



## International Society of Hypertension Hypertension News, April 2008 – Opus 16

Dear Colleagues,

### This issue of Hypertension News includes:

a commentary by the President on the call-to-action paper on hypertension soon to be published in the Lancet;



an invitation to the attractions of Berlin for the forthcoming joint ISH/ESH Scientific Meeting;

an encouragement to participate in World Hypertension Day on 17<sup>th</sup> May organised by our affiliate the World Hypertension League;

a commentary by Ted Kurtz on the prospect of vaccines for controlling hypertension;

a report from Terrence Forrester on chronic diseases in the Caribbean;

**important information on the new ISH Research Fellow scheme for young investigators.**

Looking forward to seeing many of you in Berlin!

**Lawrie Beilin**  
**Hon. Editor Hypertension News**

### FOR HOW MUCH LONGER WILL BLOOD PRESSURE-RELATED DISEASE BE IGNORED AS A GLOBAL HEALTH PRIORITY?

**ISH President, Lars H Lindholm**

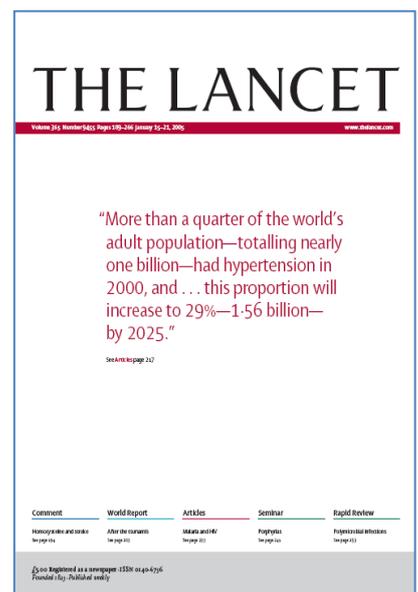
In global health politics, blood pressure-related disease is a massive problem that few want to acknowledge and even fewer want to tackle. In The Lancet published on 3<sup>rd</sup> May 2008, Carlene Lawes and colleagues, on behalf of the International Society of Hypertension (ISH),

estimate that blood pressure-related diseases cause about half this burden, killing around 8 million people each year. Low-income and middle-income countries shoulder about 80% of all cardiovascular disease burden, half of which is in people of working age. So how big a public health problem does this have to become before anyone with resources takes meaningful action?

In the same issue of The Lancet, a call-to action activity is published as an Editorial Commentary, written by Steven MacMahon, Michael Alderman, Lars H Lindholm, Lisheng Liu, Ramiro Sanchez, and Yackob Seedat, all current or former members of the ISH Council. The antihypertensive care available for a large proportion of the world's population remains much as it was in the first half of the 20<sup>th</sup> century, before the development of diuretics and beta-blockers, when malignant hypertension was a common cause of hospital admission and death. This travesty cannot continue to be ignored. We call on governments and health development agencies worldwide to make the prevention of blood pressure-related diseases a priority and to provide the resources required to enable primary health care services to deliver cost-effective care for the many chronic diseases now affecting middle and low income countries globally.

The Lancet has kindly allowed us to share this Commentary with the ISH members, provided we do not send it on to others.

**We sincerely hope you will all read it and find it so interesting that you also read the main article.**





## INVITATION TO HYPERTENSION BERLIN 2008

**Thomas Unger MD**  
Chair, Scientific Program Committee  
Hypertension Berlin 2008

From June 14-19, 2008, the hypertension world will meet at *Hypertension Berlin 2008*, joint congress of the International Society of Hypertension (ISH) and the European Society of Hypertension (ESH) in conjunction with the German Hypertension Society.

This congress on hypertension and related diseases will attract not only hypertension specialists but also scientists and doctors from all over the world interested in cardiovascular and metabolic diseases. The organisers expect more than 7,000 delegates and have already received more than 2,500 abstracts for the scientific programme. Concerning individual countries, Japan has won the contest by submitting almost 400 abstracts. There will be more than 200 oral presentations covering a wide range of topics around hypertensive pathomechanisms, genetics, animal models and metabolic disease as well as novel therapeutic approaches and clinical trials. Hypertension in developing countries, in pregnancy and in childhood will be intensively dealt with as well as international guideline issues and doctor- and patient-related problems of blood pressure control.

Plenary lectures given by internationally renowned specialists will share the latest results of evidence generating clinical trials and discuss their future, will instruct on stem cell therapy, nuclear factors, micro-RNAs and renin receptors as well as on vascular pathology and on hypertension as a global public health problem.

Twelve Breakfast Topical Workshops will deal with the latest news on topics of general interest in hypertension mostly from a clinical perspective, and several Educational Track- and Teaching Sessions will take care of continuous education towards a better understanding of the disease with all its epidemiological, diagnostic and therapeutic implications.

Two controversial debates will fuel hot topics discussions of current hypertension research and therapy: one on central versus peripheral blood

pressure, another one on vaccination against hypertension.

In addition to the rich scientific programme, the congress has much to offer. The city of Berlin is one of the most rapidly developing, exciting capitals of the old world with more than 70,000 hotel beds in any desired category. It has a buzzing day and night life, three operas, seven symphony orchestras, over 150 theatres and all the city's treasures are on display in one of the world's largest collections of museums.

The congress itself will offer an opening ceremony and welcome reception featuring, amongst other things, a modern dance performance, an exclusive symphony concert at the historical Konzerthaus, and a Museums Evening on the famous Museum Island.

Feeling tempted? Then come and enjoy the congress, the unique atmosphere of Berlin and the warm hospitality of its inhabitants: **Join us at *Hypertension Berlin 2008!***





## WORLD HYPERTENSION DAY 2008

– a message for ISH members and all Health Care Professionals

**Arun Chockalingam, MS, PhD, FACC**  
Secretary General, World Hypertension League

**Mark your calendar: May 17<sup>th</sup> 2008 is the World Hypertension Day (WHD).**



*Initiated by the World Hypertension League*

This is the 4<sup>th</sup> WHD since it was initially launched in 2005, an initiative of the World Hypertension League (WHL). Worldwide rallies, public awareness campaigns, scientific exchange and media communications are anticipated, following the successful WHDs in the previous years.

Hypertension (or high blood pressure) is a global epidemic affecting over 1.5 billion people worldwide. Hypertension is a major risk factor for heart disease, stroke and kidney diseases. Because it has no symptoms, many people live with this condition without being aware of it. These are the *walking time bombs*.

Creating awareness among the public worldwide and to highlight the serious medical complications of this condition and to communicate to the public information on prevention, detection, treatment and control are the purposes of the *World Hypertension Day*. Every year, May 17<sup>th</sup> is designated as the WHD.

The theme for this year is *Measure your blood pressure-at home*. The WHD emphasizes the importance of being aware of one's blood pressure status and to take responsibility of self health. Measuring blood pressure at home helps both the individual and the care provider to understand how well blood pressure is controlled on a day-to-day basis. It also shows how lifestyle changes and medications help control one's blood pressure.

The WHL recognizes that not all people can afford to own a home monitor. In such situations

the WHL recommends that you go to your local community centre or workplace and get your blood pressure measured.

The important message is “be aware, get your blood pressure checked regularly”. Knowing your numbers is the first step to prevent hypertension, subsequently to prevent heart disease, stroke and kidney diseases.

Be active in your community. Promote WHD. Make as many people know their own blood pressure as possible. Together, we can make a difference!

**For more information** please visit [www.worldhypertensionleague.org](http://www.worldhypertensionleague.org) or email [whlsec@sfu.ca](mailto:whlsec@sfu.ca).



## A VACCINE FOR HYPERTENSION?

**Theodore W. Kurtz, MD**

Department of Laboratory Medicine, University of California, San Francisco

Recently, a study led by Tissot et al from Cytos Biotechnology<sup>1</sup> has raised hopes that a vaccine treatment strategy for hypertension based on active immunization against angiotensin II might help minimize problems of patient adherence to therapy and someday prove useful for improving blood pressure control rates. In a double-blind, placebo-controlled phase II trial in 72 patients with mild to moderate hypertension, these pioneering scientists investigated whether subcutaneous injection of virus-like particles coupled to angiotensin II could affect blood pressure.<sup>1</sup> They derived the vaccine by using bacteria to assemble recombinant viral proteins from the RNA-phage Q $\beta$  into virus-like particles that were then coated with angiotensin II using a chemical coupling procedure. They administered the vaccine in a series of 3 injections over 12 weeks and then measured blood pressure at week 14. The vaccine elicited reversible antibody responses to angiotensin II and reductions from baseline in mean ambulatory blood pressures of -9 /-4 mmHg ( $p = .015$  for systolic and  $p = .064$  for diastolic compared with placebo) but did not affect office blood pressures. The half-life of the induced antibody response was 4 months after the 3<sup>rd</sup> injection, however, the duration of the blood pressure effect was not reported. Administration of the virus-like particles was associated with mild and transient influenza-like symptoms common to those caused by other vaccines and did not appear to activate T cells or affect levels of complement factor 3a or immune complexes containing C1 and C3.

Although many questions remain to be answered about the long term safety and efficacy of this vaccine and others<sup>2</sup> that are under investigation for treatment of hypertension, we should encourage investigators for such innovative efforts to help solve the vexing problem of poor hypertension control rates throughout the world. Despite the widespread availability of multiple oral antihypertensive drugs including those with relatively few side effects, hypertension control

rates continue to be very disappointing even in countries without any major financial barriers to routine medical care. Poor adherence by patients to non-pharmacologic and pharmacologic treatment regimens for hypertension is considered to be one of the major factors contributing to mediocre success in improving blood pressure control rates worldwide. Not surprisingly, many patients find it difficult to consistently take pills every day or modify their dietary and exercise habits over long periods of time to treat a typically asymptomatic disorder like hypertension.

Clearly, a successful vaccine against hypertension would represent a revolutionary advance in cardiovascular medicine but it will take some time before one is ready for use in clinical practice. The work of Tissot et al represents an important early step towards this goal and merits further support. Similarly, efforts to develop improved transdermal and other drug delivery systems as alternatives to daily therapy with pills should also be supported as a means of improving blood pressure control. Meanwhile, more research emphasis on hypertension prevention, improved systems of clinical care, and on behavioral strategies should be encouraged if we are to achieve better rates of blood pressure control using currently available drugs and non-pharmacologic treatments.

1. Tissot AC, Maurer P, Nussberger J, Sabat R, Pfister T, Ignatenka S, Volk HD, Stocker H, Muller Muller P, Jennings GT, Wagner F, Bachmann MF. Effect of immunisation against angiotensin II with CYT006 - AngQb on ambulatory blood pressure: a double-blind, randomized, placebo-controlled phase IIa study. *Lancet* 2008; 371:821-827.
2. Brown MJ, Coltart J, Gunewardena K, Ritter JM, Auton TR, Glover JF. Randomized double-blind placebo-controlled study of an angiotensin immunotherapeutic vaccine (PMD3117) in hypertensive patients. *Clinical Science* 2004; 107:167-173.



## **CHRONIC DISEASES IN THE CARIBBEAN: ARRIVING AT A REGIONAL APPROACH**

**Terrence Forrester\* & George Alleyne\* \***

\*Director, Tropical Medicine Research Institute,  
The University of the West Indies

\*\*Director Emeritus, Pan American Health  
Organization

The Caribbean is struggling with massive burdens of chronic diseases. In response, these small island states, with a history of successful collective action, have recently embarked on an exciting initiative to control them. A foundation of research and translation into policy has provided the platform for the universal adoption and ownership of the problem at the highest level, that of Heads of State.

### **Caribbean official approach to the chronic diseases**

In 2001 CARICOM Heads of Government declared the "Health of the region is the wealth of the region". They identified chronic diseases and HIV/AIDS as major problems and appointed a Task Force to translate their Declaration and "propel health to the center of development" (1). The Task Force became the Caribbean Commission on Health and Development and the Report of this Commission provided information defining chronic diseases, HIV/AIDS and violence and injuries as the major problems and recommended approaches to manage the epidemics.

### **The CARICOM Summit on chronic diseases**

All Governments received the CCH&D Report at Cabinet level precipitating an invitation from the Prime Minister of Trinidad and Tobago for Heads to meet in a Summit. This success in getting the highest political levels to prioritise chronic diseases rested on sound research that substantiated the claim that chronic diseases

represented a social and economic problem for the region. The Report of the Caribbean Commission on Health and Development presented these data in policy ready format, and importantly, cited interventions that had been shown to be effective as a guide to the way forward. The Summit took place on September 15, 2007. The Declaration of that Summit sets out the Caribbean plan to tackle chronic diseases (2).

Firstly, risk factor control should start with a commitment to implement the Framework Convention on Tobacco Control. Physical activity should be increased beginning with the reintroduction of physical education in schools as well as promotion in the entire population. A healthy diet initiative begins with the decision to make school meals healthy, eliminate trans-fats from the diet, reduce the importation of foods that promote positive energy balance and increase production and consumption of indigenous agricultural products.

Secondly, Heads of Government mandated the formation of Inter-Ministerial processes to establish by mid-2008 comprehensive plans for the screening and management of the chronic diseases so that by 2012, 80% of people with chronic diseases would be receiving quality care and have access to preventive education based on regional guidelines.

Thirdly, is monitoring of surveillance systems for the chronic disease risk factors as well as monitoring how well the commitments made are kept. The Heads entrusted risk factors surveillance to CAREC and the Universities. CARICOM and PAHO were made responsible for revising the existing regional plan for the prevention and control of chronic diseases, as well as the monitoring and evaluation of the Declaration as a whole.

### **Conclusion:**

Over the past 4 decades, demographic, social and economic changes in Caribbean societies have inadvertently created epidemics of obesity, hypertension, diabetes, atherosclerotic vascular diseases and nutrition related cancers. The increasing integration of scattered island states into a single market and economy mandates responses at national and regional levels Focus and buy-in into the primacy of the chronic diseases and the essential requirement for a systematic approach to their resolution now exists at Cabinet levels. Among the many activities that need to be coordinated are those to be delivered by the University of the West Indies, namely relevant research and appropriate training. One vital component of a



successful strategy is ongoing research in the areas of hypertension, diabetes, atherosclerotic vascular disease and their common risk factor, obesity to support the National and Regional initiatives.

## References

1. Nassau Declaration of the Twenty-Second meeting of the Conference of CARICOM Heads of Government Nassau , Bahamas, July 2001
2. CARICOM SUMMIT ON CHRONIC NON\_COMMUNICABLE DISEASES (CNCDs)  
[http://www.caricom.org/jsp/community/chronic\\_non\\_communicable\\_diseases/summit\\_chronic\\_non\\_communicable\\_diseases\\_index.jsp](http://www.caricom.org/jsp/community/chronic_non_communicable_diseases/summit_chronic_non_communicable_diseases_index.jsp)

### Age adjusted death rates/100,000 population ----2000

Cause	Bahamas	Barbados	Guyana	Jamaica	TRT	Canada	USA
Hypertension	35.5	34.3	21.3	33.3	32.4	5.5	9.9
Isch. Heart Disease	60.0	51.3	17.9	31.5	126.7	138.2	111.2
Diabetes	34.8	62.0	23.8	58.4	106.8	13.1	15.6

TRT=Trinidad and Tobago

Source- PAHO Health Statistics 2006

## ISH RESEARCH FELLOW SCHEME

**In order to make the Society more accessible for Young Investigators and to encourage wider participation in Society activities, we are pleased to announce that the ISH is introducing a Research Fellow scheme.**

This scheme is open to graduate students who are working in a field pertinent to hypertension and have not yet published sufficiently to qualify for Full Membership. Tenure of this category will be limited to 3 years. Research Fellows will be required to confirm their status annually. Once they have completed their PhD (or other qualifying research degree) they will be required to inform ISH and provide an up to date CV to enable their status to be converted to Full Membership.

### A Research Fellow will:

- save on conference registrations;
- obtain copies of the quarterly newsletter, Hypertension News;
- be updated regularly on Society activities via reports from the President;
- enjoy broader opportunities to build relationships and network with peers and develop their career as a leader in their field;
- have access to the ISH membership list which is updated every month;
- be eligible to receive or nominate candidates for the Biennial ISH Awards;
- be exempt from paying the annual ISH membership fee;
- however, not be eligible to vote at the General Assembly.

The first ISH Research Fellows will be approved at the Berlin Hypertension meeting. If you would like to support an application for one of your colleagues to become a Research Fellow, please contact the ISH Secretariat for an application form (email: [secretariat@ish-world.com](mailto:secretariat@ish-world.com)).



## UPCOMING MEETINGS

**14 – 17 May 2008**, New Orleans, USA  
American Society of Hypertension Annual Meeting and Exposition  
[www.ash-us.org](http://www.ash-us.org)

**18-21 May 2008**, Buenos Aires, Argentina  
World Congress of Cardiology  
[www.worldcardiocongress.org](http://www.worldcardiocongress.org)

**26 – 29 May 2008**, Santa Clara, Cuba  
HTA 2008: 4<sup>th</sup> International Symposium of Hypertension and 2<sup>nd</sup> International Workshop of Vascular Risk  
<http://cencomed.sld.cu/hta2008/indexeng.htm>

**4 – 6 June 2008**, New Orleans, USA  
2<sup>nd</sup> Annual Scientific Meeting of the Organization for the Study of Sex Differences  
[www.ossdweb.org](http://www.ossdweb.org)

**3 – 6 July 2008**, Berlin, Germany  
The World Congress on Controversies in Cardiovascular Disease: Diagnosis, Treatment and Interventions (C-Care)  
[www.comtecmed.com/ccare/2008/](http://www.comtecmed.com/ccare/2008/)

### ISH Future Meetings



**14 – 19 June 2008**  
Berlin, Germany



**26 – 30 September 2010**  
Vancouver, Canada



**30 September – 3 October 2012**  
Sydney, Australia

**14 – 19 June 2014**  
Athens, Greece



**14 - 19 June 2008, Berlin, Germany**  
For further information on the meeting and to register please view  
[www.hypertension2008.com](http://www.hypertension2008.com)

**7 – 9 August 2008**, Rio de Janeiro, Brazil  
Annual Meeting of the Brazilian Society of Hypertension  
[www.sbh.org.br/novo/](http://www.sbh.org.br/novo/)

**17 – 20 September 2008**, Cambridge, UK  
2<sup>nd</sup> International Symposium on Pheochromocytoma  
[www.isp2008.ukevents.org](http://www.isp2008.ukevents.org)

**24 – 27 September 2008**, Caracas, Venezuela  
VII Venezuelan Congress on Hypertension  
[www.svhipertension.org](http://www.svhipertension.org)

**26 – 27 September 2008**, Ghent, Belgium  
Artery 8  
[www.artery.uk.net](http://www.artery.uk.net)

**22 – 25 October 2008**, Venice, Italy  
7<sup>th</sup> International Symposium on Multiple Risk Factors in CVD: Prevention and Intervention – Health Economics  
[www.lorenzinfoundation.org](http://www.lorenzinfoundation.org)

**30 October – 2 November 2008**, Barcelona, Spain  
2<sup>nd</sup> World Congress on Controversies in Diabetes, Obesity & Hypertension  
[www.codhy.com](http://www.codhy.com)

**24 – 27 June 2008**, Tampere, Finland  
5<sup>th</sup> International EDHF Symposium  
[www.EDHF2008.org](http://www.EDHF2008.org)



## GENERAL SOCIETY INFORMATION

### Membership

If you have not yet renewed your ISH membership for 2008 now is the time to do so to ensure you continue to receive copies of the Journal of Hypertension.

Payment can be made on-line by visiting the membership section of [www.ish-world.com](http://www.ish-world.com). Alternatively, please contact the Secretariat to receive a payment form. (Email: [secretariat@ish-world.com](mailto:secretariat@ish-world.com))

We would like to take this opportunity to remind you of the Society's Constitution concerning Membership.

*"Members shall pay annual dues in the amount and within the time period determined by the Executive Committee. Membership shall automatically cease upon failure to pay the annual subscription fee for two consecutive years."*

### Members Only Area of the Website

You may like view the Members Area of the website in order to view the following information.

- Past copies of the ISH Newsletter
- Minutes of Society meetings (Council and AGM)
- A list of ISH Members with contact details
- Access to the Journal of Hypertension for those who are eligible for free online access.  
This free online access is available for new members (since 2006) who reside or work in one of the resource poor countries, zones and territories defined by HINARI or in South Africa.

To access these pages you are required to register using your membership number, email address and a password of your choice. If you do not know your membership number, please contact the Secretariat.  
(Email: [secretariat@ish-world.com](mailto:secretariat@ish-world.com))

### Member contact details

Please remember to update the Secretariat with your change of contact details, especially your email address.

(Email: [secretariat@ish-world.com](mailto:secretariat@ish-world.com))

### Recruit New Members

**We would welcome your assistance** to help us recruit new members to the Society. The Society welcomes applications for membership from individuals working in the field of hypertension and cardiovascular disease.

If you have a colleague who would like to become a member of ISH please ask them to complete the downloadable Application Form that can be found in the Membership section of the Society's website: [www.ish-world.com](http://www.ish-world.com). Applications must also be accompanied by:

1. A written statement by two members of the Society as to the qualifications of the nominee
  - (names of regional/national members can be provided by the Secretariat);
2. A list of the nominee's academic degrees, professional positions
3. A list of the nominee's five best and five most recent publications relating to hypertension or allied fields.

Nominations are initially considered by the Membership Committee and ultimately approved by the Society at its Biennial Scientific Meetings.

**Please also see above newsreport on the new ISH RESEARCH FELLOW scheme.**

***If you have any questions regarding your membership, please do not hesitate to contact the ISH Secretariat.***

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## CORPORATE MEMBERS

The ISH would like to acknowledge the support of our Corporate Members.



Mitsubishi Tanabe Pharma Corporation



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