

CARIM's principal investigators has recently entitled an interview "You have to get out of your comfort zone". While this is certainly correct and necessary to meet the challenges of today's international biomedical science, CARIM does offer some comfort, too. The quality and enthusiasm of its researchers, the firm embedding in the scaffold-providing academic scene, a flat hierarchy and the help of the Dean's office and the administrators that one can enjoy here in Maastricht, compensate to a certain degree for the many mishaps and frustrations that accompany a scientific career as much as the moments of success and celebration.

- Thomas Unger

## The Lancet Commission on Hypertension: Update



### Michael Hecht-Olsen

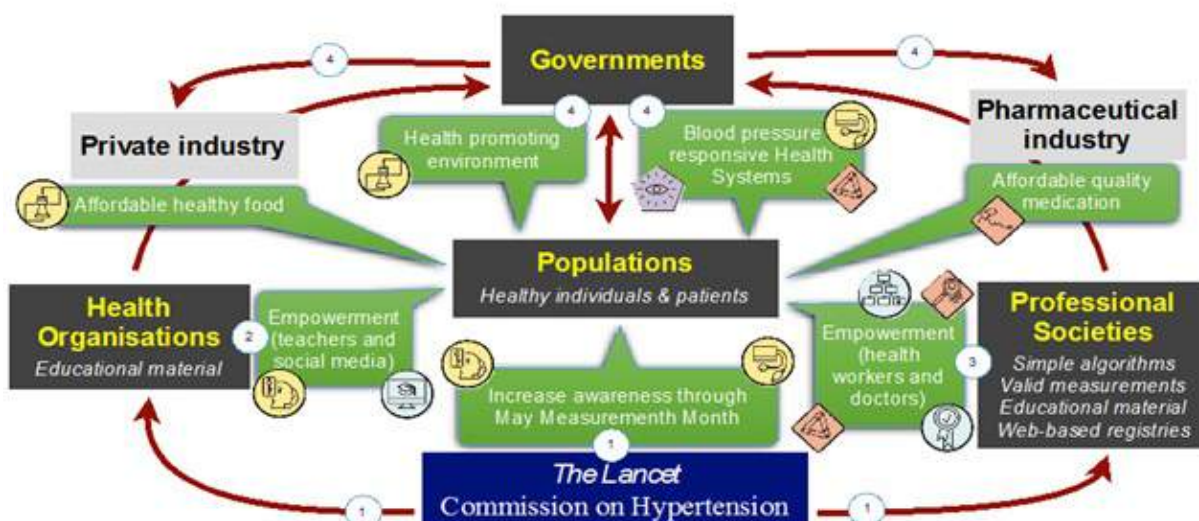
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The Lancet Commission on Hypertension (LCH) report: "A call to action and a life-course strategy to address the global burden of raised blood pressure on current and future generations" (1) was well received at the launch in Seoul, South Korea, September 2016. In the report itself, and at the launch, a campaign including two technical packages for prevention and treatment was promised (please see below).

- **Prevention-related technical package**
  - Improved public understanding of unhealthy and healthy lifestyles as well as elevated BP and its consequences
  - Policy and environmental strategies to promote health and support healthy behaviors
  - Improved access to effective health care delivery systems
- **Treatment-related technical package**
  - Standard protocols for investigation, treatment and monitoring
  - Team-based care, task sharing and workforce development
  - Access to a affordable medications, technology and health care
  - Surveillance, patient registries and information systems

It is obvious that many of the key actions listed above call for a multi-sectorial strategy involving LCH group, health organizations, professional societies, governments and industries, as illustrated in the figure shown below.



1. **LCH group:** **Increase awareness through participation in May Measurement Month**  
**Facilitate research focused on improving BP control in low resource settings**  
**Develop standardized educational material**
2. **Health organizations:** **Empower people through teachers and social media to improve lifestyle and influence governments**
3. **Professional societies:** **Empower patients through health workers and doctors to improve lifestyle and treatment and influence governments**
4. **Governments:** **Create health-promoting environments and blood pressure-responsive health systems**  
**Influence pharmaceutical and private industry to facilitate affordable quality medication and affordable healthy foods**

In relation to prevention, the LCH group has been active during the International Society of Hypertension initiated May Measurement Month 2017 (MMM17) in order to increase public awareness of hypertension. Furthermore, the LCH group will in collaboration with Jacqui Webster from the World Health Organization (WHO) Collaborating Centre on Population Salt Reduction at The George Institute for Global Health in Australia a) investigate whether the estimated global salt intake in the paper by Mozaffarian D *et al* in 2014 (2) is indeed an accurate estimation of salt intake compared to values based on 24-hour urine Na<sup>+</sup> excretion measured after 2011, b) identify the barriers for reduction in salt intake in low resource settings, and c) assess the possibilities in low resource settings for combining reduction in salt intake with healthy dietary changes. Such information will be helpful for politicians in low resource settings and for health professionals who will contribute to MMM18 and MMM19.

Considering treatment, the LCH group has collaborated closely with Centers for Disease Control and Prevention (CDC) and WHO to align the LCH group campaign with the global HEARTS initiative and create synergy in both the preparation of the HEARTS tool kits as well as the implementation of HEARTS. Based on existing guidelines and the HEARTS tool kits, the LCH group is aiming to create an application ("app") to deliver decision support to health professionals and improve health education of patients. In addition, the LCH group is currently working on identifying high quality, low cost devices for reliable blood pressure measurements in low resource settings. Furthermore, the LCH group is reaching out to endocrinologists and nephrologists to create guidelines for screening and evaluation of secondary hypertension and/or kidney disease in low resource settings. Finally, the LCH group is working on a systematic review and meta-analysis on the blood pressure-reducing effect of different antihypertensive interventions in low resource settings.

The information from all of these projects will be used in the different implementation projects of the LCH group. The largest and most progressed project is "Prevention and Management of Diabetes and hypertension in Indian villages" (ManDit-India). LCH group is looking for projects in Africa, South America and China, and will soon initiate another project in Nepal to test the effect of a locally-adjusted "app" delivering decision support to health professionals and to improve health education of patients with hypertension and/or diabetes. The project in Nepal is an addition to an ongoing study named "Community-Based intervention for hypertension in Nepal (COBIN)", which is a community-based implementation research project exploring the potential of community health workers for prevention, control and management of hypertension in rural Nepal. The project is a collaboration between Nepal's Ministry of Health, Aarhus University and Nepal Development Society. Two feasibility studies (3, 4) have revealed that Female Community Health Volunteers were ready to receive a new training on hypertension prevention and control, and a recent cluster-randomized controlled trial (5) has showed statistically significant lower blood pressures in subjects receiving risk factor counselling by Female Community Health Volunteers. Recently the research group has started another cluster-randomized trial on exploring the potential role of FCHV for diabetes diagnosis and prevention at community level with support from World Diabetes Foundation and Aarhus University, Denmark.

## REFERENCES:

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2. Mozaffarian D, Fahimi S, Singh GM, Micha R, Khatibzadeh S, Engell RE, Lim S, Danaei G, Ezzati M, Powles J: Global Sodium Consumption and Death from Cardiovascular Causes. *N Engl J Med* 2014;371:624-634.



