

# 2020 ISH GLOBAL HYPERTENSION GUIDELINES

## Interview with Professor Thomas Unger about the Writing Process of the new ISH Hypertension Guidelines

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The new 2020 ISH Global Hypertension Practice Guidelines are out, published in the *Journal of Hypertension and Hypertension*. Hypertension News asked the chair of the ISH Guidelines Committee, Professor Thomas Unger, about the process of writing these guidelines.

**HTN News: Professor Unger, why did you and your colleagues from the International Society of Hypertension (ISH) think you had to develop new hypertension guidelines?**

Well, this idea had been born some years ago, when it became clear that current hypertension guidelines like the European, US-American or Japanese guidelines would cater for affluent settings in high income countries with abundant resources and facilities in medical care but not for the less affluent settings prevailing in low-and middle income countries and sometimes even in high income countries. It was felt that, in line with the global mission of our society, hypertension guidelines had to be developed with a global perspective which would help doctors, nurses and health workers to combat hypertension not only in high- but also in less affluent settings with limited resources.

**HTN News: And how did you go about this demanding task?**

Almost two years ago, I was asked by the current ISH president, Prof. Alta Schutte, to chair an ISH Guidelines Committee comprising thirteen members of the Scientific Council of ISH: Claudio Borghi, Fadi Charchar, Nadia Khan, Neil Poulter, Dorairaj Prabhakar, Agustin Ramirez, Markus Schlaich, Alta Schutte, George Stergiou, Maciej Tomaszewski, Richard Wainford, Bryan Williams and myself. They were selected on the basis of previous experience with guidelines writing as well as preclinical, clinical and epidemiological competence and international recognition in different areas of hypertension.

We had our first meeting in London, UK, on February 1st, 2019, to discuss the outline of our endeavor and to assign specific writing tasks to the individual members of the group.

**HTN News: In this first round of discussions among the group, was the idea of writing these guidelines unanimous? Were there no critical voices?**

Good question. I can tell you, there was a lot of skepticism. First of all, the question arose whether these new guidelines were necessary at all in view of so many excellent, comprehensive, evidence-based hypertension guidelines from several continents.

Another question related to the issue of practicability in LMICs. And if one would go for the latter, would the guidelines not be too simplistic, ignoring the evidence from the literature? These questions were seriously discussed, but at the end there was consensus that new guidelines were indeed necessary if they could bridge the gap between the affluent and the not-so-affluent, if they were simple, easy to follow and concise.

### HTN News: That sounds great but how can you write guidelines ignoring the accumulated evidence?

We did not ignore the evidence but decided to build on evidence-based existing guidelines such as the recent ESC/ESH or ACC/AHA hypertension guidelines, extract evidence-based content from them but then divide our guidelines structurally in two parts: Essential and Optimal.

### HTN News: What do you mean by this?

**Optimal** means settings of abundance in medical resources and facilities as you can find in many regions of the industrialized world. Diagnostic and therapeutic recommendations would be evidence-based and similar if not identical to those in the existing guidelines from Europe, USA or Japan. In contrast, **Essential** takes care of the less affluent settings where evidence-based measures may not be feasible at all. Here, recommendations are no longer based on published evidence but switch to expert opinion.

### HTN News: And you have divided the guidelines consistently into these two categories?

At least we tried whenever possible.

### HTN News: How did the story continue?

We had further meetings in Paris, France, Frankfurt, Germany, and Glasgow, UK, to work on the first, second, and final draft. All sections of the first draft were reviewed by another member of the writing group and after this sent out to a first round of external reviewers selected along the criteria mentioned above; the second draft was distributed among a group of external reviewers with a special focus on LMICs. Together, we received comments from 24 external reviewers from all continents as listed in the publications of the document. Their comments and suggestions were taken very seriously, were meticulously discussed piece by piece in endless sessions, and finally incorporated in the paper. This was quite a demanding task, but the result was a substantial improvement of the guideline paper. We did not ignore the evidence but decided to build on evidence-based existing guidelines such as the recent ESC/ESH or ACC/AHA hypertension guidelines, extract evidence-based content from them but then divide our guidelines structurally in two parts: Essential and Optimal.

### HTN News: Guidelines are consensus papers. Was there always consensus among the group members?

No, this degree of harmony was not to be expected and also not desired among experts coming from different areas, some of whom equipped with strong opinions. Consensus can only be reached after different, sometimes divergent, views have been allowed to be expressed and discussed. I remember vivid discussions on topics like drug treatment of hypertension, or how much alcohol reduction we should recommend, or what kind of recommendation should go into the essential versus the optimal box. The latter was the most delicate issue because we had to oscillate between evidence-based and expert opinion-based views, consider regional availabilities of resources and finally make a decision. For example: Under which conditions can serum uric acid or lipids be measured?

Is the dipstick test available under 'essential' conditions? Should thiazide-like drugs be preferred to thiazides under conditions of limited drug availability? And so on. But in the end, all decisions were taken unanimously, and majority votes were not necessary.

### HTN News: Once you had finalized the paper, how did you manage to publish so fast?

We had spoken early-on to the editors of the Journal of Hypertension, Giuseppe Mancia, and Hypertension, Anna Dominiczak, and received immediate friendly accommodation. Both editors were interested to publish our new guidelines concomitantly, first online on May 6th followed by the printed versions in their June issues, and the managing teams of both journals did their utmost to guarantee a smooth transition from our text to publishable versions, trying to realize all our specific wishes in a very short period of time. We are extremely grateful to the editors and to the managing teams of both journals for all their efforts.

### HTN News: Publication in journals is one thing but today, many people obtain their information also from the so-called social media. Did you consider these channels of disseminating the information?

Yes, we did. We created a slide deck, and on the day of the first online publication in the journals. i.e. May 6th, we made available a voluminous webinar where all members of the committee presented their individual sections and, moreover, where similarities and dissimilarities between the new ISH guidelines and the European, US American, Latin American and Japanese guidelines were discussed. This webinar is available through the homepage of ISH. In addition, a webinar with the Chinese Hypertension League (CHL) with Professors Yuqing Zhang and Jiguan Wang was held on the same day. A press release was issued in many countries and several internet platforms were played on. All this was made technically possible by Dylan Burger, the Deputy Editor of Hypertension News, who is responsible within the ISH Scientific Council for communication issues and who masterly plays the piano of all kinds of internet communications.

### HTN News: And now?

I utterly enjoyed working on the guidelines with such a nice group of colleagues, and now I'm quite relieved that we brought this demanding task to such a good end after all. At one point, we decided to write an update every two years. Let's see whether this promise will be held. But now, from the bottom of my heart, I would like to thank all those involved in this flagship endeavor of ISH helping to deliver our new baby.

**It is worth noting that attention has been justifiably focused on the ISH Global Hypertension Practice Guidelines- released on May 6th. The response to the guidelines has been overwhelmingly positive. The guidelines reached more than 100,000 individuals on facebook and twitter combined and were featured in news articles in four languages. Our video series highlighting key components of the guidelines have been viewed more than 2400 times combined. Based on Altimetric data the ISH guidelines are rated in the top 5% of all research outputs worldwide (and top 1% of all articles in Hypertension and Journal of Hypertension).**

**Dylan Burger**