

your blood pressure lowering medication in the morning or in the evening. There is also a lovely presentation of Michael Bader's institute in Berlin, Germany, on page 46–48.

Finally, the next meeting of the ISH will be held on 19–22 September 2024 in Cartagena, Colombia, one of the most beautiful colonial cities in Latin America. Cartagena was declared a World Heritage site in 1984, due to its amazing architecture

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Interview with Bryan Williams

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Wow! I had a conversation with our new president of ISH and came away stimulated and excited. It was supposed to be an interview but, from the first reply to my opening greeting I had to do little except listen while Bryan enthusiastically outlined his vision for the society and for hypertension. I did get in a few questions.

On the question of guidelines, Bryan was forward thinking. While accepting that European and North American societies (and their journals) benefit from producing their own guidelines, there was a case for low and middle income countries to develop their own guidelines. On the other hand, there is little difference between the various guidelines. Furthermore, he thought guidelines are not very effective in delivering improvements in the detection or, treatment and control of blood pressure; there has been too little focus on effective implementation in individual patients. Moving the focus away from the medical profession, and better empowering patients with information about what should be happening with them. To take responsibility for their own blood pressure would be in line with modern

and history. In this issue, the president of that meeting, Patricio Lopez Jaramillo, gives us a first presentation of the planning (pages 50–53). Time flies, so please note the dates and reserve the funding – the meeting is only 22 months away!

To finish, let me thank my brilliant deputy editor Dylan Burger, the excellent ISH Secretariat, and all the members of the editorial team for their endless support and help! Thanks also to all the authors for their valuable contributions.



thinking and be more effective. This is something he wants ISH to do. He accepted that there would be resistance to this, but patient well-being should take precedence over vested interests. Given the very low price of common anti-hypertensive drugs, and many decades of safety data, he suggests there is a strong case for deregulating availability of these drugs. In response to the usual arguments against such an approach he had logical counter arguments. This also ties in with helping to make blood pressure control a greater priority for Governments. Politicians respond to public pressure from their constituents, so patient power can be more effective than pressure from industry and organisations. This is especially so when economic arguments showing the long term cost benefit of investing in blood pressure control, thereby reducing kidney and heart failure cases, are emphasised.

Similar thoughts were expressed in relation to low and middle income countries. Tackling the world's biggest killer, but it might be better achieved through using non-specialist platforms and by platforms to improve health care profession,

education and training. Aligning ISH members with predominantly non-physician experts in new technologies might aim to improve modern approaches to BP monitoring, such as smart wristbands and watches, with greater transparency on how they work. It might not be necessary to know blood pressure to 1 mm Hg when screening, but the value of such devices could be that the patient becomes aware they might be hypertensive and then refers themselves for assessment at an earlier stage. A new group within ISH could work constructively with technical partners to vastly improve detection and control of high blood pressure through these new approaches

Bryan also opined about the effect of current political movements on the future of ISH. An important part of the ISH strategy relates to education through meetings. The COVID pandemic, the war in Ukraine, and the ever-present concerns over climate change all impacted on attendance at the congress in Kyoto. However, Bryan reported that there was general consensus that face-to-face

meetings are essential for advancing research and education and he was optimistic that face-to-face meetings will continue to be important for ISH. Hybrid meetings, he believes, can still allow face-to-face meetings and engagement. He also accepted that ISH has been dominated by high income countries, but that the future of ISH requires broadening the participation of all regions. Engagement with, and by, members in low and middle income countries needs to be encouraged and this might be achieved by increasing local or regional hybrid meetings. He also has thoughts on other ways that greater involvement of people in these regions can be encouraged.

Not everyone will agree with all of Bryan's thoughts and intentions. They are more radical than we have seen in the past but if half of them are successfully introduced the International Society for Hypertension could encourage radical changes that will benefit millions of people. Sit back and enjoy the ride.

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