



HOT OFF THE PRESS

Candesartan of no benefit in acute stroke

For decades there has been a debate about the potential benefit or harm from acute blood pressure lowering therapy in patients with acute stroke. On 11th February, The Lancet presented a large randomized controlled trial examining this question.

The angiotensin-receptor blocker candesartan for treatment of acute stroke (SCAST) trial randomized 2029 patients with acute stroke and a systolic blood pressure above 140 mm Hg, within 30 hours after stroke onset, to treatment with oral candesartan or placebo. The intervention continued for seven days. The trial had two primary outcomes: Firstly, a composite vascular endpoint (Stroke, AMI and vascular death) after six months. There was no difference between the two treatment arms in the number of patients with this outcome after six months.

The other primary outcome was functional outcome (from modified Rankin Scale) after six months. Here, there was a tendency towards poorer outcome in patients treated with candesartan ($p=0.048$). This was by definition not statistically significant (not significant at $p \leq 0.025$ as in the pre-specified analysis plan).

The study does not lend support to initiating antihypertensive treatment during the first week after stroke onset in the usual stroke patient. The number of patients with intracerebral hemorrhage might have been too few to draw solid conclusions about this subgroup. There is a large ongoing study (INTERACT2) examining this question in patients with hemorrhagic stroke.

(Sandset EC, Bath PMW, Boysen G et al. The angiotensin-receptor blocker candesartan for treatment of acute stroke (SCAST): a randomized, placebo-controlled double-blind trial. Lancet 2011; Feb 11: E-publ)

Are we using appropriate doses of hydrochlorothiazide?

The preventive effect of diuretics on cardiovascular diseases in hypertensive patients is well documented in a large number of randomized controlled trials. However, it is still not clear if all 'thiazide-like' diuretics have similar effects on cardiovascular outcomes and if they have similar blood pressure lowering effects.

The blood pressure lowering effects of hydrochlorothiazide (HCTZ) have been investigated in a recent systematic review by Messerli et al. Fourteen randomized controlled trials were included. HCTZ in doses 12.5-25 mg per day decreased 24-hour ambulatory blood pressure by 6.5/4.5 mm Hg, which was significantly lower than angiotensin-receptor blockers (11.2/8.5 mm Hg), beta-blockers (11.2/8.5 mm Hg), and calcium antagonists (11.0/8.1 mm Hg). However, HCTZ 50 mg decreased blood pressure by 12.0/5.4 mm Hg. Interestingly, office blood pressures did not differ significantly between HCTZ and other drug classes.

These findings will bring more fuel to the debate about which diuretic to use, and which dose to use.

(Messerli FH, Makani H, Benjo A et al. Antihypertensive Efficacy of Hydrochlorothiazide as Evaluated by Ambulatory Blood Pressure Monitoring. A Meta-Analysis of Randomized Trials. J Am Coll Cardiol 2011;57:590-600)

New Hypertension Guideline Consultation from NICE

On 22nd February the British National Institute for Health and Clinical Excellence (NICE) published their draft consultation document on new hypertension guidelines. *Continued on page 6*

<http://guidance.nice.org.uk/CG/Wave2/14/Consultation/Latest>

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NOTES FROM THE EDITORS

Interest in 'Hypertension News (HT News) - an Electronic Newsletter' has increased considerably since its inception in 2003 and in 2010 around 40% of our members viewed the quarterly document.



Bo Carlberg & Lars H. Lindholm

We do however feel that this figure should be higher. Hence, we have made some changes to the newsletter and presentation of the email informing you that the newsletter is available to view. We have added a 'Hot off the Press' section on page 1 with comments on recent 'hot' publications in the field of hypertension and have cut the Editor's and the President's text by half. The new Communications Committee (CC) - (which includes Bo Carlberg, Neil Poulter and me, as Chair) will moreover work on establishing links between HT News, the ISH website and social media websites and networking platforms such as Facebook and Twitter.

Please feel free to contact us if you have a relevant story to tell for a future issue. **Have a good read!**

Lars H. Lindholm

PRESIDENT'S MESSAGE

There has been an enormous amount of activity since the last Hypertension News as the new ISH committees swing into action. I have been delighted by the energy, enthusiasm and creativity of our committee members. We have a wealth of initiatives to consider.



Perhaps the most immediate activity and yet also of the greatest long-term benefit is the New Investigator Committee's creation of the **ISH New Investigator Network** with its own Facebook Group. You can read more about this committee and its activities elsewhere in this edition.

The Regional Advisory Groups (RAGs) are also coming up with some fascinating and imaginative ideas about which you will hear more soon. Suffice to say that the RAGs are already living up to their promise of providing a strong liaison with the special regional needs and potential that ensures that the ISH is well positioned to fulfil its global responsibilities.

I look forward to reporting on the progress of these initiatives in the next edition of Hypertension News.

Stephen Harrap

NEW INVESTIGATORS COMMITTEE

The ISH New Investigators Committee (NIC) was recently established to encourage and support initiatives to attract and retain younger members of the Society.

The main objectives of the Committee are to:

- Stimulate more research in hypertension by young students and researchers
- Develop and enhance new investigator involvement in the field of hypertension and increase their chances of advancing in the field
- Attract new and younger members to be members of the ISH and in doing so rejuvenate the Society. Membership of the ISH is strong, however, we are conscious of the fact that membership is primarily constituted of established researchers who have worked in the field for many years and not with those at the outset of their careers.
- Serve as a platform for interaction between students and investigators and allow new avenues for communication, collaboration and education

Committee Members



Bo Carlberg, Sweden - CHAIR

A Swedish physician who works in medical education and research mainly covering clinical issues



Dylan Burger, Canada

A post-doctorate fellow at Ottawa Hospital Research Institute and basic scientist specialising in micro-particles and cellular communication



Fadi Charchar, Australia

A senior lecturer at the University of Ballarat, with a particular interest in molecular genetics of hypertension



Maciej Tomaszewski, UK

A senior lecturer and consultant physician at the University of Leicester, with a primary interest in genetics of cardiovascular disease



Praveen Veerbhadrappa, USA

Currently studying on a PhD programme at Temple University in Philadelphia in the area of blood pressure measurement

Hypertension Future Leaders Group

The primary focus of the Committee is to establish and lead a Hypertension Future Leaders Group (HFLG) and these efforts will be led by Praveen Veerabhadrapa. The HFLG will be open to any student or new researcher with an interest in hypertension and aiming to grow as a future leader in the field. Membership will be designed for those within 10 years of a doctoral degree (allowing for career interruptions), but will be as inclusive as possible to not exclude anyone based on limited experience or publication record.

The hub of activity for the HFLG will be centred on an interactive 'ISH New Investigators Network' section of the ISH website; with blogs, discussion forums, twitter, as well as a Facebook Group.

We invite you to join our Facebook group:
<http://www.facebook.com/ISHNIN>.



Via the website young researchers will be able to exchange experiences, discuss any matters regarding their research and career growth, find people with an interest in similar areas and so forth. The HFLG will also arrange meetings and seminars locally and at international meetings and it is the intention for the first meeting of this kind to be held at the IASH/CHBPR meeting in Florida in September 2011. Further information will follow.

Awards and Travel Grants

The Committee will champion the establishment of further young investigator awards and travel grants for new investigators and in particular in relation to future ISH biennial scientific meetings.

Mentor Scheme

With 1,000 Society members, we have a large pool of potential mentors for young colleagues. We aim to form the prerequisites for connecting young researchers with mentors from our Society. Also, other forms of support from members to young researchers would be possible, like support and help during specific events, e.g. conferences. We hope that it will be possible to use the HFLG section of the Society website to offer mentorship.

We look forward to updating ISH members in the next issue of Hypertension News on the developments that arise from the work of the NIC and the creation of the HFLG.

ISH 2018 SCIENTIFIC MEETING

We take great pleasure in informing membership that Beijing, against strong competition, was recently chosen by the ISH Council to host our 2018 Biennial Meeting. Local organisers for this event will be the Chinese Hypertension League (CHL).



Beijing, with a population of 16 million, is a city renowned for its ancient history and culture, as well as being the most modern of cities. Hosting the 2008 Olympic Games prompted a great deal of investment in suitable meeting and accommodation facilities; a new convention centre was specially built for the Games, and a number of 5-star hotels have been constructed, all of which are of international standards and suitable as venues for ISH 2018. To add to this, the city has good international access and transport links.

As a result of rapid industrialization, urbanization and an aging population, China is facing a possible cardiovascular disease (CVD) epidemic in the next two decades. It can well be imagined what serious consequences such an epidemic would mean in a country with over 1.3 billion people, and what a formidable challenge it will pose to the international medical community engaged in CVD prevention and control.

In China hypertension has been recognized as an important public-health problem since the late 1950s and it is estimated that China now has 200 million hypertensive patients. The first large-scale blood pressure (BP) survey was carried out in 1958, and was then followed by another three nationwide BP surveys in 1979, 1991 and 2002. The prevalence rate of hypertension has increased from 5.5% in 1958 to 18.8% in 2002. Furthermore, diabetes mellitus has increased 3-fold in the past decade.

Hosting the ISH 2018 meeting will greatly inspire and guide our laboratory and clinical research workers, as well as all those engaged in the prevention and control of hypertension countrywide. Furthermore, it will undoubtedly strengthen our collaboration and friendship with international colleagues working in this field.

We are honoured to be hosting meeting and ensure that this event will be the most successful and most unforgettable in the history of ISH.

MEETING REPORTS

2011 Pan Arab and European Hypertension Conference and the Third Bahrain Annual Hypertension Conference

The Third Bahrain Annual Hypertension Conference took place from 11th - 13th of February 2011 and was organized in conjunction with several Hypertension Societies to include; European, Pan Arab, Saudi, and Lebanese.



The extensive scientific program was a collaborative effort of all societies involved. Participation was also extended to well-known and enthusiastic speakers from ISH and American Hypertension societies. Over the three days the conference addressed various aspects of Hypertension including; prevalence, guidelines, association with other cardiovascular risk factors, major developments and updates in management. Several interactive sessions were included in the program and were led by experts in the respective fields. The event covered different technical and medical training topics and included echocardiography, EKG, pulse pressure, renal ultrasound, and ultrasound guided vascular access, ambulatory BP monitoring and medical statistics.

Participant feedback indicates that the scientific gathering was a great success. In spite of the global economic crisis, presentations were made by 60 international speakers from 16 countries including; USA, UK, Ireland, Spain, Poland, Greece, Oman, Morocco, Lebanon, KSA, Egypt, and UAE with 30 speakers from Bahrain. Over 400 participants attended the lectures and interactive sessions.

The main goal of the conference was to provide updates on different aspects of hypertension, and increase the regional level of hypertension awareness. The theme of the conference over the last few years has been **'standing together against hypertension'** and this year it was very successfully met.

In comparison to the first conference held three years ago, this year's event included major educational and scientific developments. A live telecommunication session with Emory University Nephrology Department was held. Special nursing sessions were included. The

conference was accredited by the American Academy of Continuous Medical Education for 27.5 category I AACME hours. Further information is available online: www.htn-bh.com.

On behalf of the organizing team we would like to thank all the speakers that contributed to the success of this year's event and we hope to meet you at the Bahrain 2012 Hypertension Conference that will take place from 3-5 February 2012.

Jafar Al-Said. M.B. CHb. MD. FASN

Prevent India 2011

The third annual Prevent India 2011 conference was held on February 19-20, 2011 in Hyderabad, India.



Organised by the Medwin Heart Foundation, Hyderabad, India and led by Dr. Ramesh Babu, the conference attracted cardiovascular and public health experts from 8 countries in 4 continents to share research results and insights into cardiovascular disease prevention and health promotion.

Presentations explored topics such as the influence of early life events on adult disease, benefits of pre-historic diets, ethnic differences in cardiovascular risk factor development, urbanisation, physical activity, clinical practice guidelines, and others. Panel discussants compared the benefits of population-level interventions, such as worksite health promotion programmes and mass sodium reduction, with targeted individual-based interventions, such as risk factor management through diet, exercise, and pharmacotherapies, including the emerging multi-drug 'polypill'.

Keynote speakers included Professor K. Srinath Reddy (President, Public Health Foundation of India, India), Dr. Arun Chockalingham (Director, National Heart, Lung, and Blood Institute Office of Global Health, USA), and Professor Nikhil Tandon (Professor, All India Institute of Medical Sciences, India).

Blood pressure-related research featured prominently throughout the conference. Dr. Yukio Yamori (Institute for World Health Development, Japan) described the inverse relationship between magnesium, taurine, and soy intake and cardiovascular risk factors such as blood pressure,

SPOTLIGHT: 2010 AWARD WINNERS

Austin Doyle Award Winner: William Bosu

From left to right

W. Bosu and S. Harrap during the ISH 2010 Awards Ceremony



body mass index, and LDL cholesterol. Further, taurine intake is independently associated with mortality due to coronary heart disease, after adjustment of other risk factors. Traditional (or 'bush') foods that are rich in these nutrients appear to be eaten less frequently among Aboriginal Australians than previously, according to findings from Dr. Yamori.

Dr. Chockalingam described the forthcoming research funding opportunity from the Global Alliance for Chronic Diseases (GACD) to improve blood pressure control across low- and middle-income countries. GACD, a consortium of 7 national research funding bodies, has pledged \$20 million for implementation research in strategies to improve blood pressure control.

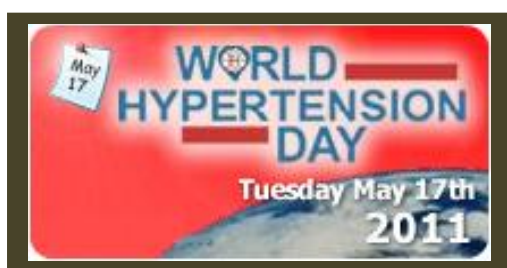
Dr. Kiran Patel (Consultant Cardiologist, Honorary Senior Lecturer, Sandwell & West Birmingham Hospitals, NHS Trust, UK) discussed the importance of including ethnicity in absolute risk stratification and cultural adaption of clinical programmes. Dr. Patel described the recommendation from the UK National Institute for Health and Clinical Effectiveness (NICE) to increase the calculated Framingham Risk Score by 40% in South Asians living in the UK to properly calibrate the risk model for this ethnic group as one example.

Dr. Ketil Arne Espnes (Senior Consultant, St. Olav's Hospital, Norway) discussed the role of beta blockers on blood pressure control, outlining recommendations from the Canadian Hypertension Program, National Heart Foundation of Australia, and NICE.

Prevent India 2011 covered a wide gamut of research, advocacy, and policy. Attendees articulated the primacy of primordial prevention and primary care in improving population blood pressure control. Cardiovascular health advocates recommended changing the paradigmatic message from reducing cardiovascular disease to improving cardiovascular health to reach a wider audience. Policy researchers reminded the group that that affordability, capacity, and political viability are critical elements in successful policy changes. To these ends, we look forward to Prevent India 2012!

J. K. Lakshmi, PhD, Senior Lecturer, Indian Institute of Public Health, Hyderabad

Mark D. Huffman, MD, MPH, Preventive Medicine/Cardiology Fellow, Northwestern University Feinberg School of Medicine



Dr William K. Bosu is a medical epidemiologist and currently the Programme Manager for Non-communicable Diseases Prevention and Control in the Ghana Health Service Accra. In this position, he is responsible for planning and coordinating interventions to reduce the incidence of NCDs, detect NCDs early and to reduce NCD-related morbidity. The public health control of NCDs in Ghana is challenging owing to the low priority accorded NCDs and consequent low funding in Ghana. Regulation of the food, alcohol and sweetened beverage industry as well as tobacco control is generally weak.

He had his medical training at the Kwame Nkrumah University of Science and Technology in Kumasi, Ghana in 1988. He pursued postgraduate training in public health, infectious diseases, tropical medicine and epidemiology in various universities in Ghana, UK and the USA. He is a Fellow of the West African College of Physicians and a Fellow of the Ghana College of Physicians and Surgeons.

Dr. Bosu was the winner of the 2010 International Society of Hypertension (ISH) Austin Doyle prize for his work on risk factors for chronic NCDs in the Greater Accra Region of Ghana.

The study identified high levels of obesity (27%), and hypertension (38%) and low levels of fruit and vegetable consumption (86%) and physical activity (86%) in adult residents aged 25-64 years old. About 56% of the sample had at least three risk factors. The health care behaviour of persons identified with hypertension was mostly inappropriate. For example, among respondents recently informed about having a raised blood pressure, 64% were not on treatment. Among 987 persons with raised blood pressure ($\geq 140/90$ mmHg), 22% had their last blood pressure check one to five years ago and 17% more than five years ago.

Dr. Bosu has won other awards in his career. He won the Adetokumbo Lucas award at the University of Ghana in 1996 and the Frederick Murgatroyd at the University of London in 1997 for outstanding academic achievement in public health and infectious diseases respectively. He was a Hubert H. Humphrey

Fellow at the Emory School of Public Health from 2002 to 2003.

Dr. Bosu recently conducted a systematic review of hypertension studies in Ghana and has just completed a WHO CHOICE cost-effectiveness study on breast cancer interventions in Ghana. His research interests include NCD policy framework in developing countries, community-based initiatives to reduce NCDs, childhood risk factors for NCDs and NCD co-morbidities as leverage for integrating NCD-communicable disease services.

Pfizer Award Winner: Sarah Withers

From left to right

S. Withers and S. Harrap during the ISH 2010 Awards Ceremony



Dr. Sarah Withers graduated from the University of Sheffield with a BSc (Hons) in Pharmacology in 2001 and with a PhD from the University of Manchester in 2005. Outside of the lab Sarah regularly practises yoga, enjoys reading, cooking and spending time with friends and family. The recent interest in the work from the group in Manchester has enabled her to travel to many new countries, which has facilitated her experience of places and cultures which she enjoys.

Her postdoctoral career thus far has concentrated on blood vessel physiology and how this is influenced by pathophysiological states. Currently working under the supervision of Professor Heagerty, she has been investigating how perivascular adipose tissue influences vessel contractility. Increasing evidence indicates that adipocytes secrete substances which can influence vascular tone. In obesity and diabetes there is a loss of some factors released from adipocytes resulting in an increase in constriction of the blood vessels, which can result in the development of hypertension.

Her group was the first to report that the bioavailability of adiponectin, a vasodilator substance released from healthy adipocytes, is lost in human arteries leading to increased vascular tone.

Since the publication of this work in 2009, Dr. Withers has become focussed on understanding the mechanisms by which the function of perivascular adipose tissue becomes compromised, particularly with regard to the contribution that inflammation has in mediating the dysfunction. A number of groups have shown that obesity causes adipocyte hypertrophy by initiating a cytokine storm which is associated with an increase in the number of macrophages.

Her group hypothesised that macrophages are pivotal to the loss of anticontractile function of perivascular fat following inflammatory stimuli. Using wire myography and Perl's Prussian blue stain for iron loaded macrophages within the adipose tissue, they investigated how murine mesenteric arteries respond to experimental hypoxia and aldosterone, both of which are associated with obesity. Using the CD11b-DTR mouse, a transgenic mouse which enables conditional ablation of macrophages in the peritoneal cavity, they were able to determine whether the changes in contractility are dependent on the presence of macrophages.

Their results confirmed that healthy perivascular adipose tissue has an anticontractile effect which is lost following treatment with both inflammatory stimuli; furthermore this was associated with an increase in the number of activated macrophages within the adipose tissue. The macrophage ablated mouse demonstrated comparable vascular contractility profiles to their wildtype littermates until treatment with inflammatory stimuli; unlike wildtype mice which demonstrated a loss of perivascular adipose tissue function, the conditionally ablated mice showed no loss of function suggesting that macrophages are important in mediating the response to inflammation in the adipose tissue. Interestingly, the use of eplerenone, an aldosterone antagonist, was able to prevent the increase in contractility associated with both hypoxia and aldosterone.

The work presented at the ISH forms a part of the work being carried out within the group. They hope to elucidate the pathways involved in mediating the anticontractile capacity of perivascular adipose tissue and to further understand the role of the macrophage in this response. They believe that clarifying these pathways will lead to new ways of preventing obese people developing diabetes and hypertension.

NEW HYPERTENSION GUIDELINE CONSULTATION FROM NICE - CONTINUED FROM PAGE 1

The guidelines are a result of comprehensive systematic reviews using similar methodology as NICE did in previous guidelines.

There are some items in the draft that probably will be discussed by researchers and clinicians. One is the recommendation to use ambulatory blood pressure monitoring &/or home BP monitoring for the diagnosis of hypertension in most patients with elevated clinic blood pressures. Another is that chlorthalidone and indapamide are preferred diuretics (not hydrochlorothiazide and bendroflumethiazid). The draft guideline can be found on the NICE website:

<http://guidance.nice.org.uk/CG/Wave2/14>.

Further key guidelines will be available later in the year: The US Joint National Committee - VIII (JNC-VIII).

Bo Carlberg

ISH FORUM UPDATE & REPORTS

The ISH International Forum embodies and nurtures the global nature of the Society and provides a unique infrastructure and platform for networking and 'cross-talk' between Societies. Currently there are over 85 Affiliated Society members in 73 countries.



Japanese Society of Hypertension Report

I served as President of Japanese Society of Hypertension (JSH) from 2008 to 2010. Here I would like to report activities of JSH during my term as President.



JSH has a 34-year history and has conducted various activities to date. Its activities include hosting of annual scientific meetings, Japan-China Joint Hypertension Symposia and Japan-Korea Joint Hypertension Symposia, publication of an official journal (i.e., Hypertension Research), publication of guidelines for the management of hypertension and guidelines for the management of CKD, educational lectures for general practitioners, publication of low salt recipes and support of research on hypertension and its related disorders.

The number of patients with hypertension in Japan has reached almost 40 million. However, the number of JSH members was 2,900 in 2007, and the number of participants in annual scientific meetings of JSH was around 1,500 - 2,000 until 2008. I felt that these numbers are smaller than the numbers they should be and that my mission would be to recruit many more physicians to JSH and to expand JSH activities.

As the President of JSH, I proposed a system for training of hypertension experts and their recognition as hypertension specialists. A committee was established for board-certified specialist of hypertension and regulations necessary for the certification. The first examination for application to be a hypertension specialist was in 2008, and we have certified 468 hypertension specialists in the past three years (2008-2010). To make JSH guidelines for management of hypertension 2009 (JSH2009) widely recognized and used by physicians, a series of public lectures on JSH2009 was held throughout Japan with about 25,000 physicians participating. Information in JSH2009 was also made public by other lectures and by use of various media. As a result, 250,000 copies of JSH2009, 160,000 copies of the digest version of JSH2009 and 20,000 copies of the reference version of JSH2009 have been purchased by physicians and health care providers in Japan to date.

JSH activities were stimulated by the above-mentioned approaches, additionally resulting in improvement in the finances of the Society as well. The number of JSH members increased from 2,900 to 4,000 in the 2 years of my term as President. Participants in annual scientific meetings of JSH increased to 2,800 in the JSH meeting 2008 in Sapporo and to 3,100 in the JSH meeting 2009 in Fukuoka. Based on the improved financial situation, we were able to increase the number of staff members in the JSH office from 2 to 5 in the past two years.

Japanese ISH members have also increased from 90 to 110. I am very confident that JSH will continue to closely collaborate with ISH and to strongly support activities of the ISH.

Kazuaki Shimamoto, M.D., PhD
Past President of JSH (2008-2010)
President, Sapporo Medical University

Introduction: New Forum Members

Burundian Hypertension League

The Burundian Hypertension League was established to undertake information, training and awareness activities regarding hypertension. The aim of this statutory body is to fight against the prevalence of hypertension and this major public health problem in Burundi. The current President of the Burundian Hypertension League is Professor Ndayimirije Ficard.



Please see www.societecivile-burundi.org for further information.

Pulse of Asia



Group photo taken at the Satellite Symposium of the Pulse of Asia in 2010 ISH, Vancouver

In Oriental medicine, 'the Pulse' has been a principle for more than 4,500 years, before its clinical application in the 19th century in Europe. With a sustained enthusiasm on 'the Pulse' and the need for cross-talk between old and modern medicine, the Pulse of Asia (www.pulseasia.org) was developed in 2009 to lead research in the field of 'PULSIOLGY' to

disseminate their knowledge, and to present their research and clinical works.

The scope of the society includes epidemiology, pathophysiology, pharmacology and therapy in arterial disease, covering macro-circulation to micro-circulation. Membership includes approximately 300 doctors in diverse areas of cardiology, endocrinology, nephrology, gerontology, physiology etc. The 1st and 2nd meetings of the society were held in Daegu, Korea (2009) and Tokyo, Japan (2010), each with 200-300 attendees and 40-50 abstract presentations from more than 10 Asian countries, America and Europe. The 3rd annual meeting will be held on 5th November 2011 at the time of the World Hypertension League Meeting (4-6 November) in Beijing, China. We sincerely hope that you share these views on pulsology in cardiovascular disease in contemporary societies, and will join WITH US.

Secretariat Management Changes (Hampton Medical Conferences)

Gerry McCarthy, Managing Director of Hampton Medical Conferences Ltd. is retiring on 31st March 2011, joining her husband Jeff who retired in July last year.



Gerry's involvement in the world of hypertension goes back to 1976 when she started working as a medical secretary in Peter Sever's department at St. Mary's Hospital in London. She has also provided secretariat services and organised the annual meetings of the British Hypertension Society since its inception in 1981 (see photo below).



British Hypertension Society Executive Committee, 1981
(Graham MacGregor, Bert Thurston, Peter Sever, Gareth Beevers, Gerry McCarthy, Ian Robertson, John Swales, John Reid, Peter Semple)

When she left Mary's in 1988, Gerry founded Hampton Medical with her husband Jeff, and

continued to organise conferences in the field of cardiovascular medicine, as well as other specialities (www.hamptonmedical.com). Hampton Medical began its association with the ISH when it assisted with the organisation of the scientific programme for the ISH Scientific Meeting held in Glasgow in 1996, and was subsequently appointed as the Society's Secretariat in 2005.

In early 2010, Hampton Medical became a division of Rapiergroup, a global face to face communications agency with over 100 staff in the UK and USA (www.rapiergroup.com and www.rapiiermedical.com).



From left to right: Helen Horsfield, Elaine Oliver, Rob Brazier

The ISH Secretariat will continue to be run by **Helen Horsfield**, who will be supported by **Elaine Oliver**, who has been a director of Hampton Medical for 11 years, and the new Managing Director, **Rob Brazier**. Rob has worked for Rapiergroup for 10 years, gaining a thorough understanding of events within the medical, automotive, media and retail fields.

The ISH would like to thank Gerry and Jeff McCarthy for their support of the Society over the past decades and wishes them all the very best in their retirement.

Lars H. Lindholm (Past President of ISH)

ISH Research Fellow Scheme for GRADUATE STUDENTS

Research Fellowships are designed for graduate students and are entirely free. This is a special opportunity for any young research or clinical scientist undertaking a higher degree to enhance their CV.

Our aim continues to recruit new and young hypertension researchers.

We would be delighted if members could assist us with this process by encouraging the students, post doctorate and research associates from their laboratories, groups and departments to join the Society.

Please view the ISH website or contact the Secretariat for further information.

UPCOMING MEETINGS

2011

XII International Forum for the Evaluation of Cardiovascular Care
www.aimgroup.eu/2011/ifecc

Master Course in Hypertension

1st European Congress on Arterial Ageing
www.artage-sofia2011.eu

World Congress of Nephrology 2011
www.wcn2011.org

7th International Symposium on Arterial Stiffness
www.isas2011.hu

18th Asian Pacific Congress of Cardiology
www.apcc2011.org

Turkish Association of Hypertension Control Annual Scientific Meeting
www.hiperder.org

10th International Symposium on Resistance Arteries
www.israweb.org

26th Annual Scientific Meeting of the American Society of Hypertension
www.ash-us.org

1st Asia Pacific Congress on Controversies to Consensus in Diabetes, Obesity & Hypertension
www.codhy.com/AP/2011

5th Congress of the Asian Society of Cardiovascular Imaging
www.asci2011.org

21st European Meeting on Hypertension and Cardiovascular Prevention
www.esh2011.org

7th Annual Heart Failure Nursing Conference
www.aahfn2011conference.com

International Durham Conference on Mind & Body Interactions in Gastrointestinal Disorders & Cardiovascular Disease
www.dur.ac.uk

24 - 26 March
Budapest,
Hungary

24 - 26 March
Beirut, Lebanon

25 - 26 March
Sofia, Bulgaria

8 - 12 April
Vancouver,
Canada

17 - 19 April
Debrecen,
Hungary

4 - 5 May
Kuala Lumpur,
Malaysia

6 - 8 May
Izmir, Turkey

8 - 12 May
Rebild, Denmark

21 - 24 May
New York, USA

1 - 5 June
Shanghai, China

17 - 19 June
Hong Kong

17 - 20 June
Milan, Italy

23 - 25 June
Seattle, USA

13 - 15 July
Durham, UK

XIX Meeting of the Brazilian Society of Hypertension
www.hipertensao2011.com.br

6th International Congress on Cardiovascular Disease
www.iccck.org

British Hypertension Society Annual Scientific Meeting
www.bhsoc.org

ISN Forefronts Symposium - Proteinuria: from glomerular filtration to tubular handling
www.isnforefronts.org/2011

16th Annual Meeting of the European Council for Cardiovascular Research
www.eccr.org

5th Asian Chapter Meeting of International Society of Peritoneal Dialysis
www.nephrothai.org

Artery 11
www.arterysociety.org

8th Asian-Pacific Congress of Hypertension 2011
www.apch2011.tw

Fixed Combination 2011
www.fixedcombination.com/2011

14th Annual Meeting of the Lebanese Hypertension League
www.lhtl.org

2012

3rd International Meeting of the Serbian Society of Hypertension
www.uhsrb-liga.rs

Hypertension Sydney 2012
www.ish2012.org

2014
14th-19th June 2014,
Athens, Greece

2016 Seoul, Korea

2018 Beijing, China

11 - 13 August
São Paulo, Brazil

11 - 13
September
New Delhi, India

12 - 14 September
2011
Cambridge, UK

22 - 25
September
Aarhus, Denmark

30 September -
2 October
Nice, France

6 - 8 October
Pattaya, Thailand

11 - 15 October
Paris, France

24 - 27
November
Taipei, Taiwan

1 - 4 December
Paris, France

1 - 3 December
Beirut, Lebanon

25 - 28 February
Belgrade, Serbia

29 September -
4 October
Sydney,
Australia



MEMBERSHIP

Membership subscriptions 2011

Emails have been sent to all ISH members, inviting them to pay their 2011 membership subscription fees.

Payment can be made on-line by visiting the membership section of www.ish-world.com. Alternatively, please contact the Secretariat to receive a payment form.

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 Area of www.ish-world.com

The secure Members Area of the ISH website includes the following information:

- Past copies of the ISH Newsletter
- Minutes of Society meetings
- A list of ISH Members with full 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 S. Africa.

To access this section of the website 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.

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. 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, or unsupported applications can be reviewed by the Executive Committee)
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 FELLOWS

The Research Fellowship is a distinct initiative of the ISH for GRADUATE STUDENTS - please see page 8 of this newsletter for more information.

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

Registration opens	29 September 2011
Abstract submissions open	26 October 2011
Abstract submissions close	23 March 2012
Notification of abstract acceptance	11 May 2012
Early Bird registration deadline	25 May 2012
Author acceptance deadline	25 May 2012
Registration deadline for presenting authors	24 August 2012
Standard registration fee deadline	24 August 2012



29 September to 4 October

www.ish2012.org

SAVE THE DATES!

ISH CORPORATE MEMBERS

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



Mitsubishi Tanabe Pharma Corporation



OMRON



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