defined by HINARI or in South Africa.

To access these pages you are required to register using your membership number, email address and a password of your choice. If you do not know your membership number, please contact the Secretariat.

(Email: secretariat@ish-world.com)

Member contact details

Please remember to update the Secretariat with your change of contact details, especially your email address.

(Email: secretariat@ish-world.com)

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 ISH please ask them to complete the downloadable Application Form that can be found in the Membership section of the Society's website: www.ish-world.com. Applications must also be accompanied by:

1. A written statement by two members of the Society as to the qualifications of the nominee
 - (names of regional/national members can be provided by the Secretariat);
2. A list of the nominee's academic degrees, professional positions
3. A list of the nominee's 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 the ISH Secretariat.

Tel: +44 20 8979 8300

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CORPORATE MEMBERS

The ISH would like to acknowledge the support of our Corporate Members.



Mitsubishi Tanabe Pharma Corporation



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