



# International Society of Hypertension

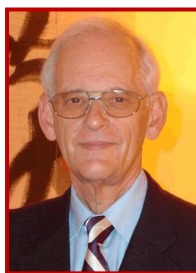
## Hypertension News June 2009 - Opus 19

### CONTENTS

Report from the ISH President	... Pages 1-2	2010 ISH Visiting Postdoctoral Award - Australia	... Page 11
Hypertension Teaching Seminar, Abuja	... Page 2	Forum Features	... Page 12
ISH Research Scholar Fellowship Award	... Pages 3-4	Affiliated Society Updates	... Pages 12-17
Effect of urbanization on hypertension in Yemenite and Ethiopian immigrants	... Pages 4-6	Upcoming Meetings	... Page 18
WHO Training Workshop in Bhutan	... Pages 7-9	ISH Vancouver 2010	... Page 18
Conference Report (HBPRCA)	... Page 10	General Society Information	... Page 19
		ISH Corporate Members	... Page 20

Dear ISH Member,

It is a pleasure for me to present the 19th issue of Hypertension News. I have had the privilege of editing 13 of these issues, beginning in 2003. Lawrie Beilin kindly helped in 2006-8 when I was President of the Society.



We are often asked: "How many members read Hypertension News?" Needless to say, this is impossible to tell. However, we do know that almost all ISH members receive the email with the link to the newsletter and our Secretariat should be congratulated on the excellent updates made to our membership list. You can find the updated address list in the "members only" area of the ISH website: <http://www.ish-world.com/MembersArea/LogIn.aspx> Moreover, we know that many of you open that email as well as the link to the newsletter.

For the coming issues we are, as always, open to contributions from all ISH members, corporate as well as individual.

This issue of Hypertension News has a focus on the developing world. From Israel, we have an interesting report on the Yemenite and Ethiopian immigrants. From Bhutan we have a fascinating report from a WHO workshop where the WHO/ISH risk charts were discussed. Dr. Bo Carlberg, Sweden, participated on behalf of ISH, funded by WHO. I have also enclosed (without cutting) a fairly long report from the Hypertension Committee of the National Heart Foundation of Bangladesh, since it fits so well with the other papers in this issue.

Finally, we have a presentation of the new ISH Research Scholar Fellowship Award aimed at young researchers in the developing countries.

Have a good read!

**LARS H. LINDHOLM**  
EDITOR HYPERTENSION NEWS

### REPORT FROM THE ISH PRESIDENT

Our Society continues to go from strength to strength and I am pleased to summarise our activities over the past year:

- We have continued to expand our education programmes in low and middle income countries
- We have developed further the Call to Action initiative
- We have established the Research Scholarship programme
- We have expanded the ISH Forum
- We have begun to explore strategic partnerships with other Societies such as the International Society of Nephrology and the International Society for Holter & Noninvasive Electrocardiology
- The Society is now financially sound



The ISH now has a total of 804 members drawn from all continents and we are pleased that, to date, 74% have paid this year's membership subscription. We hope that those of you who have not yet paid will do so shortly (see page 19 for more details).

The ISH Forum membership has also grown and this year we have welcomed the Taiwan Society of Hypertension and the Serbian Society of Hypertension. I have been to Bahrain and will visit Saudi Arabia in order to make sure that their nascent Societies are formally established and then we will welcome these into the Forum as well. I must acknowledge the fantastic work carried out by Stephen Harrap, John Chalmers & Rhian Touyz in this respect. There are regional societies also and negotiations are on-going with these umbrella organisations to cement the Forum at this level too.

Corporate Membership has grown to 32 members from 16 pharmaceutical companies due to the outstanding work in the last nine months carried out by Louise Burrell. Considering the difficult economic times and the challenges faced by the industry we are delighted with the continued support extended to the ISH by



both pharmaceutical and biotechnology companies. This growth reflects not only the confidence of international hypertension researchers in ISH but also that from industry.

Dr. Robert Fagard continues his excellent work in re-organising and coordinating the low and middle income countries initiatives worldwide. This year will see a teaching workshop held in North West China which is a collaborative project involving the Asian Pacific Society of Hypertension, the Chinese Hypertension League and ISH. In addition there will be a further hypertension congress in Abuja.

The ISH Teaching Faculty visits developing countries to participate in non-promotional educational meetings about best practice in hypertension management. In collaboration with Daiichi-Sankyo and Schering Plough, the Faculty has visited Peru, Argentina, Taiwan and China with further visits to Guatemala, Mexico, Venezuela, Chile and Korea planned for later this year. As President of your Society, I have taken part in the Egyptian Society of Hypertension Meeting in Cairo, the Inaugural Meeting of the Bahrain Cardiovascular Society and am scheduled to visit Saudi Arabia to lecture at the Inaugural Meeting of the Saudi Hypertension Society.

In keeping with the charitable status of the ISH, we are committed not only to education but also to researching all aspects of hypertension. Dr. John Hall has done an outstanding job in establishing a Research Scholarship scheme, and we are looking forward to reviewing applications after the November deadline. Further details of this can be found within this newsletter and on the ISH website.

Finally, there has been considerable discussion over the last five years about how we best address the emerging threat of an epidemic of cardiovascular disease in low and middle income countries. It has been decided in collaboration with the World Health Organisation and The Lancet that the ISH will have a Call to Action Summit during our biennial meeting in 2010 in Vancouver. This meeting will bring together health ministers from a variety of low and middle income countries together with health professionals that advise on healthcare to produce a position statement on how we best address this problem.

With best wishes,

*Anthony Heagerty*

**AM HEAGERTY**  
**ISH PRESIDENT**



**Announcing.....**

## **Hypertension Teaching Seminar**

**24-25 September 2009**  
**ABUJA, NIGERIA**

The International Society of Hypertension (ISH) Low and Middle Income Countries Committee announces the third **Hypertension Teaching Seminar** in Africa, to be held in Abuja, Nigeria, on September 24-25 2009, in collaboration with the European Society of Hypertension (ESH), the World Hypertension League (WHL) and the International Forum for Hypertension Control and Prevention in Africa (IFHA).

The seminar is meant for medical doctors up to the age of 50 and residing in Africa, who are involved in the management and/or research in hypertension or hypertension related fields. The seminar will cover all aspects of hypertension and related fields in Africa, presented by a mixed African-European faculty, and will also include abstracts on research in Africa, based on a call for abstracts. The language will be English.

The abstract session will be held in the afternoon of September 25, partly integrated in the **3rd African Scientific Meeting on Hypertension**, which follows the Hypertension Seminar on September 25-26, and is organized by IFHA and the Nigerian Hypertension Society (NHS), in collaboration with ISH.

Information and forms (letter of invitation, application form and abstract form) with regard to the Hypertension Teaching Seminar can be obtained from Professor Robert Fagard (email: [robert.fagard@uz.kuleuven.ac.be](mailto:robert.fagard@uz.kuleuven.ac.be)). The deadline for applications is **5th June 2009**.



Information on the 3rd African Scientific Meeting on Hypertension can be obtained from Professor B. Onwubere ([biconwub@yahoo.com](mailto:biconwub@yahoo.com)).



## ISH RESEARCH SCHOLAR FELLOWSHIP AWARD

by John Hall  
Chair, ISH Research Foundation



A primary objective of the ISH, according to its constitution, is “to protect and promote the health of the public, in particular by encouraging the advancement of scientific research and knowledge and of its application in all aspects of hypertension and associated cardiovascular diseases and to disseminate the useful results of such research”.

This objective has previously been achieved mainly by indirect means, including biennial scientific meetings and various workshops. Although the ISH provides awards for outstanding researchers and travel grants for young investigators, it has not previously funded research or researchers directly.

Tony Heagerty, President of ISH, requested the Executive Council to consider additional ways that the ISH might achieve its research mission and better serve its members. After sending a questionnaire to several scientific societies and reviewing their ongoing research programs and after considerable discussion, Council members felt that ISH might have the greatest impact, considering its limited resources, by developing a program to train the next generation of researchers in low income, developing countries. The **ISH Research Scholar Fellowship Award** was therefore initiated and designed to train new investigators who will return to their home countries and train additional investigators.

Another important goal of this program is to help new investigators from low income countries develop and maintain productive research collaborations with sponsors/mentors from institutions that already have well developed hypertension research programs.

The **ISH Research Scholar Fellowship Award** provides new investigators from developing countries with up to **two years** of mentored research as part of a collaboration between the Scholar from a low income country and a Sponsor at an established research institution. The goal is to prepare the Scholars to pursue productive research careers and ongoing collaborations with scientists from established institutions.

Because resources available in many developing countries are not sufficient to sustain cutting edge basic research programs, the Council felt that ISH funds might be best spent in training young investigators to conduct clinical, epidemiology/ population science, or outcomes research.

This type of research can often be implemented without expensive equipment or extensive laboratory facilities and may be well suited to investigate risk factors for hypertension and related cardiovascular diseases in the unique populations of low income countries. Also, outcomes research that seeks to understand the end results of particular health care practices and interventions is needed for developing countries and will be supported by this program.

### Eligibility for the Awards:

A detailed description of the Research Scholar Fellowship Award is provided at the ISH web site ([www.ish-world.com](http://www.ish-world.com)).

- Scholar applicants must be from **low income countries** (please see ISH website for a list of eligible countries)
- Scholar applicants must have received a doctoral degree within the past 10 years
- The Sponsor must be a member of the ISH and have demonstrated expertise and a high level of productivity in clinical research, epidemiology/ population science research, or outcomes research and appropriate resources to fulfill the objectives of the training program
- The Sponsor’s institution should have a well established record of research that is appropriate for the part of the world from which the prospective Scholar hails and, preferably, conducted in that part of the world



## Financial Support:

- The ISH will provide **up to US \$30,000** for one year of support of the Scholar's salary and expenses under supervision by the Sponsor at the Sponsor's institution.

*Applications that propose sharing the Scholar's salary and expenses between the Sponsor's institution and ISH Research Foundation are strongly encouraged.*

- The award may be renewed for one additional year for a maximum of 2 years support, contingent upon a satisfactory progress report for the first year and a suitable plan for the second year of training.

The second year of training may be conducted either at the Sponsor's institution or at the Scholar's home institution if justified by the training plan and if collaboration between the Scholar and Sponsor continues.

Successful applicants will not be permitted to reapply for the Research Scholar Fellowship after their two-year award.

The first deadline for applications will be **1<sup>st</sup> November 2009**. Please go to [www.ish-world.com](http://www.ish-world.com) to download the application forms which must be submitted jointly by the Scholar and the Sponsor.

## Future Plans:

The ISH is starting small with this fellowship program, but plans to expand it considerably as partnerships are formed with other groups interested in hypertension research and as additional support is obtained.

Training new investigators from low income countries in hypertension research will fill a need and we anticipate that the ISH Research Scholar Fellowship Award could have a long-term, positive impact on these countries.

**Deadline for Applications:  
1<sup>st</sup> November 2009**

Please visit [www.ish-world.com](http://www.ish-world.com)  
for application forms

## Effect of urbanization on hypertension in Yemenite and Ethiopian immigrants



**Talma Rosenthal, MD**

Dept of Physiology & Pharmacology,  
Hypertension Research Unit,  
Tel Aviv University,  
Sackler School of Medicine,  
Tel Aviv, Israel



**Michael Bursztyn, MD**

Dept of Internal Medicine,  
Hypertension Unit,  
Hadassah-Hebrew University  
Medical Center, Mount Scopus,  
Jerusalem, Israel

Throughout the 20<sup>th</sup> century, most countries in the world have experienced great transitions in social structure, economics, politics, education, and home environments. The immigration to Israel is unique, with many immigrants arriving from rural communities to cities. We can learn a great deal from these groups about the effects of environment on the development of hypertension.

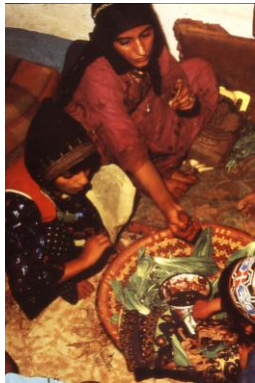
### Yemenite Immigrants

Yemenite Jews are one of the most extensively studied immigrant groups in Israel.



They lived isolated from the outside world for thousands of years, cut off from other Jews and with minimal contact with the surrounding Arab population.

The Yemenite health belief system is a complex combination of religious Jewish tradition and traditional Arab medicine and includes henna applications, herb ingestion and applications, amulets, incantations, foods rubbed into the skin, cupping glasses, and scarification.



*Traditional herbal treatment is still taught by mothers to daughters as part of domestic wisdom.*

*Typical Yemenite food is jachnun; a sort of deep fried dough.*

*Transitional form of Khat chewing in Yemen involves only male users.*

*Khat chewing is on the rise in Yemen.*



Yemenites began emigrating to Palestine in 1882, and during a ten-year period from 1940 to 1950, 43,000 came to Israel.

Since they had never seen aircraft before, many of the immigrants were extremely scared and refused to board, but were assured when reminded of the verses below by their rabbi.

**Operation Magic Carpet** was the first in a series of operations whose purpose was to transport entire communities of Jews from Arab countries to Israel. The operation's official name originated from two relevant biblical passages:

- Exodus 19:4 - "You yourselves have seen what I did to Egypt, and how I bore you on wings of eagles, and brought you to Myself".
- Book of Isaiah 40:31 - "But those who hope in the Lord will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint".

A survey in 1988-1989 on the prevalence of diabetes among Yemenites aged 30 years and over was 3.6%, as compared to 2.9% in 1977-78 and 0.25% in 1959 (performed soon after their immigration to Israel).

Our group from Tel Aviv University Sheba Medical Center recorded the blood pressure, weight, glucose and lipid profile in 108 Yemenites who came in 1993, before they changed their lifestyle and diet to that of Israeli population. They were examined within a few weeks after their arrival in Israel.

Mean systolic BP was  $105.8 \pm 15.21$  mm Hg and mean diastolic BP was  $69.74 \pm 12.25$  mm Hg. Glucose was  $81.4 \pm 30.49$  mg/dl; total cholesterol was  $167.54 \pm 44.54$  mg/dl and triglycerides  $137.11 \pm 94.9$  mg/dl.

While the small size of the group preclude drawing definitive conclusions, it can be said that BP as well as lipids level in this group were lower than in Yemenite immigrants who stepped off the magic carpet more than 45 years ago.

### Closing the gap in hypertension between Yemenites and the general Israeli population

Measurement of blood pressure in 3,432 Yemenites from Rosh Ha'ayin, the town with the most Yemenite immigrants in Israel for at least 38 years, showed no difference between them 40 years after their immigration and the general Israeli population.

Blood pressures were measured by family practice physicians in the course of their routine clinical work. The averages of 3,432 measurements recorded in 4,955 adults were the same as those reported in studies of other Israeli populations for all age groups, except in women over the age of 60, in whom it was low. Hypertension was diagnosed in 153, and elevated blood pressure, not confirmed as hypertension, was recorded in an additional 226.

In an old people's home of Yemenite immigrants over 70 years old who came 10 years earlier on Operation Magic Carpet, and their Ashkenazi counterparts who came from Europe:

- No difference between Yemenite and Ashkenazi men
- BP in Yemenite women - 149/71 mmHg
- BP in Ashkenazi women - 160/78 mmHg

### Ethiopian immigrants

According to Ethiopian legends, the Jews arrived in Ethiopia with Menelik, the son of King Solomon and the Queen of Sheba. Most of the Jewish Ethiopian population was rural, working in agriculture or as blacksmiths and weavers. Parents, their sons and their families lived in small villages.



A total of 482 Ethiopians were examined a few weeks after their arrival in Israel, in absorption centers. Another group of 171 who had been living in Israel for 2-3 years was examined in their homes. Height, weight, BP and pulse were measured.

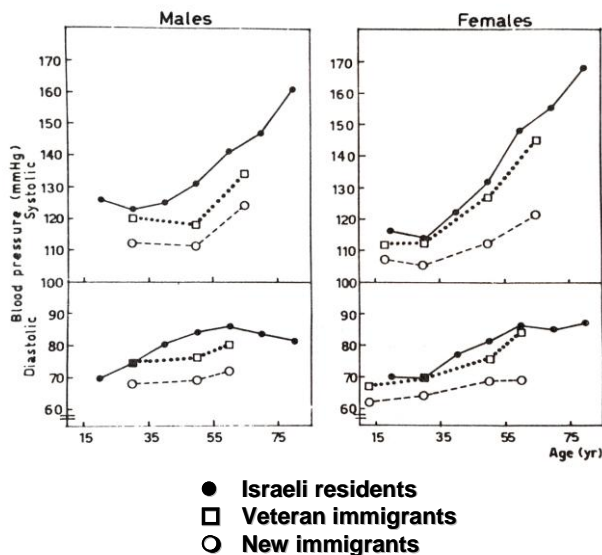


Ethiopians arrived in Israel in two waves - Operation Moses in 1984 and Operation Solomon in 1991. Those who came in 1984 walked from Ethiopia to Sudan and were more **undernourished** than those who were airlifted to Israel in 1991 after spending several months in Addis Ababa under the care of the Jewish Agency.

In the first wave of immigrants, there were only 4 hypertensive subjects among 482 Ethiopians examined.

Case No.	Sex	Age	BP	BMI
1	F	64	190/90	29.2
2	F	68	160/90	19.6
3	F	58	164/102	26.3
4	M	68	180/93	19.8

**Survey comparing Israeli residents with new and veteran immigrants**



**Closing the gap in hypertension between Ethiopian and Israeli population**

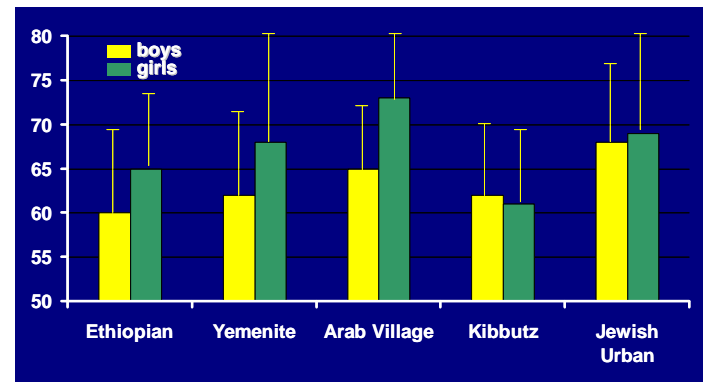
Blood pressure and serum cholesterol were evaluated in 387 Ethiopian males (29-49 years) living in Israel 3-4 years and 2,747 age-matched Israeli male workers. This was performed by occupational health and rehabilitation work in Ra'anana. A questionnaire in Amharit was used to evaluate quality of life.

There were no significant differences in the prevalence of hypertension for Ethiopians and Israelis, respectively. However, in contrast to other Israelis, average serum cholesterol was still lower in Ethiopians.

Young Ethiopian immigrants who had lived in Israel longer than 2 years had a threefold increase in the prevalence of hypertension and a rise in cholesterol levels compared to those less than 3 months in Israel.

**Comparison between Ethiopian, Yemenite, Arab and Israeli children**

**Diastolic Blood Pressure (mmHg)  
13-14 year old boys and girls**



The Jerusalem group examined the metabolic and hemodynamic significance of immigration and compared young male Ethiopians, resident in Israel for <3 months (n=180) and residing in boarding schools, in a cross-sectional study, with those who had been living in the same schools for 2 years (n=157). The food for both groups was provided by the same kitchen.

Body mass index did not differ by much between the two Ethiopian groups (about 20 ± 2kg/m<sup>2</sup> in both groups), but was significantly lower in the Ethiopian groups than in a comparison group of Israeli student group. Systolic and diastolic blood pressure were significantly higher in the resident immigrants than in the newcomers 127 ± 12 vs 120 ± 12 mmHg respectively, p<0.0001, and the high-density lipoprotein-cholesterol, triglycerides, insulinonogenic



index response to oral glucose loading were all significantly lower, whereas the blood glucose response was actually higher.

Resident immigrants had a 3 fold higher prevalence of hypertension (29 vs 11% in the newcomers). Systolic and diastolic blood pressures correlated weakly ( $r = 0.25$  and  $0.24$ , respectively) with the sum of insulin after loading among the Ethiopian immigrants.

Thus, 2 years residence in Israel was associated with a parallel rise in blood pressure and an increase in lipidemia, insulinemia and glucose response. However, variation in insulin levels accounted for approximately 6% of the variation of BP.

The increase in the prevalence of hypertension therefore cannot be explained by dietary-induced insulinemia alone. There was no difference in the levels of Hba1c, fructusamine or prevalence of impaired glucose tolerance (12% in the newcomers and 10% among the 2 years residents).

Follow-up of data on 53 of those Ethiopians immigrants (age  $23 \pm 3$  on repeat examination, BMI  $20 \pm 2$  kg/m<sup>2</sup> and triceps skin fold  $71 \pm 32$  mm, not significantly different from baseline) who resided in a relatively controlled environment (agricultural boarding schools) for 2 years after immigration. Over these 2 years blood pressure rose from  $118 \pm 9 / 62 \pm 11$  to  $129 \pm 13 / 71 \pm 10$  mmHg,  $P < 0.0001$  for both systolic and diastolic pressures. At 2 years 11 of 53 subjects (20.7%) had hypertension. Total, high-density lipoprotein cholesterol and triglyceride levels increased from  $131 \pm 27$ ,  $36 \pm 8$  and  $65 \pm 22$  mg/dl to  $146 \pm 29$ ,  $43 \pm 10$  and  $98 \pm 42$  mg/dl, respectively;  $P < 0.00001$  for all. Surprisingly, glucose tolerance improved insulin level which decreased significantly and was not correlated with blood pressure changes.

Thus acculturation as such, including presumed increase of salt consumption during their stay in Israel, might have affected blood pressure more than change in weight in this specific group.

## Conclusion

The conclusion from all studies together is that special susceptibility of certain populations who have historically not been exposed to high levels of risk factors may find that some traits, which may have been protective in past generations may now be harmful. A rich diet, as well as high salt consumption known in immigration studies is associated with urbanization, industrialization and automation, leading to gains in weight across entire populations, with much greater prevalence of obesity and higher levels of cardiovascular risk factors.

## WHO Training Workshop in Bhutan

Bo Carlberg MD PhD  
Department of Public Health  
and Clinical Medicine  
Umeå University Hospital, Sweden  
Email: [bo.carlberg@medicin.umu.se](mailto:bo.carlberg@medicin.umu.se)



Hypertension is the most important single risk factor for death globally. The prevalence of hypertension and the incidence of cardiovascular diseases increase rapidly in low-income countries. A recent landmark publication in *The Lancet Neurology* [1] showed that low-income countries in Africa have considerable higher age-adjusted stroke mortality than Western Europe, North America and Australia. Stroke incidence rates increased by 100% in low and middle income countries and decreased by 42 % in high income countries during the past four decades [2].

In low-income countries, the limited resources for prevention and treatment of diseases have focused on the most obvious problems; infectious diseases and malnutrition. However, with increasing wealth, the incidence and prevalence of Non-Communicable Diseases (NCD) increases rapidly in these countries. The health care systems in most low-income countries have a constant lack of resources. But also, health care is not organized to detect, treat or prevent NCD diseases.

## *The WHO program for NCDs in developing countries*

WHO has developed a program for improving prevention, detection and treatment of major NCD's in developing countries. Over the winter of 2008/09, with the engaged leadership from **Dr Shanthi Mendis**, WHO have carried out the first pilot workshops for implementing the program in developing countries. Eventually, the program will be implemented globally.

The NCDs covered by the WHO program are cardiovascular diseases, diabetes, asthma-COPD and cancer. Health education and counselling are important parts of the program. In addition, every country may add additional NCDs for their specific needs. The International Society of Hypertension (ISH) has supported this program with educational materials and financial support.



## The Workshop

A “Training Workshop for Health Workers on the Integration of Essential NCD Intervention for Prevention and Control of Major NCD’s into Primary Health Care” was held in **Paro, Bhutan from 11<sup>th</sup> - 13<sup>th</sup> March 2009.**

I participated in the Training Workshop on behalf of the ISH, together with **Dr Shanthi Mendis** WHO, Geneva and **Dr Jerzy Leowski Jr** from WHO in New Delhi.



*The district hospital in Paro. This hospital has a catchment area of 27,000 inhabitants, 40 beds and about 200 visits a day.*

We visited two Basic Health Units (BHU, primary health care centers) and one district hospital. The health workers were proud to show their well-organized health care units. There are usually three health workers or health assistants at each BHU. Each BHU serves about 3,000 inhabitants.

It is difficult to estimate the burden of NCDs in Bhutan as national health statistics are not well developed and the detection of cases is limited. However, from death certificates in the two BHU’s we visited, NCD seems to be common causes of death.

Around 35 delegates including health workers, doctors, health officers, teams from the Ministry of Health and the local WHO office, participated in the workshop. A total of 20 out of Bhutan’s 21 districts were represented at the Workshop.

During the first two days, educational sessions and discussions were held about the detection, prevention and treatment of major non-communicable diseases. WHO have developed protocols for health workers and

doctors with detailed flow-charts for each NCD. These flow-charts are to be used in the prevention, diagnosis and treatment of individual patients. In addition, educational materials for prevention and treatment have been developed by WHO (with support from the ISH).

For the prevention of cardiovascular diseases, the protocols define risk groups in which blood pressure should be measured. Cardiovascular risk is assessed as in international guidelines. However, it is not possible to use S-cholesterol in most settings. Therefore, the WHO, together with the ISH, has developed risk assessment charts to be used when the level of S-cholesterol is not known.

There are very few data about the prevalence of hypertension and hypertension treatment in Bhutan. Blood pressure is measured in all BHUs and antihypertensive drugs are dispensed without cost to the patients.

## Program of Action

The Workshop ended up with a day of detailed discussions about how to implement the new knowledge about NCDs in Bhutan. These discussions were summarized in a proposal for a program of action. This program includes issues about education, changes in organization for preventing, detecting and treating NCDs and changes in available medications. Thus, it was suggested to change the first-line drug for treatment of hypertension from hydralazine to hydrochlorothiazide and make metformin, aspirin and salbutamol inhalers available in the BHU’s.



*Presentation during the workshop from one of the participants. Dr Gampo Dorji from the Ministry of Health with his laptop*





The **Minister of Health, Lyonpo Zangley Dukpa**, was involved in the preparation of the Workshop and joined the meeting to participate in the final sessions. All participants in the Workshop were very engaged and dedicated to their task.

Our visit to Bhutan was extremely enjoyable, and we are grateful to our hosts for their hospitality and welcome. It is also very encouraging to see that Bhutan is preparing to meet the expected explosion of non-communicable diseases in the future.

## Bo Carlberg MD PhD

### References

1. Johnston SC, Mendis S, Mathers CD. Global variation in stroke burden and mortality: estimates from monitoring, surveillance, and modelling. *Lancet Neurol* 2009; 8: 345-54
2. Feigin VL, Lawes CMM, Bennet DA, Barker-Collo SI, Parag V. Worldwide stroke incidence and early case fatality reported in 56 population-based studies: a systematic review. *Lancet Neurol* 2009; 8: 355-69

## Health Care in Bhutan

Health Care is free for all inhabitants in Bhutan. The primary health care includes 179 Basic Health Units (BHU) spread all over the country. As transportation is difficult in Bhutan, many inhabitants have to walk for many hours or days to reach a BHU. However, the BHUs also visit the major villages in their catchment area once a month (sometimes after 3-4 days of trekking). The BHUs are staffed with health workers, only a few have doctors. There are 26 local hospitals and 3 regional hospitals in the country.

Medications are free and most often delivered through the BHUs or hospitals. The health authorities are very ambitious in prioritizing health care to get most value for money within their limited resources.

Bhutan has taken a radical step in disease prevention. It is not permitted to sell tobacco in the country. Smoking is not forbidden but only a few percent of the inhabitants are classified as smokers.

## Facts about Bhutan, The Country of the Thunder Dragon

Bhutan, or Druk Yul (The County of the Thunder Dragon) is a very beautiful country located in eastern Himalaya between India and China. The country has been quite isolated from other countries and it was not until 1999 that television and the internet were introduced.

It is a very hilly land, and therefore transportation within the country is complicated. Many inhabitants live days away from a road.

The country is a bit larger than Switzerland, with a population of nearly 700,000 inhabitants.

The economy is based on agriculture and forestry. During the last years, hydroelectric power plants have been built and electricity is exported to India. The country has recently turned into a constitutional monarchy with the first elections in 2008.

The Health Care system was reorganized in 1976. Since then, health care is free and the basic health units (BHU) are the important basis for prevention and treatment. Health Workers are the backbone in primary health care and there are less than 200 doctors in the country.



Map of Bhutan



## CONFERENCE REPORT

by Stephen Harrap



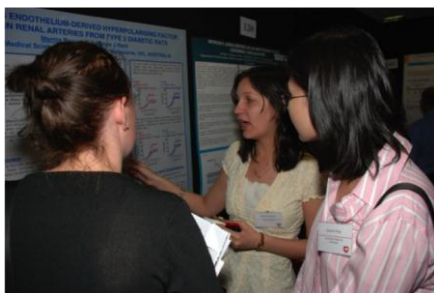
### 30<sup>th</sup> Annual Scientific Meeting of the High Blood Pressure Research Council of Australia (HBPRCA)

#### December 2008 - Melbourne, Australia

The HBPRCA was proud to hold its 30<sup>th</sup> Annual Scientific Meeting in early December 2008. It provided a special occasion in which to mark the growth and success of the Council since it was founded by a small but dedicated and renowned group of blood pressure researchers led by the late Austin Doyle.

The commitment to research has been the foundation of the Council's activity over the years, and this was epitomized by the high quality of over 150 abstracts presented at a conference attended by 250 participants. The three days began with a very successful Workshop on experimental and clinical blood pressure measurement and instrumentation, a National Meeting of the Central Cardiovascular Control group and a Student Symposium designed to inform and prepare students for postdoctoral success.

Indeed, focus on our younger members has become a regular highlight of Council activities and in the following two days of oral and poster presentations, young investigators often took centre



stage. They were vying for a number of special prizes including an exchange visit to the **British Hypertension Society** (BHS)'s Conference in



Bruce Neal and Justin Davies

2009. In this regard, we were delighted to welcome Justin Davies from the BHS, who not only presented a stimulating talk, but also visited numerous

laboratories around Australia on his very productive visit. For the first time our young investigators were also competing for an award to attend the **American Heart Association High Blood Pressure Research Council's Conference** in 2009. This we hope will develop into the same successful reciprocal relationship that we enjoy with the BHS.

Each year we have 3 named lectures and the Council was honored to welcome Carlos Ferrario as the RD Wright Lecturer, David Sinclair as the Austin Doyle Lecturer and Bruce Neal as the Colin I Johnston Lecturer. Each of their presentations was first-class and addressed a diverse set of topics from the unfolding complexities of the renin-angiotensin system, through genes that regulate ageing, to the modern day relevance of the concept of hypertension.

However, no 30<sup>th</sup> Celebration goes without a party and our **Annual Conference Dinner** was something extra special. Held atop Melbourne's tallest building, the dinner was graced by those remaining Founding Members of the very first HBPRCA who were able to attend. It was a great evening to reflect on the people and events that made the Council what it is today. Unveiled was a "Family Tree" of the Council that drew the links over the generations of blood pressure research. Memories and anecdotes were stimulated by a quiz that tested knowledge of the major (and minor) elements of the Council's history, all lubricated by bottles of 30 year-old wine sourced by Trefor Morgan and accompanied by the melodic



tones of our own jazz pianist Michael Stowasser. The students voted the Anniversary Cake (left), cut by the Founding Secretary of the Council Paul

Korner, as the most delicious chocolate cake in their collective living memories!

Scientifically and socially, thanks to the hard work of the Executive and Secretariat, the 30<sup>th</sup> Annual Scientific Meeting of the High Blood Pressure Research Council of Australia was a memorable occasion. It was a fitting tribute to our proud past and a fillip to continued success over the next 30 years.



Stephen Harrap and Kate Denton



## Do you want to work in AUSTRALIA?

Foundation for High  
Blood Pressure  
Research  
2010 ISH Visiting  
Postdoctoral  
Award



The **ISH Visiting Postdoctoral Award** has been designed to encourage experienced researchers from countries other than Australia to work in Australia for up to **two years** on a specific research project in hypertension or a related field in basic, clinical or public health areas.

The ISH Visiting Postdoctoral Award will be awarded to an Australian research institution, as a contribution towards the salary of a postdoctoral researcher who is not an Australian citizen or permanent resident, to conduct research at that research institution.

It is not intended that the Award be used as a start-up grant for a researcher intending to settle permanently in Australia.

### General Information

#### 1. Eligibility

This Award is open to Australian research institutions (hospitals, university departments or research institutes). As this Award is intended to assist bringing high quality researchers from other countries to Australia, the sponsored researcher cannot be an Australian citizen or permanent resident of Australia, or a national of another country who has been living in Australia for more than one year. The research project will be in hypertension or a related field in basic, clinical or public health areas.

#### 2. Duration

The ISH Visiting Postdoctoral Award will be for a period of one year with the possibility of a second year upon reapplication.

#### 3. Starting Date

The Head of the research institution is required to advise the Trustees when the sponsored researcher will take up the Award. This date must be within six months of 1 January 2010.

#### 4. Payment

Payment of AUS \$35,000 per annum will be made to the employing institution.

#### 5. Qualifications

The sponsored researcher must have appropriate qualifications (PhD, MD or equivalent). The Award will be made for a researcher with interests in hypertension research and for work in areas relevant to the understanding of the causes, prevention, treatment or effects of hypertension, in biomedical, clinical or public health research.

#### 6. Reports and Acknowledgments

The sponsored researcher will be required to provide a report to the Trustees at the end of their first year and at the completion of the award. The support of the Foundation for High Blood Pressure Research is to be acknowledged in all publications arising from the research supported by the Award.

#### 7. Other

It is the responsibility of the applicant research institution to assist the sponsored researcher with such items as visas, relocation costs and accommodation in Australia.

### Application Procedure

The Head of the applicant research institution (hospital, university department or research institute) is required to provide the following information:

1. Curriculum vitae of the proposed researcher, inc:
  - a. Name, address, date of birth, nationality;
  - b. Education details (undergraduate, postgraduate);
  - c. Previous postdoctoral experience;
  - d. List of publications, differentiated into peer-reviewed and others. Copies of publications are not required;
  - e. Impact factors and citations.
2. An outline of the research plan to be followed (maximum of two A4 pages).
3. Letter from the proposed researcher indicating that he/she is willing to move to Australia to conduct the research project.

An original and **eight** copies of the entire application are to be provided. Applications should be sent to:  
*FHBPR Secretariat*  
*Department of Physiology*  
*University of Melbourne*  
*Parkville 3010, Victoria. Australia*  
Email: [jkelly@unimelb.edu.au](mailto:jkelly@unimelb.edu.au)

**Applications close on  
Friday 28<sup>th</sup> August 2009 -  
late applications will not be considered**



## FORUM FEATURES

The Affiliated Societies of the ISH continue their active participation in the affairs of the Society through the ISH International Forum. Through regular contact with Affiliated Societies, the Forum provides an important focus for Affiliates' contributions on four major issues.

- Growth in Membership of the ISH
- Resource for Networking
- Support by Affiliated Societies for the Vancouver ISH meeting in 2010
- Establishment of the ISH Research Foundation

2009 will be another exciting year for the Forum, as we continue to develop new initiatives with the help and support of our Affiliated Societies.



ISH Forum Officers

John Chalmers

Stephen Harrap

Rhian Touyz

## AFFILIATED SOCIETY UPDATES

Please read on for updates from the following national societies of hypertension and high blood pressure councils (ISH Affiliated Societies):

- American Society of Hypertension
- Hypertension Committee of the National Heart Foundation of Bangladesh
- Brazilian Society of Hypertension
- Hellenic Society of Hypertension
- Pakistan Hypertension League



ISH  
AFFILIATED SOCIETY

## AMERICAN SOCIETY OF HYPERTENSION



The **American Society of Hypertension (ASH)** is the largest US professional organization of scientific investigators and health care professionals committed to eliminating hypertension and its consequences. The Society serves as a scientific forum that bridges current hypertension research with effective clinical treatment strategies for patients.

The mission of the American Society of Hypertension, Inc. (ASH) is "to promote strategies to prevent hypertension and to improve the care of patients with hypertension and associated disorders."

Please visit the Society's website: [www.ash-us.org](http://www.ash-us.org)

## HYPERTENSION COMMITTEE OF THE NATIONAL HEART FOUNDATION OF BANGLADESH

The Hypertension Committee of the **National Heart Foundation of Bangladesh (NHFB)** was established in 1993 with the aim of increasing awareness of hypertension and its medical complications - heart attack, stroke and kidney failure and to provide information on its prevention, detection & control of hypertension. In the past years, the Society has been actively engaged in spreading the message among the people of the community and the country as a whole. The Committee has been observing World Hypertension Day for the last few years, observed World Salt Awareness Week this year and regularly carrying out CME programs, general awareness programs, scientific seminars, round table meetings, workshops & symposiums in a befitting manner.

The Hypertension Committee of NHFB works on the development of a guideline for hypertension management and prevention, a clinical practice guideline for hypertension control every year and also maintains networking with other organizations working on hypertension control. It also disseminates information to the 28 affiliated bodies of NHFB in 28 districts of Bangladesh & also to districts without affiliated body of NHFB through Civil surgeons or medical colleges.



The Committee organizes radio & television talk shows on the detection, control and prevention of hypertension for increasing awareness among general people & meetings with press and publication of articles in the leading newspapers of the country on a regular basis. The members of the Committee have decided and proposed a research project on “Salt Intake and Relation of Blood Pressure & Prevalence of Hypertension in a Cross Section of Population of Bangladesh” which is to be carried out in 5 districts of the country very soon.

Last year, the Hypertension Committee of NHFB with the collaboration of WHO, Bangladesh observed a week long program on the occasion of World Hypertension Day from 11 to 17 May 2008 in a befitting manner as a part of worldwide observance by World Hypertension League (WHL). This year’s theme was “Measure Your Blood Pressure...at Home!”. The committee has adopted and translated the World Hypertension Day 2008 brochure and poster prepared by the WHL into Bengali. Observation of WHD 2008 included a week-long program including press conference, screening camps at different places of Dhaka city, rally, seminars, and discussion programs on the significance of WHD 2008 on national radio. Different national leading newspapers published news on the week-long observance of WHD 2008. Several affiliated bodies of the National Heart Foundation also observed similar programs at district level.

On 11 May 2008 a press conference took place in the VIP Lounge of National Press Club organized by NHFB. Prominent physicians, cardiologist and renowned journalists of the country were the speakers of the conference. The spokesperson indicated that high blood pressure, which is now a major problem in third world countries like Bangladesh, can be prevented or controlled by simple changes in lifestyle and dietary habits. They emphasized the importance of Home Blood Pressure measurement and its significance. They also explained that around 15 million adults in Bangladesh are suffering from high blood pressure covering 15 to 20 percent of the adult population. Large numbers of journalists from national dailies and electronic media attended the press conference and published the news.

Screening camps in different places of Dhaka city were arranged to measure blood pressure free of charge among the general people and also to disseminate the message of this year’s theme. These camps also distributed the brochures among this general mass of people.

Observance of WHD on 17 May 2008 begun with a colorful rally from Sher-E-Bangla National Stadium to the National Heart Foundation Hospital & Research Institute (NHFH&RI). About 300 people attended the rally from various aspects of Society. The rally passed through important roads of the locality and participants were wearing T-shirts & Caps printed with World Hypertension Day messages.

After the rally a general seminar on home blood pressure measurement was arranged. Special Assistant to Chief Adviser, Ministry of Post & Tele communication and Social Welfare, Government of the People’s Republic of Bangladesh attended the seminar as Chief Guest. Along with eminent cardiologists and physicians, there were about 300 participants in the general seminar. Local leaders such as schoolteachers, religious heads and government and non-government employees, along with health professionals such as nurses and paramedics, attended the general seminar.

A scientific seminar was held after the general seminar. About 200 general physicians, postgraduate medical students and specialists attended the seminar. Eminent cardiologists, nephrologists and highly skilled technical persons gave lectures on various aspects of hypertension treatment and control with special emphasis on home blood pressure measurement along with its importance.

Observance of this day was a huge accomplishment and we plan to repeat, or even expand, this activity in the coming years.

The Committee observed World Hypertension Day 2009 in a befitting manner with the collaboration of WHO, Bangladesh on 17 May 2009 throughout the whole country.

#### **Observance of World Salt Awareness Week 2009**

The Hypertension Committee of the National Heart Foundation of Bangladesh observed **World Salt Awareness Week (WSAW 09)** from 2<sup>nd</sup> - 8<sup>th</sup> February 2009 as a part of worldwide observance by World Action on Salt and Health (WASH) focusing on salt in food eaten out of the home aiming to raise awareness that foods in restaurants, takeaways, fast foods, street food, canteen food etc can contain a lot of hidden salt. This year’s theme was “**Salt and Eating Out**”.

Observation of WSAW 2009 included a press conference held on 3 February 2009, round table meeting on Salt & Health, and discussion program regarding significance of WSAW 2009 on national



radio and television. A poster and a brochure on the ill effects of high consumption of salt on health and advices on how to take less salt were also published and distributed all over the country.

### Press Conference:

A meeting with the editors of local newspapers and reporters from different electronic media was held in the conference room of National Press Club on February 3,

2009 to increase the mass awareness. Eminent cardiologists, physicians and public health specialists



attended the conference. Professor R.K. Khandaker, Chairman Hypertension Committee of National Heart Foundation of Bangladesh and Member, World Action on Salt and Health (WASH), highlighted the ill effects of increased consumption of salt on health and described the dreadful consequences of increased trend of eating out to emphasize this year's theme. He also briefed the salt content of these fast foods, restaurant and processed food items which is several times higher according to different surveys and WHO recommendation.

Dr. Sohel Reza Choudhury, a WHO representative, stressed on the control of risk factors for the causation of chronic diseases, specially on hypertension which can be decrease by reducing



excess salt intake. He put forward the example of Japanese people, where the mortality rate due to stroke was 10 times higher

40-50 years back, as they used to consume 15-18 gm salt per day and they also used to preserve the food with salt. After that they took policies and created awareness among people; as a result the average salt consumption came down to 10 gm per day now a day which decreased the death rate to 80 percent due to stroke since 1960. He also advised on cutting out table salt and discontinuing taking extra salt in sautéed form.

Professor KMHS Sirajul Haque, Secretary General of Hypertension Committee of National Heart Foundation of Bangladesh, pointed out that lifestyle modifications and home control can decrease the rate and prevent the diseases related to increased intake of salt. Secretary General of National Heart Foundation of Bangladesh, National Prof. Brig. (Rtd.) Abdul Malik, thanked all the media personnel and drew attention to spread the message towards the general population not to take salt in excess. He also underscored the need for reducing salt intake to possess a good health and to prevent the complications of hypertension. He also quoted that thousands miles journey start with a single step. The press conference came to an end after a question & answer session with the journalists.

### Round Table meeting on Salt & Health:

Experts and stake holders such as local leaders, school teachers, representatives from food industries and salt industry, catering business, eminent cardiologists, nephrologists, physicians, nutritionist, NGO personnel, WHO representative and representative from different social organizations were invited to attend the meeting. Professor R.K. Khandaker, in his welcome speech briefed out the programmes arranged on the eve of World Salt Awareness Week 2009.

Dr. Sohel Reza Choudhury, WHO representative, presented the keynote paper on reducing salt intake in Bangladeshi population to control high blood pressure. He discussed the current scientific evidences and meta analysis of papers which clearly depicted the association of high blood pressure with high consumption of salt. He also emphasized the WHO recommendations regarding monitoring of salt intake assessment, monitoring and evaluation of policies, programmes & initiatives and stakeholders, self regulation & legislation by government, and labelling & reformulation of products.

Data on salt intake is scarce in Bangladesh and population wide approach has to be taken to create mass awareness to reduce salt intake. Development of policies can be initiated by influencing the Government, stakeholders and industry personnel.

Experts also stressed the need to carry out surveys about the exact salt content of people living in tropical countries. Family awareness has to be brought up and restaurants should display 'no extra salt' as cautionary message. Massive studies are needed to set out the exact salt consumption of population according to age category, physical condition, disease pattern, living environment and occupation so that a national policy and guideline can



be formulated. National Prof. Brig. (Rtd.) Abdul Malik, Chairperson of the round table meeting at the end, addressed hypertension as an emerging health problem for which salt is one of the main factors and this can be prevented at the community level very easily by the health workers and media hype. The round table meeting finished off with a question and answer session followed by light refreshment.



**Round Table meeting on Salt & Health**

#### **Poster and Brochure development and distribution:**

A poster and brochure carrying the messages of the ill effects of excess salt consumption and advice to reduce salt intake were published on the eve of the World Salt Awareness Week 2009 in the local language. Posters and brochures were distributed in the locality and throughout the whole country.

#### **Discussion programme on National Television and Radio:**

Talk shows on salt and health comprising of experts such as cardiologists and renowned physicians were arranged and aired on several national TV's and Radio channels.

#### **Programme on the eve of WSAW 2009 in different districts of Bangladesh:**

Different affiliated bodies of the National Heart Foundation of Bangladesh organized various programmes on the eve of WSAW 2009 including leaflet distribution and general awareness meetings.

#### **Major achievements:**

The observance of World Salt Awareness Week 2009 by the Hypertension Committee of National Heart Foundation of Bangladesh had very important contribution in raising the awareness about prevention of cardiovascular diseases in Bangladesh.

It was widely discussed in most of the national daily newspapers. We believe that regular observance of this week will greatly contribute to the prevention and control of cardiovascular diseases.



#### **Recommendation and plan for follow up actions:**

Regular observance of World Salt Awareness week will be done by the Hypertension Committee of National Heart Foundation of Bangladesh. A request letter will be sent to all the 35,000 doctors and paramedics of the whole of Bangladesh to take necessary measures to reduce salt intake in community and family level with special emphasis on hypertensive patients, the obese population and also to discuss the ill effects of high salt intake with patients' relatives.



#### **Professor R.K. Khandaker** FRCP (Glas), FRCP (Edin)

Professor of Cardiology  
Chairman, Hypertension Committee of National Heart Foundation of Bangladesh & Vice President, National Heart Foundation of Bangladesh  
Member, WHL, ISH & WASH



## BRAZILIAN SOCIETY OF HYPERTENSION



The Brazilian Society of Hypertension currently has 500 members consisting of physicians, health professionals and basic scientists. Our Society also has a specialty certificate intended to allow physicians across the country to be a reference in this field and now more than 150 members are specialists in hypertension.

We have a CME program available online and the most relevant papers published in the literature are made available in a monthly-basis to provide new information and discussion with all members.

To keep in touch with the general public, we have a patient education page with the most relevant and new aspects of this disease and related conditions. Also two specialists contribute by answering our frequent Q&A section.

On a quarterly-basis, the Society's journal is distributed to more than 20,000 physicians in the country. It usually has a thematic area and most papers are reviews based on the most recent data worldwide.

National Day of Hypertension was held on 26<sup>th</sup> April 2009, with a range of activities being held, including walks held in Sao Paulo and other capitals in the country.

The current Board of Directors for 2006-2008 is:

President: Artur Beltrame Ribeiro, MD  
Vice-President: Fernando Nobre, MD  
First Secretary: Frida Liane Plavnik, MD  
Second Secretary: Hilton Chaves, MD  
Treasurer: Maria Claudia Irigoyen, MD  
Imm. Past President: Robson dos Santos, MD

The XVII Meeting of the Brazilian Society of Hypertension will be held in Belo Horizonte (Minas Gerais) from 5<sup>th</sup>-8<sup>th</sup> August 2009 in conjunction with The InterAmerican Society of Hypertension.

Please look at our webpage for further information: [www.sbh.org.br](http://www.sbh.org.br)

Our Society is able to assist members by phone (55 11) 32840215, Fax: (5511) 3289-3279 or E-mail: [sbh@sbh.org.br](mailto:sbh@sbh.org.br)

## HELLENIC SOCIETY OF HYPERTENSION



### CONFERENCES

The Hellenic Society of Hypertension organises the National Hypertension Conference on a biannual basis, as well as an extended Symposium in the years in between. Both the Conferences and Symposia include lectures, round-table discussions, debates, and satellite symposia with recognized experts on hypertension from Greece, Europe and North America. The Conferences include also oral and poster presentations of the local research activities on hypertension and related fields. In every conference the Society offers grants for the three best original studies.

The 5<sup>th</sup> Panhellenic Symposium of the Hellenic Society of Hypertension took place in Athens on the 28<sup>th</sup> of February - 1<sup>st</sup> of March 2008, and the 11<sup>th</sup> Panhellenic Hypertension Conference took place in Athens in March 2009.

### OTHER EDUCATIONAL ACTIVITIES

The Society organises about 3-4 meetings of 2-3 days duration annually under the name "Hypertension Days" in selected cities throughout Greece in order to provide updated knowledge on hypertension and related fields for clinicians all over the country. In addition the Society organises annually about 5-6 continuing education daily seminars on specific topics in Athens and Thessaloniki.

### WORKING GROUPS

In mid 2005 the Society established four Working Groups in order to promote educational activities, as well as research collaborations from its members in related areas. The Society has assigned four members of the Councils as coordinators of the Working Groups with the responsibility of establishing a network of interested physicians throughout the country and organising research protocols through scheduled meetings throughout the year.

### TRAINING IN HYPERTENSION - HYPERTENSION SPECIALIST TITLES

The Society has developed a programme of training in arterial hypertension for interested physicians (internists, nephrologists, cardiologists and endocrinologists). The training is 6 months in duration and takes place in selected 3rd grade Hypertension Centers in Athens and Thessaloniki.





In addition the Society is the official national organisation responsible for the collection and reviewing of applications for the “Specialist in Hypertension” title of the European Society of Hypertension. To date, approximately 70 Greek physicians have gained this title.

## PUBLICATIONS

Since 1989 the Society publishes its official peer-reviewed journal, entitled “Arterial Hypertension”. The journal publishes original articles, reviews, case reports, editorials and letters to the editor in the Greek language, mostly related to national research in hypertension and related fields. Currently, the journal is published three times a year and is circulated to the members of the Society. In addition, since 2000 the Society publishes an Informative Bulletin four times a year, which contains scientific information as well as information on the activities of the Society and is circulated to physicians throughout the country.

## SCHOLARSHIPS

Every year the Society offers two scholarships to young scientists to allow them to be trained in the field of hypertension in recognised Hypertension Centers of Europe and North America.

## RESEARCH GRANTS

In 2005 the Society decided to offer research grants up to the amount of 10,000 Euros each for selected research proposals from its members. The aim of this activity is to support and promote national research in the field of Hypertension. All applications are carefully reviewed and the grant is offered to the researcher in two stages, the first after a submission of a review paper in “Arterial Hypertension” on the issues and research questions related to the protocol proposal and the second after the submission of an original paper with the results of the study. To date, the Society has awarded 12 research grants.

## ADMINISTRATIVE COUNCIL 2007-2008

PRESIDENT	V Votteas
VICE-PRESIDENTS	D Athanassiades, A Tourkantonis, P Toutouzas, N Lefkos
GENERAL SECRETARY	D Stamatis
SECRETARY	D Tsagadopoulos
TREASURER	S Voyiaki
MEMBERS	H Zamboulis, A Lasaridis, K Paletas

## OFFICES

### Athens:

111, Vas. Sofias Ave. 115 27, Athens, Greece.  
Tel: +30 210 6469358, Fax: +30 210 6400767  
E-mail: [gramatia@hypertasi.gr](mailto:gramatia@hypertasi.gr)  
Administrative Secretary: Mrs Evangelia Stathi

### Thessaloniki:

3, Navarinou Sq., 546 22, Thessaloniki, Greece  
Tel, Fax: +30 2310 225508  
E-mail: [hypertasi@altecnet.gr](mailto:hypertasi@altecnet.gr)  
Administrative Secretary: Mrs Olympia Karra

## PAKISTAN HYPERTENSION LEAGUE

The Pakistan Hypertension League (PHL) was established in 1995, but was officially launched in June 1997 in Karachi. Professor Azhar Masood A. Faruqui was its Founder President, while Professor Mohammad Ishaq its Founder General Secretary.

The 1<sup>st</sup> International Symposium organised by the PHL was held in November, 1997 at Karachi. The Guest of Honour was Professor Patrick J. Mulrow, General Secretary of the World Hypertension League.

The PHL has since progressed into a large national body with 250 members and has 11 regional chapters. Basic research and data is being done. Regional chapters are engaged in local activities, especially public awareness programmes. Each year the League organizes its annual national symposium in different cities of Pakistan. Beside the scientific sessions, a workshop for family physicians and a public awareness session have become a regular feature.

The 2008 annual symposium was held in Islamabad from 18-19 October, 2008, with the theme being “Hypertension - lower is better”.

### Current Office Bearers:

President	Prof. Mohammad Ishaq
General Secretary	Prof. Abdul Hafeez Chaudhry
Treasurer	Prof. Mansoor Ahmed
Chairman Scientific Committee	Dr. Maqbool Jafary

Contact: Professor Mohammad Ishaq  
Email: [contact@phl.pk.org](mailto:contact@phl.pk.org)  
Web: [www.phl.pk.org](http://www.phl.pk.org)



## Upcoming Meetings

### 2009

12<sup>th</sup> - 16<sup>th</sup> June 2009, **Milan, Italy**  
19<sup>th</sup> European Meeting on Hypertension  
[www.esh2009.com](http://www.esh2009.com)

5<sup>th</sup> - 8<sup>th</sup> August 2009, **Belo Horizonte, MG, Brazil**  
XVII Meeting of the Brazilian Society of Hypertension  
[www.sbh.org.br/iash2009](http://www.sbh.org.br/iash2009)

9<sup>th</sup> - 12<sup>th</sup> September 2009, **Montreal, Canada**  
ET-11: The American Physiological Society  
International Conference on Endothelin  
[www.the-aps.org/meetings/aps/ET11Montreal/index.htm](http://www.the-aps.org/meetings/aps/ET11Montreal/index.htm)

10<sup>th</sup> - 12<sup>th</sup> September 2009, **Cambridge, UK**  
Artery 9  
[www.artery.uk.net](http://www.artery.uk.net)

1<sup>st</sup> - 3<sup>rd</sup> October 2009, **Otsu, Japan**  
Japanese Society of Hypertension Annual Meeting  
[www.jpsh.org](http://www.jpsh.org)

9<sup>th</sup> - 11<sup>th</sup> October 2009, **Nice, France**  
European Council for Cardiovascular Research (ECCR)  
[www.eccr.org](http://www.eccr.org)

29<sup>th</sup> October - 1<sup>st</sup> November 2009, **Beijing, China**  
World Hypertension Congress  
[www.worldhypertension2009.com](http://www.worldhypertension2009.com)

10<sup>th</sup> - 12<sup>th</sup> December 2009, **Valencia, Spain**  
2<sup>nd</sup> International Conference on Fixed Combination in  
the Treatment of Hypertension, Dyslipidemia &  
Diabetes Mellitus  
[www.paragon-conventions.com/fixed09](http://www.paragon-conventions.com/fixed09)

### 2010

25<sup>th</sup> - 28<sup>th</sup> February 2010, **Valencia, Spain**  
Early Disease Detection and Prevention Conference  
(EDDP)  
<http://www.paragon-conventions.com/eddp2010>

18 - 22 June 2010, **Oslo, Norway**  
20<sup>th</sup> European Meeting on Hypertension  
[www.eshonline.org](http://www.eshonline.org)

26<sup>th</sup> - 30<sup>th</sup> September 2010, **Vancouver, Canada**  
[www.vancouverhypertension2010.com](http://www.vancouverhypertension2010.com) 

## ISH FUTURE BIENNIAL MEETINGS

2010  
26<sup>th</sup> - 30<sup>th</sup>  
September 2010  
Vancouver,  
Canada



2012  
30<sup>th</sup> September -  
2<sup>nd</sup> October 2012  
Sydney, Australia



2014  
14<sup>th</sup> - 19<sup>th</sup> June 2014  
Athens, Greece



2016  
Seoul, Korea

ISH

## ISH VANCOUVER 2010

The International Society of Hypertension (ISH) invites you to participate in the 23rd Scientific Meeting (ISH 2010) to be held September 26 - 30, 2010 in beautiful Vancouver, Canada. The theme of the 2010 Meeting is Global Cardiovascular Risk Reduction. Future perspectives, new research, treatment and prevention will be showcased through the Scientific Program covering four days of invited plenary talks and oral and poster presentations. Keynote speakers will include pioneers and leading investigators in the fields of cardiovascular, renal, and metabolic health. The Meeting will also include Industry and Investigator-initiated Symposia held before and after the Scientific Program at various locations in Vancouver and throughout the province of British Columbia.

ISH 2010 will begin accepting abstracts at the end of June 2009. Early decisions on acceptance of abstracts will give participants a longer lead time for visa applications.

There is a world to discover when you visit Vancouver and beautiful British Columbia. A variety of social events that showcase the diversity and richness of Canadian culture will be planned along with optional local and regional tours that will be available both pre and post ISH.

Visit [www.vancouverhypertension2010.com](http://www.vancouverhypertension2010.com) for further information.



## General Society Information

### MEMBERSHIP

If you have not yet renewed your ISH membership for 2009 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 (a short CV)
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.

### ISH RESEARCH FELLOWSHIP

The Research Fellowship is a distinct initiative of the ISH. It represents a special category for the Society,



designed to attract and support research students who are working in a field relevant to hypertension.

Tenure as an ISH Research Fellow is for the period of enrolment as a research higher degree (e.g. PhD) student, which must be confirmed annually. It is anticipated that upon graduation, Research Fellows will join as full members and enjoy all the benefits of the ISH.

For further information on the Research Fellowship please contact the Secretariat. (Email: [secretariat@ish-world.com](mailto:secretariat@ish-world.com))



## ISH CORPORATE MEMBERS

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



Mitsubishi Tanabe Pharma Corporation



**International Society of Hypertension Secretariat**

Hampton Medical Conferences Ltd, 113-119 High Street, Hampton Hill, Middlesex, TW12 1NJ, UK

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

Website: [www.ish-world.com](http://www.ish-world.com)