



INTERNATIONAL SOCIETY OF HYPERTENSION

A Scientific Council of the
World Heart Federation

Hypertension News – an Electronic Newsletter

23 September 2003

Dear ISH member,

Several of us on the ISH Council feel that we should try to make our roughly 800 members more involved in ongoing and future ISH activities. One way of doing so is to provide information on a regular basis. I have taken on the edition of an electronic newsletter with five issues planned for the coming year (September/October and November/December 2003, Januari/February, April, and June 2004. Enclosed, please find **Opus-1** of

HYPERTENSION NEWS – AN ELECTRONIC NEWSLETTER

There are many ways of making a newsletter but why make something complicated if you can make it simple? We have therefore made a word attachment to a regular e-mail sent out by Ms Susan Davenport at the ISH secretarial office in Geneva to all members who have an e-mail address. The newsletter is written and saved in Word 95. Hence, most members should be able to download and read it. Most, but far from all, members have access to Word 2000 so an earlier version is preferable. I know that there are more sophisticated ways to distribute a newsletter e.g. with a website or 'pdf-files' (Acrobat Reader needed, however) but please remember that all of us are not young and computer wizards and if we want to reach out to everyone we should make it as easy to download as possible.

The newsletter is written on a voluntary basis without funding. One of the secretaries in my department, Mrs Malin Larsson (malin.larsson@fammed.umu.se) has kindly agreed to help and so has Susan Davenport (susan.davenport@worldheart.org). No sponsoring or advertisement will be allowed. All contributors have written under their own names and I have only made some small changes and corrected spelling mistakes etc. In this issue all the contributions are by men, but this will not be so in the future.

The following have agreed to serve on an Advisory Board for the Newsletter

M.H. Alderman	L.J. Beilin
Susan Davenport	A.F. Dominiczak
S. Erdine	G. Mancia

This first issue has the following content:

1. The President's letter by L. Beilin
2. Report from the ESH meeting in Milan in June 2003 by G. Mancia
3. Developing-world page by Y Seedat
4. The Editor's corner by A Zanchetti with his pick of clinical studies from the August and September issues of J Hypertension.
5. Update on the coming ISH meeting in São Paolo in February 2004 by A Ribeiro
6. Update on the coming IFFEC meeting in Monte Carlo in January 2004 by L Ruilope

I hope you enjoy reading this!

Lars H Lindholm, Sweden (larsh.lindholm@fammed.umu.se)
ISH Newsagent

ISH President's Letter

Lawrie Beilin
Perth, Australia

I am glad to have the opportunity to communicate with members of the Society and help bring you up to date with the activities of Council. At the same time this should help you give feedback and constructive input to the Council Executive in our efforts to foster and hypertension research and the application of the knowledge obtained to prevent and treat the growing global burden of hypertensive cardiovascular disease.

Following the highly successful biannual Scientific Meeting in Prague in 2002 the Council Executive and its subcommittees met in Milan at the time of the European Hypertension meeting in June 2003. The main issues discussed were as follows:

- Planning for the International Scientific Meeting in São Paulo in February 2003. Planning for this meeting and its satellites is well advanced and an excellent scientific programme has been developed. Hopefully by now most members who are able to attend will have registered and submitted abstracts. Low-cost fares and relatively cheap but excellent accommodation are available and security issues are being carefully addressed. Travel awards are available for younger scientists from less advantaged countries.
- The forthcoming meeting in Fukouka in 2006 is also well in hand and will be followed by another joint meeting with ESH in 2008 in Berlin and then Vancouver in 2010.
- Proposals for the site of the 2012 meeting are sought now and will be considered at Council Executive in São Paulo, next February. It is important that any such proposals have the strong backing of the major local hypertension researchers who will be willing and able to help plan such a major meeting in conjunction with ISH Council. Factors likely to determine the location include adequate facilities, the sites of previous meetings around the world, demonstrated ability of the proposers to run large international meetings and liason with other cognate national and regional societies. Future Scientific meetings will require agreement on the formal contract drafted for use between ISH and local or regional organizers to delineate responsibilities and financial arrangements.
- The WHO-ISH Liason Committee ran a Scientific meeting in Melbourne in December 2002 to discuss Stroke and Blood Pressure, the outcome of which were two excellent WHO-ISH Statements and an Editorial on Hypertension and Stroke in the April 2003 edition of the Journal of Hypertension. A meeting on the Pathophysiology and Prevention of Hypertension was held at Bagnaia in Italy in June, proceedings of which will be published in Clinical and Experimental Hypertension.

The Liaison Committee also finalized discussion on an update of WHO-ISH Guidelines on the management of Hypertension. A Statement will be published in the Journal of Hypertension in October. Not everyone agreed with every detail but there was a consensus on the overriding importance of better blood pressure control and the value of most newer as well as older drugs in combination in achieving this.

- The Journal of Hypertension as official journal of the Society and of ESH continues to go from strength to strength under the Editorship of Professor Zanchetti and colleagues with a steadily rising impact factor and page number.
- As reported elsewhere in this newsletter the Strategic Planning Committee under the chairmanship of Mickey Alderman met in January and June to discuss future directions for ISH in the face of the growing number of large regional societies. Hypertension is now recognized by the WHO as one of the major problems underlying the increasing incidence of cardiovascular disease in the developing world. This, compounded with the worldwide epidemic of obesity, means that many of the advances seen as a result of hypertension are likely to be overwhelmed without research for new approaches at basic and clinical science and public health levels. Council is exploring collaboration with other cognate research disciplines with a view to fostering hypertension research infrastructure and practice in lower and middle income countries.
- Mickey Alderman from New York was elected President Elect and will take over as President of ISH during 2004.
- Council discussed ways to attract new members to the Society which is keen to broaden its base worldwide. Membership of ISH offers reduced rates for the Journal of Hypertension as well as substantially lower registration fees at Scientific meetings.
- Council received an outline by our secretary Anna Dominiczak on behalf of Philip Poole- Wilson of the new structure of its parent body the World Heart Federation (WHF) . ISH will now stand alone as a completely independent body but importantly will be recognized by WHF as the reference body of International Hypertension Research and its application.

Council looks forward to meeting members in São Paulo and having ongoing discussions on new initiatives.

ISH Working Groups

Council invites expressions of interest from members prepared to join/lead one or more working groups to help develop specific issues of importance to the hypertension research community. One such group we wish to establish concerns 'Scientific Development in Hypertension in the developing world. Depending on your responses we will arrange the first meeting of this and other such working groups in San Paolo in February 2004. Please send responses to Secretariat.
E-mail Susan.davenport@worldheart.org

Report from the ESH meeting in Milan in June 2003

G. Mancia
Milan, Italy

The XIII meeting of the European Society of Hypertension was held in Milan from 13 to 17 June 2003. This is the eleventh time European meetings have been held in my city and the first to be organized in the Convention Centre of the Milan Fair instead of the University of Milan headquarters. Once more the scientific event was a clear success. Participants numbered more than 5 000, about 80% of them from European countries. Out of 1 500 abstracts received 187 were included on oral presentation sessions and 905 displayed as posters. This was complemented by 3 Workshops on selected topics, 12 Breakfast Sessions, 16 State-of-the-art lectures and a debate (on the protective renal effect of blood pressure reduction vs direct drug influence) and the sessions organized by the Working Groups.

The traditional ESH Awards were conferred on F. Luft from the University of Berlin (B. Folkow Award) and A. Lever from the University of Glasgow (A. Zanchetti Life Achievement Award). New features were the Memorial Lectures in honour of L. Hansson (given by S. Julius from Ann Arbor University of Michigan), presentation of the new European Guidelines on Hypertension endorsed by the European Society of Hypertension in conjunction with the European Society of Cardiology, a large number of teaching sessions and sessions on how to use techniques to assess organ damage.

As in the past the programme included several Satellite Symposia sponsored by the pharmaceutical industry (15) or generated by the investigators 3 which were held immediately before, during (Sunday evening) and after the main meeting.

The ESH Council (which operated as the Programme Committee in conjunction with Working Group Chairmen) were extremely pleased with the high scientific quality of both the original presentation and the structured session. We were all also pleased with the very high attendance at all sessions. This might have been favoured by the location in the Milan Fair, which allowed the setting of an exhibition and offered better facilities, including air conditioning. This was crucial throughout the meeting because in mid June Milan enjoyed (so to speak) a temperature close to 40°C.

Hypertension in Sub-Sahara Africa

Y.K. Seedat
Durban, South Africa

The available data from a few countries in sub-Saharan Africa (SSA) have highlighted the increasing importance of Non-Communicable Diseases (NCD) in this region, and these countries have taken steps to develop relevant policies and programmes to address this issue. It is likely that Cardiovascular Diseases (CVD) are particularly poorly detected and treated in primary health care settings in SSA. There is evidence that the prevalence of CVD and hypertension is increasing rapidly in SSA.

Two recent surveys in SSA showed that control of BP (<140/90 mmHg) was less than 1% in Tanzania and 15% in Blacks in South Africa. Countries in SSA should therefore be encouraged to establish country-specific recommendations for the prevention and management of NCD (as already recommended by the World Health Assembly and the World Health Organisation (WHO)). Blacks in SSA develop complications of stroke, heart failure renal failure and peripheral vascular disease from hypertension. At present, coronary heart disease is relatively uncommon, probably because Blacks in SSA have lower cholesterol levels and higher high-density lipoprotein cholesterol levels than the Caucasian population group in the Western world, the Asian and Caucasian population in SSA and in African Americans.¹ Although there are good studies on the response and tolerability of antihypertensive drugs in SSA, there are no long-term morbidity and mortality data available. In the face of the emerging CVD epidemic, African heads of state and government adopted the Durban decision (AHG/Decision 179) that emphasised the need to address arterial hypertension and CVD risk control in Africa.

The Erasmus Hospital – Free Brussels University (Belgium) with the assistance of the European Commission, took the leadership to support this programme and subsequent support was gathered from the WHO and several other partners such as the World Hypertension League, World Heart Federation, US Center on Hypertension and Cardiovascular Disease in the African Region, Global Forum for Health Research in Developing Countries and the African Union. A conference on Hypertension and Cardiovascular Disease in the African region was held at the Erasmus Hospital – Free Brussels University from 10 – 12 May, 2003 and was attended by 70 African and international experts on hypertension and CVD. The main principles of such recommendations were discussed and the document was finalized by an open group of these experts through electronic correspondence (Chairman: Y.K. Seedat).

These recommendations on behalf of the International Forum for Hypertension Control and Prevention in Africa (IFHA) will be published². It should be emphasized that, while it is important to consider the science of medicine for the treatment of hypertension, particular consideration should be given to cost-effectiveness and affordability because many countries in SSA have severe resource restraints. In some of them, the health budget per capita does not exceed US\$10 per year, and this is insufficient to address the needs posed by the double burden of NCD and infectious diseases, including AIDS.

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1. Seedat YK Hypertension in black South Africans J Human Hypertens 1999; 13: 97-103.
 2. Lemogoum D, Seedat YK, Mabadeje AFB, Mendis S, Bovet P, *et al* Recommendations for Prevention, Diagnosis Management of Hypertension and Cardiovascular Risk Factors in sub-Saharan Africa J Hypertens in press.

The Editor's corner with his pick of clinical studies

A Zanchetti
Milan, Italy

The Journal of Hypertension, the Official journal of the International Society of Hypertension as well as of the European Society of Hypertension, is publishing its 21st volume during 2003. The number of pages over its twelve monthly issues has steadily increased during recent years, because of an increasing submission of good papers and now amounts to about 2 500 pages annually. The Editor in-Chief as well as the other members of the Editorial Board are well aware that progress in understanding and managing hypertension requires cross-talk between basic and clinical research, and are keen to try and maintain a balance between publication of basic and clinical studies.

In the two most recent issues (August and September 2003), in addition to a number of papers on various pathophysiological topics, a number of clinical studies will be of interest to readers involved in the management of hypertension.

Several papers on the metabolic consequences of antihypertensive therapy contribute to the recent debate on whether or not these alterations should be considered when deciding about the antihypertensive agents to choose in individual patients. The results of a prospective randomized study in Sweden, the ALPINE study (August issue), are strengthened by an Italian study (CROSS study, September issue), both showing a better metabolic outcome (and less sympathetic activation) by the use of angiotensin receptor antagonists rather than diuretics. A thoughtful editorial by Ele Ferranini (August issue) enlivens the debate, and suggests that it is in the milder, more recent-onset hypertensives, who often can be managed by monotherapy, and often have the metabolic syndrome, that the metabolic effects of drugs should be given greater consideration.

The related therapeutic debate, as to whether all the benefits of antihypertensive treatment are due to blood pressure lowering per se or whether there are benefits specific of given classes of agents beyond the blood pressure reduction, is kept alive in a paper by Peter Sleight and Salim Yusuf, who review the evidence that, in their opinion, favours the use of agents interfering with the renin-angiotensin system especially in high-risk patients. Their viewpoint is complemented by an editorial commentary by Bryan Williams (both papers in the September issue).

Readers with an interest in the kidney will find, in the September issue, the results of a pilot randomized study using the central agent monoxidine (vs nitrendipine) in the treatment of hypertensives with advanced renal failure. As also commented by D. Laverman and G. Remuzzi, the idea that a sympatholytic drug may be renoprotective is appealing but needs further evaluation. The effects of the introduction of the Canadian Hypertension Education Program on temporal trends in antihypertensive drug prescriptions in Canada are described in the August issue, while in September the highly debated augment of the influence of absolute cardiovascular risk, patient utilities and costs on the decision to treat hypertension is approached by Montgomery et al through a Markov decision analysis, and discussed in an editorial commentary by P.R. Jackson.

The 20 th Scientific Meeting of the International Society of Hypertension to be held in São Paulo on 15-19 February 2004.

Artur Beltrame Ribeiro
São Paulo, Brazil

The organizing committee has put together a very exciting programme with state-of-the-art lectures, debates, how to sections, breakfast, workshops, symposia, hypertension specialist teaching, as well as oral and poster presentations. Final deadline for oral and poster presentation is 15 September.

The ISH Scientific Meeting will be held during the summer in São Paulo, the most important Brazilian city and the largest city in population in the world.

People from the five continents and migrants from the most distant part of the country use to meet in its streets and avenues. Millions of descendants of the original immigrants are living in the city today: Italians, Germans, Korean, Spaniards, Japanese. Actually São Paulo is the largest Japanese city in the world outside Japan.

It is also important to mention the immense community of Portuguese and descendants; after all Brazil was discovered and primarily colonized by them.

São Paulo Metropolitan Area has a population of around 16 million people and offers many attractions, including some of the best Brazilian restaurants.

Finally, we must remind you that Brazil is a tropical country with special places to visit like Rio de Janeiro, Iguaçu Falls, The Amazon Rain Forest, Brasilia (the Capital of Brazil), the Pantanal (an ecological sanctuary), the historical cities of Minas Gerais State and the famous Brazilian beaches.

Please enter our site www.hypertension2004.com.br for all details of our meeting.

We look forward to welcoming you in São Paulo and Brazil, for science, good food, samba and soccer and don't miss carnival, which will start one day after our meeting.

The Eighth International Forum for the Evaluation of Cardiovascular Care to be held in Monte Carlo on 21-23 January 2004 endorsed by ISH and ESH

**Luís M Ruilope
Madrid, Spain**

The burden of diabetes, metabolic syndrome and blood pressure

The reason for selecting this title and to designing a very complete programme is that old and recent evidences in the medical literature has demonstrated the relevance of each of the three components included in the general title of the meeting, namely blood pressure, metabolic syndrome and diabetes. First, it has been shown very recently, that blood pressure (BP) is number one killer in both the developed and the underdeveloped world. Furthermore, observational data have come to confirm that any BP above 115/70 mmHg is accompanied by a progressive elevation of cardiovascular risk. This parameter doubles for each increment of systolic BP of 20 mmHg and/or diastolic BP of 10 mmHg beyond that level recently considered as optimal BP control by Guidelines.

As clearly stated by the ESC and WHO-ISH Guidelines it is evident that the lower the BP levels the higher is the need for the presence of other associated risk factors or co-morbidities such as diabetes or chronic renal failure to justify the need for early intervention against BP to lower the risk. Recent data have also shown that the presence of associated metabolic syndrome (MS) constitutes an independent risk factor for hypertensive patients. It is also recognized that MS predicts a more frequent development of de novo diabetes that will come to increase the global cardiovascular disease of the patients exponentially.

Reports appearing in the few years (CAPPP, INSIGHT, HOPE, LIFE, SCOPE, INVEST studies) have confirmed that, depending on the type of medications used to treat arterial hypertension, the possibilities of developing de novo diabetes can greatly differ. In this sense diuretics and betablockers confer an increased risk of the development of diabetes mellitus when compared to ACE inhibitors, ARBs or calcium antagonists. It is possible to identify patients at high risk of developing diabetes as shown in the LIFE study. This fact is very important if one accepts the conclusions of the ALLHAT study and decides on the widespread use of diuretic as first step therapy.

On the other hand, new therapies have been added to the arsenal used to control carbohydrate metabolism and obesity in diabetic and hypertensive patients. These drugs could also be valid to prevent the development of diabetes in those patients at high risk. Studies like DREAM and NAVIGATOR will come with final conclusions about this possibility.

These new therapies and other more classical ones like acarbose (STOP-NIDDM study) will also contribute to preventing the development of arterial hypertension and to protect the cardiovascular and renal systems of the patients through their pleiotropic effects.

The need for a meeting capable of integrating in the same programme all the different topics commented on here is obvious, and this will be a very informative meeting for any doctor attending it.