



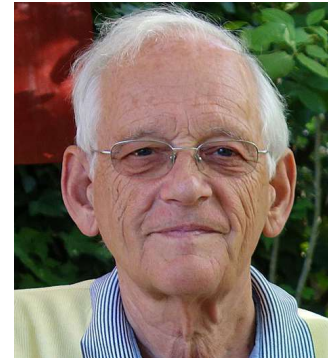
140/90 mm Hg is the target BP threshold for both diagnosis and treatment in the revised UK guidelines

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Dear ISH member,

The recently revised Hypertension guidelines in the UK (page 18) from the National Institute for Health and Care Excellence (NICE) differ from current American and European guidelines by retaining a target blood pressure (BP) threshold of 140/90 mm Hg (or 135/85 mm Hg for out-of-office recordings) for both diagnosis and treatment of high BP. This target is now equivalent for people with or without type-2 diabetes, providing a clear and consistent threshold.



People below 80 with stage-1-hypertension, however, are now offered treatment using a 10-year cardiovascular risk threshold of 10% instead of the previous 20%. The UK guidelines recognise the balance between benefit and harm when treating low-risk people with stage-1- hypertension and therefore give flexibility to patients and doctors in their choices, emphasising the importance of lifestyle changes. NICE continues to recommend starting with monotherapy, thereby excluding the results of the Pathway-1 trial (suggesting that BP control is attained faster with dual therapy), because the outcome in that trial was a surrogate marker. Finally, as before, drug treatment starts (step 1) with an ACE Inhibitor or an Angiotensin-II-receptor blocker (ARB) for younger patients or a Calcium channel blocker for those aged 55 and over. Beta-blockers (or alpha-blockers) come far down the drug list (step 4), and are recommended for patients with resistant hypertension and a blood potassium level above 4.5 mmol/L; spironolactone is recommended for those with lower potassium levels. In this issue of Hypertension News, Richard McManus and co-workers present a summary of the revised guidelines (page 18). NICE has kindly allowed us to republish two of their original charts (pages 20 & 21).

In this issue of the Newsletter, you will also find an elegant paper on the unresolved and controversial issue linking hypertension to cancer, written by Pavel Hamet and co-workers, which I strongly recommend you to read (page 14). The increased risk of cancer in people with high BP seems to be established in meta-analyses, but the relative risks vary and so do the organs affected. Pavel Hamet and co-workers conclude that *"We still don't have a clear picture of the mechanisms underlying the association between hypertension and cancer"*. Moreover, *"Today, technologies should help us to directly examine the genomic basis of the increased risk of cancer, particularly that of kidney cancer in hypertensive individuals"*.

The "Learning the Ropes" section in this issue of the Newsletter is on the inclusion or not of Heart Failure in randomised controlled trials (RCT), where two "giants" in the field, Paul Whelton, US (page 9) and Bryan Williams, UK (page 12) have been asked to take different stands. Thomas Kahan from our Editorial team has written an Introduction to this section (page 8). We expect more comments on this in coming issues of HT News. Please, also note the advert for a new Editor of the Journal of Hypertension on page 7. If you want the job, now is the time to apply, if you haven't done so already!

Finally, my sincere thanks to our Editorial team, who spend more hours than you can imagine on giving you a Newsletter worth reading and to all authors who provide their texts *pro bono*.

Have a good read!