

Open access obviously places an economic burden on the authors and their grant money. The publisher, together with the ISH and ESH representatives within the Board of Management, thought that members of the two scientific societies who endorse the Journal of Hypertension deserved some recognition for the prestige of their support. This recognition consists of a 15% discount on the open access rates (equal to a saving of around US \$ 495-615). Therefore, beginning in 2018 the Editorial Manager system will be set up so that manuscript authors are asked whether they are members of either ISH or ESH. When the corresponding author chooses Open Access the discount will be applied if at least one of the authors is a paying member.

It is hoped that this offer will further strengthen the ties between ISH/ESH and their official journal, and will help establish an increasingly open forum for basic and clinical research on hypertension.

- Alberto Zanchetti

## Council's Corner: Hypertension Issues - a personal view

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### Primary prevention - are we on the right track?

At numerous scientific meetings we hear about secondary prevention and treatment of individuals with disease, with the majority of publications reporting on outcomes and efficacy of treatment. A striking image was presented on various occasions by the current International Society of Hypertension's (ISH) President, Professor Neil Poulter, whereby the patient and the physician are separated by a wall. The arm of the patient is sticking through a hole in the wall and the doctor is measuring blood pressure and handing out three pills. This is a setting we are all familiar with, but how do we teach an old dog (the patient) some new tricks?

The nature of mankind is to become comfortable with habits and ignore the fact that we all age, and that at some point, our poor judgements and unhealthy choices will catch up with us. To answer the above-mentioned question, it is pretty much impossible to teach new "tricks" when adverse lifestyle behaviours are a part of who you always were. This said, we try our best to advocate healthy lifestyle choices, encourage physical activity and the avoidance of substance abuse, but are we testing our efficacy and success rate in promoting healthy

living? It is inevitable that all living creatures' lives end at some point, however a wise academic once said that "you can choose the level of comfort in which your life will end." Of course, there are exceptions to this argument, but still we determine our own risk factors that promote the onset of cardiovascular disease development.

So what are we doing wrong? The focus is too much on secondary prevention, drug development and favourable business opportunities, and not on primary prevention strategies. A larger focus on population-based primary prevention and advocating a healthy lifestyle from the earliest possible age in schools, churches, colleges and the workplace would render a much smarter and healthier generation to curb the increasing trends of hypertension and related comorbidities. In the past two decades, a larger number of research studies emerged to help understand the aetiology and

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mechanisms of hypertension development in children and adolescents. Although certain conditions merit the measurement of blood pressure in children, the basic screening and awareness thereof would be profound in the general population.

Early reports on paediatric hypertension exist dating back to the early 1940's in which cases of *secondary* high blood pressure were recorded due to either kidney disease (1,2), hormone abnormalities involving especially Cushing's syndrome and hyperthyroidism (3), specific drugs or poisoning, neurological conditions (4), coarctation of the aorta (5), and the list continues when reviewing primary and secondary hypertension separately. Apart from these paediatric conditions, evidence suggested that a family history of cardiovascular disease represents the net effect of shared genetic, biochemical, behavioural, and environmental components (6). This renders a prognostic tool for early onset cardiovascular compromise as well as a favourable setting for primary prevention strategies.

The obesity rate in school children is a major public health concern, with approximately 20% prevalence in the United States (7) and, according to the South African NHANES-1, a combined overweight and obesity prevalence of 13.5% for South African children aged 6-14 years (8, 9). These alarming trends are nursing a larger health burden in the future with major economic and public health implications. With prominent broadcasting corporation channels advertising food of poor nutritional value to children, along with unhealthy food choices in school cafeterias and tuck shops, the overuse of technology-based equipment (and television in particular) (10), reliance on automobiles for transportation, and increasing crime rates in developing countries which reduce participation in physical activities (11), major emphasis should be on earliest primary intervention (which includes government support) to curb a rapidly growing epidemic of early cardiovascular compromise.

The establishment of the *May Measurement Month* awareness campaign by the ISH was a great leap in the right direction, to screen people from across the world and detect hypertensives unaware of their health risks. The larger these screening campaigns and the more people we can detect with hypertension, the better we can educate the world in terms of self-care and the consequences of high blood pressure. Larger and more ambitious research studies in children should be encouraged and supported by government in order to establish a platform of health reform in countries with a high incidence of cardiovascular disease.

In short, bending the tree while still young is the better practice for a healthier society and where better to start than with the children, the youth and leaders of tomorrow? With an exciting new conference, namely the 1<sup>st</sup> International Congress of Hypertension in Children and Adolescents (ICHCA) to be held in Valencia, Spain next year, we look forward to hearing about future plans and solutions to support our effort in primary prevention.

- Ruan Kruger

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