

# ENCOURAGE SUPPORT INSPIRE



## Women in Hypertension Research



### MESSAGE FROM THE CHAIR

Dear Member of the Women in Hypertension Research Network,

Welcome to the 2nd edition of our newsletter in 2022.

As you certainly know, the 29th Meeting of the International Society of Hypertension is only a few days away.

The Women in Hypertension Research Committee (WiHRC) has initiated several activities at the ISH Meeting:

13th October, 13:40: Session on Career Development in Hypertension Research

14th October, 16:30: Session on Hypertension in Pregnancy and Childhood

15th October, 15:30: Session on Hypertension in Women

Please find more details about these sessions in the newsletter. For all, who will attend the ISH Meeting in person, please come and meet us in our Networking Area above the industry exhibition on October 13th and 14th from 11:30 to 13:30.

The WiHRC is proud to support ISH awards. The winners will be announced at the ISH Meeting, and we will feature them in the next newsletter.

Please also note the new additions to our collection of spotlights. If you are interested in being considered for a spotlight as well, please contact us using this email address: (WiHRC@ish-world.com).

While we are celebrating ISH and the first at least partly in-person meeting since the pandemic, in other areas on our globe, military conflicts are dictating everyday life and immediately affect some of our dear colleagues. At the same time, these difficult situations also bring out amazing acts of solidarity and support. The "Lived Experience" section of this Newsletter, written by one of our colleagues, who is personally affected by the current situation in Ukraine, tells about both: the threat of war and an act of solidarity.

Enjoy reading, and we hope to see you soon at ISH-Kyoto 2022.  
With best wishes,

Muscha Steckelings

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**ISH2022**  
**KYOTO JAPAN**  
October 12-16, 2022

## ISH SCIENTIFIC MEETING

### **The Women in Hypertension Research Committee has organised events focused on hypertension in women and supporting early career researchers.**

At the upcoming ISH 2022 Meeting in Kyoto, the ISH WiHR Committee and the Diversity and Inclusion Committee of the Japanese Society of Hypertension are planning to showcase the results of a survey illustrating the variety and state of diversity and inclusion activities of academic societies in different countries.

The results of the survey will be displayed in a networking area above the Kyoto 2022 industry exhibition. You can also join the WiHR Committee in the Networking Area on October 13th and 14th from 11:30 to 13:30 for drinks and discussions.

### **CAREER DEVELOPMENT IN HYPERTENSION RESEARCH**

Thursday 13th October, 1:40-3:10pm  
Speakers: Ulrike Muscha Steckelings, Tazeen Jafar and Midori Yatabe.  
Followed by panel discussion with Niamh Chapman, Ulrike Muscha Steckelings, Tazeen Jafar, Ching Siew Mooi and Hamdi Jama.

### **HYPERTENSION IN PREGNANCY & CHILDHOOD**

Friday 14th October, 4:30-6pm  
Speakers: Pensée Wu, Anne Monique Nuyt, Ruan Kruger and the ISH Mid Career Award for Women Researchers recipient. Talks include blood pressure measurement in pregnancy, premature birth and hypertension and health promotion in children.

### **HYPERTENSION IN WOMEN**

Saturday 15th October, 3:30-5pm  
Speakers: Kate Denton, Erika Jones, and Lizzy Brewster. Talks include guidelines for studying sex-differences in preclinical models, adherence and management of hypertension in women, and a summary of the WiHRC review on Hypertension in Women and Related Knowledge Gaps.





## INDONESIAN SOCIETY OF HYPERTENSION

The 16th Annual Scientific Meeting of the Indonesian Society of Hypertension (InaSH) was held virtually on February 19-20, 2022. During this conference, InaSH organized a joint meeting with the International Society of Hypertension (ISH).

Three topics were discussed in this symposium; Hypertension across a woman's life cycle, Knowledge gaps related to hypertension in women and Lifestyle modification in hypertension. ISH was represented by Ulrike Muscha Steckelings, Chair of the ISH Women in Hypertension Research Committee (WiHRC) and by Fadi Charchar, ISH Treasurer. Siska Suridanda Danny, member of the WiHRC, represented the InaSH.

The session was moderated by Arieska Ann Soenarta and Jose Roesma from InaSH. Siska Danny and Muscha Steckelings highlighted the specific aspects of hypertension in women which are for example due to biological differences or gender perception. They also pointed out the many knowledge gaps that still exist regarding pathophysiology, epidemiology and treatment of hypertension in women.

Studies in women are scarce compared to men, and in many trials, women are generally underrepresented. Fadi Charchar discussed how to apply lifestyle modifications as an essential measure in the management of hypertension.

Discussion was lively and many questions arose regarding the new insights into hypertension in women and also the lifestyle aspects of hypertension management.

This joint session gave ample opportunity to share knowledge and experience between ISH and its affiliates. We hope that the collaboration between our organizations will continue in the future.

This article was written by Siska Danny.



## HIGHLIGHTS ON THE 5TH WHL WORLD HYPERTENSION CONGRESS IN CHINA

by Hind Beheiry

The 5th WHL World Hypertension Congress addressed the actions of Hypertension control especially in resource restricted areas.

The Call to action for Hypertension Control in Africa was led by Gianfranco Parati who presented the critical situation in Africa regarding Hypertension, challenges and barriers of the existing initiatives and programs and the expectations of the WHL Call to Action for Hypertension in Africa 2022. Hind Beheiry, from the WiHRC, explained the current situation about Hypertension in Sudan and the risk factors and challenges and the expected policies and roles of international and national collaborators to be played to control Hypertension.

The WHL has three goals in Africa by 2030: 1) 80% of adults with high blood pressure are to be diagnosed. 2) 80% of those diagnosed are to be treated. 3) 80% % of those treated are to be controlled.

## HIGHLIGHTS FROM WORLD HYPERTENSION DAY 2022

The theme of WHD this year was 'measure your blood pressure accurately, control it and live longer'. The photos provided show the efforts of WiHRC members to engage with May Measurement Month (MMM) and WHD including in South Africa, India, Malaysia and China. Activities included quizzes for allied health professionals, regular radio broadcasts to promote hypertension awareness among the public and free blood pressure measurements in community and health care settings.



As an intermediate step, by 2025 the current awareness, treatment and controlled rates are to be doubled. This would mean a shift from 27% to 54%. To achieve these aims, we call on individuals and organizations from government, private sector, healthcare, and civil society in Africa and indeed on all Africans to undertake a few specific high priority actions.



# LIVED EXPERIENCE ARTICLE FROM A WOMAN WORKING IN HYPERTENSION RESEARCH: UKRAINE

Anna Shalimova

## WHERE ARE YOU LOCATED NOW AND HOW IS YOUR PERSONAL SITUATION?

Now, my daughter and I are in Poland (in Gdansk). In early March, after military attacks on my country and my hometown Kharkiv, I decided that the only option to save my child was evacuation. So my daughter and I came to Poland.

It is no coincidence that we came to Gdansk, since from July 2017 to July 2018 I was a Post-doc at the Clinic of Hypertension and Diabetology at the Medical University of Gdańsk, and I still have the brightest memories of the year of work spent under the guidance of Professor Narkiewicz. From the first day of the war, Professor Narkiewicz and his colleagues have provided great support to my family. I remember with gratitude how, hiding from the bombing, I received daily messages from Professor Narkiewicz and clinic staff. In those terrible days, I felt that they were worried about me and were trying in every possible way to help. This support has been very valuable to me.

Thanks to the help of Professor Narkiewicz and the leadership of the Medical University of Gdańsk, I have found a job where I can continue to engage in scientific activities, conduct classes with students and, hopefully, soon begin a full-fledged clinical practice at the University Clinic.



## WHAT IS THE SITUATION REGARDING MEDICAL CARE, WHERE YOU ARE?

Since now I am in Poland, first of all I would like to start with medical care here. The fact is that Poland has become a country that since the beginning of the war has taken under its protection the largest number of Ukrainians (approximately three millions). All citizens of Ukraine who arrived in Poland after February 24, 2022 (the day the war began) have the opportunity to receive free medical care. This is undoubtedly very valuable.

As for my native city Kharkiv, since the beginning of the war, part of the medical institutions were damaged to one degree or another and could not provide medical care to patients. Especially in the first weeks of the war, there was a huge problem with the lack of vital medicines and access to medical care. Many medical institutions on social networks have provided access to the phones of doctors of various specialties, so that, if necessary, patients could access online consultations.

## LIVED EXPERIENCE ARTICLE FROM UKRAINE

Anna Shalimova

Some doctors, along with their families, were forced to settle in hospitals, and they continued to provide medical care.

At the moment, thanks to well-established logistics, the help of volunteers and aid organisations, the situation with the delivery and access of necessary medicines has improved significantly. Those medical institutions that were forced to close due to bombing and destruction are gradually returning to their work. However, it is unclear how long it will take to resume the work of clinics and the access of all patients to the necessary medical care.

### **HOW IS THE SITUATION SPECIFICALLY REGARDING CARDIOVASCULAR EMERGENCIES?**

As for the situation regarding cardiovascular emergencies, in Kharkiv, even in the most difficult days of the war, emergency care was provided to patients. Ambulances, even in times of bombardment, left to provide emergency assistance. Kharkiv City Clinical Hospital of Ambulance and Emergency Care did not stop its work for a minute, as well as the Regional Clinical Hospital, which is also involved in the provision of emergency care to patients with cardiovascular pathology, continued its work. Unfortunately, it is too early to talk about the resumption of emergency care in full, and this especially applies to Eastern parts of the country and frontline areas.

We really hope that soon people in my country will be able to return to a normal life, including access to health care.



## WOMEN IN HYPERTENSION RESEARCH SPOTLIGHT



**Tazeen Jafar**

Professor, Duke-NUS Medical School, Singapore

### WHAT IS YOUR ROLE?

Chief investigator of multi-country global health trials on hypertension care.

### WHAT CHALLENGES HAVE YOU FACED?

Working in LMIC with limited infrastructure, and limited funding for NCD research. I had to give more time to every aspect of the research and work on shoe-string budgets. But I also ensured that I recruit an excellent team, train and retain them. And I leveraged funding opportunities through a variety of schemes including fellowships for trainees which then served a dual purpose and became a win-win.

### CAREER MENTORS

My early career mentor, Professor Andrew Levey at Tufts University in Boston, had the most profound role in my training and inspired me to pursue a research-led career.

My senior collaborator Nish Chaturvedi, an outstanding epidemiologist at Imperial and now at UCL. I value her support especially the during the initial years when I was establishing the research program in Pakistan.



**Erika S. W. Jones**

Associate Professor, Nephrology and Hypertension Specialist, University of Cape Town.

### WHAT IS YOUR ROLE?

I am a clinician in nephrology and hypertension and acute care medicine. I direct the Hypertension subspecialty service. As a joint employee with UCT, I am involved in teaching and research and consider my role to be a supportive and encouraging mentor in all three areas.

### WHAT ARE YOU MOST PROUD OF IN YOUR CAREER?

The two areas of research of which I am most proud include my PhD, which has changed the way we manage patients in our service, and the CREOLE trial, which has been a game changer for guidelines in Africa. But the spark of clarity in a student's eyes fills me with the joy.

### WHAT ADVICE WOULD YOU GIVE?

- Maintain your hobbies, life isn't going to get easier and there won't be more time next year
- Don't put life on hold for your career
- Be kind to yourself as well as others
- Have fun

[Check the WiHRC ISH webpage](#) to read the above spotlights in full and read the submissions from other women.

## Francine Marques

Associate Professor, Hypertension Research Laboratory, School of Biological Sciences, Monash University, Melbourne, Australia. Chair of the ISH Mentoring and Training Committee.



## DESIGNING A ROADMAP TO SUPPORT CARDIOVASCULAR RESEARCHERS

In May 2022, Nature Reviews Cardiology published our comprehensive roadmap of solutions and strategies to support cardiovascular researchers,<sup>(1)</sup> driven by the Australian Cardiovascular Alliance Emerging Leaders Committee which I chaired during 2018-2021.

The path to this roadmap started in 2019, when we surveyed Australian cardiovascular researchers about their working conditions and intentions.<sup>(2)</sup> We discovered only 23% had permanent employment, 68% had considered leaving cardiovascular research, and a worrying 91% said they would leave cardiovascular research in the absence of secure funding in coming years.

These issues affected female researchers at a significantly higher rate than their male counterparts.<sup>2</sup> We realised a strategic approach was urgently needed to stop an imminent brain-drain. Thus, our committee members Dr Niamh Chapman and Dr Emma Thomas co-led a series of focus groups with early- and mid-career cardiovascular researchers from diverse backgrounds (socio-demographic, years' post-PhD, gender, ethnicity, sexual orientation) and caring responsibilities.<sup>(3)</sup>

The outcome was the identification of 92 solutions. After discussing with international colleagues, it became evident that the issues we observed and the solutions we identified would benefit the sector widely. Thus, the idea of the roadmap was born, where we grouped these solutions across capacity building, research funding, and fostering diversity and equity, with short-, medium- and long-term solutions.

An example of these solutions is to foster and value mentoring, such as the ISH Mentorship Programme, which links cardiovascular researchers across the world. We hope the sector can come together to implement this roadmap to build and support a thriving cardiovascular ecosystem that, in turn, can serve both health and the economy.

**References.** 1.Chapman N, et al. A roadmap of strategies to support cardiovascular researchers: from policy to practice. Nat Rev Cardiol. 2022. 2. Climie RE, et al. Lack of Strategic Funding and Long-Term Job Security Threaten to Have Profound Effects on Cardiovascular Researcher Retention in Australia. Heart Lung Circ. 2020;29:1588-1595. 3.Thomas EE, et al. Strategies to support early- and mid-career cardiovascular researchers to thrive. medRxiv. 2022:2022.2002.2006.22270563.





## INTERNATIONAL CONSENSUS STATEMENT ON CHALLENGES FOR WOMEN IN CARDIOVASCULAR PRACTICE AND RESEARCH IN COVID-19 ERA.

**Mansi Patil**

Member ISH Women in Hypertension Research  
Committee.

Healthcare workers around the globe have been affected by the COVID-19 pandemic due to the increased burden of caring for the community. The effects of the pandemic, however, were felt strongly among women, particularly women working in the field of cardiology. The effect of the 'Leaky Pipeline', where marginalized communities, especially women, find poor representation in STEM fields, was obvious during the pandemic. 70% of healthcare workers globally are women, yet, several studies have shown that representation of women cardiologists in leadership positions is lower than men.

This sentiment was seen across specialists, including the emergency department and CICU's. Added responsibilities like household work and childcare, which fall mainly on women, have greatly affected women cardiologists. This inequality has definitely limited the potential contributions of women to the field of cardiology. It is of utmost importance thus, to build a network to support women holistically in this field and to begin developing work environments that accept the added responsibilities that women carry with them. Read the paper [here](#).

## NEWSLETTER EDITORIAL TEAM

Many thanks to our newsletter team, top row L-R Muscha Steckelings, Niamh Chapman, Marisol Fernandez; bottom row L-R Ching Siew Mooi, Mansi Patil, Hind Beheiry.

Thanks for reading and remember, we'd love to hear from you. Write to us: [WiHRC@ish-world.com](mailto:WiHRC@ish-world.com) or check out our webpage.

