



WHL·NEWSLETTER

News from the World Hypertension League (WHL).
A division of the International Society of Hypertension, and in official relations with the
World Health Organization.

No. 57, February 1998

Reports from member organizations



The main work of the **All India Heart Foundation** continues to be research, education of physicians and laymen, community service and collaboration with allied scientific organizations in the field of CVD, including hypertension. Highlights

of the work during the past years are described in this article.

A new wing of the National Heart Institute, the heart hospital of the Foundation, was inaugurated by Mr. K. R. Narayanan, Vice President of India on August 23, 1996, adding to the facilities for research.

The Foundation has been a collaborative centre of the World Health Organization in preventive cardiology since 1983 - the only one so designated in the SEARO region.

The Foundation observed WHO Day on April 7, 1997 and also the World No-Tobacco Day on May 31, 1997. The program on these days included free checkup of patients, lectures by doctors, exhibition of posters and screening of films on RF/RHD, hypertension and smoking.

The Foundation is a member of the Rotary Pacer-maker Bank of Heartbeat International which provides free pacemakers. So far 77 pacemakers and 16 valves have been provided at no cost for use in poor patients.

The All India Heart Foundation participated in appraisal of projects for research and evaluation of results of approved projects relating to rheumatic fever, rheumatic heart disease and preventive cardiology, with special reference to hypertension and ischaemic heart disease which were sponsored by the Indian Council of Medical Research. The Foundation has also close links with the Nutrition Foundation of India.

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Scientific News

Commentary: New Guidelines For Hypertension: JNC VI

The National Heart, Lung, and Blood Institute (NHLBI) recently released *The Sixth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure* (JNC VI). The National High Blood Pressure Education Program (NHBPEP) of the NHLBI developed the JNC VI report, using evidence-based medicine and consensus, to help busy clinicians translate research findings into clinical practice. As part of its mission, the NHLBI, which is celebrating its 50th anniversary this year, translates research results for community groups and clinicians. We view this as a natural extension of conducting clinical trials, clinical studies, epidemiologic surveys, and community intervention. The development of guidelines such as the JNC VI report is one of the processes used by the NHLBI to disseminate research results.

The JNC VI report serves as a tool to be adapted and implemented in individual situations. The report is not prescriptive; rather, it recognizes that the responsible clinician's judgment of the individual patient's needs remains paramount. The report updates contemporary approaches to hypertension prevention and control. Highlights of the JNC VI report are described below.

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All India Heart Foundation continued

The main areas of research focussed on RF/RHD, hypertension and ischaemic heart disease (IHD). The Foundation has a model Registry for RF/RHD which has functioned as a research-cum-service since 1997. A close liaison is maintained with school teachers, parents, nurses and school health doctors, and about 1,500 to 2,000 children attend the clinic every year.

Research in hypertension consists of two projects, HYRAP and PEP.

- **HYRAP:** Work on the five phases of the projects viz. Physician Enquiry, Consumer Enquiry, Community Survey, Patient Survey and Drug Utilisation Study are in progress.
- **PEP:** The pilot patient education project conducted in Delhi has been completed and the results were discussed in Montreal on June 28 at the 1997 WHL Conference.

The 3 most important risk factors for IHD under investigation were in the following order: smoking, hypertension and diabetes. A paper on the analysis of 5,000 patients is under publication.

A new research project "**Obesity - Investigation of current prevalence, nature and etiology in urban communities**" was started in 1995 in conjunction with the Nutrition Foundation of India to assess the magnitude of the problem of obesity in adults of urban communities. Preliminary results point to truncal obesity being a very important risk factor for CAD.

The monthly bulletin "**Heart News**" has been continuously published since 1962 and is now in its XXXV volume. In addition, the Foundation has distributed brochures which have been reprinted and updated. A list of these is attached. The book on Heart Disease and the Layman, authored by Dr. S. Padmavati in English, has since been translated into Hindi, Tamil and Kannada, three of the main languages in India.

In addition to the two **films** on hypertension and IHD, a new video cassette on "Harmful effects of smoking" has been made.

Heart camps were held in Amroha, Ghaziabad, Moradabad and Bijnor in 1996 and 1997. It was found that about 75% of patients at these camps were hypertensive.



Dr. S. Padmavati

President, All India Heart Foundation

JNC VI continued

- Goal blood pressure for most patients is below 140/90 mm Hg. Lower goals are recommended for some special populations and situations (e.g., below 130/85 mm Hg for patients with diabetes or renal disease).
- Stage 3 and stage 4 hypertension, described in the JNC V report, are now combined into one category, stage 3, in the JNC VI report.
- The report recommends stratifying patients with hypertension by blood pressure stage (1, 2, or 3) and risk groups (A, B, or C) to guide treatment decisions (see table 1).
- Diuretics and beta-blockers are recommended treatment for uncomplicated hypertension. Other drugs, sometimes combined with diuretics or beta-blockers, are available to treat patients with complications. The JNC VI guidelines establish compelling indications for specific drugs when patients have certain clinical conditions (e.g., patients with diabetic nephropathy should be placed on ACE inhibitors).
- A section on treating special populations and situations gives recommendations based on clinical trial results since the JNC V report was issued.
- The JNC VI report outlines effective lifestyle changes for preventing and controlling high blood pressure, including losing weight if overweight, increasing aerobic exercise, reducing daily sodium intake to no more than 100 millimoles per day, limiting alcohol intake, and increasing potassium intake to at least 90 millimoles per day.
- Adherence to medical regimens, whether lifestyle changes or pharmacologic therapy, continues to be a public health challenge. A table is available in the report describing useful tips to help patients remain on therapy. Among them are establishing a goal for therapy, educating patients about the disease, involving patients and their families in treatment, and keeping care inexpensive and simple.

The JNC VI report is available from the WHL Newsletter office or may be downloaded from the NHLBI Web site:

<http://www.nhlbi.nih.gov/nhlbi/nhlbi.htm>.

JNC VI continued

Table 1: Joint National Committee. The Sixth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. *Arch Intern Med* 1997;157:2413-2446.

Risk Stratification and Treatment*

	Risk Group A	Risk Group B	Risk Group C
Blood Pressure Stages (mm Hg)	No Risk Factors ^H No TOD/CCD ^I	At Least One Risk Factor, Not Including Diabetes; No TOD/CCD	TOD/CCD and/or Diabetes, With or Without Other Risk Factors
High-normal (130-139/85-89)	Lifestyle modification	Lifestyle modification	Drug therapy ^{HH}
Stage 1 (140-159/90-99)	Lifestyle modification (up to 12 months)	Lifestyle modification (up to 6 months)**	Drug therapy
Stage 2 (160-179/100-109) or Stage 3 (>180/>110)	Drug therapy	Drug therapy	Drug therapy

* Lifestyle modification should be adjunctive therapy for all patients recommended for pharmacologic therapy.

^H Risk factors include smoking, dyslipidemia, diabetes mellitus, age greater than 60 years, men, postmenopausal women, and family history of cardiovascular disease.

^I TOD/CCD indicates target organ disease/clinical cardiovascular disease and includes heart diseases, stroke or transient ischemic attack, nephropathy, peripheral artery disease, and retinopathy.

** For patients with multiple risk factors, clinicians should consider drugs as initial therapy plus lifestyle modifications.

^{HH} For those with heart failure, renal insufficiency, or diabetes.



Claude Lenfant, M.D.
 Director, National Heart, Lung, and Blood Institute
 Chair, National High Blood Pressure Education Program, National Institutes of Health

WHL News

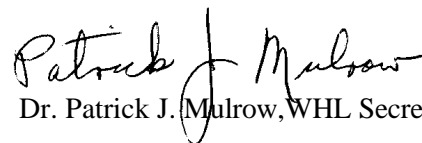
Report from the 4th Congress of Internal Medicine of Yugoslavia

The 4th Congress of Internal Medicine of Yugoslavia was held in the beautiful seashore town of Igalo, Montenegro from September 30 - October 5, 1997. The President of the Congress, Professor Maksimilijan Kocijancic, is also President of the Yugoslav Hypertension League. The Secretary of the League, Dr. Milos Petrovic, was also there. A morning session on the second day of the Congress was devoted to hypertension. Dr. Mulrow, Secretary General of the World Hypertension League, participated in the Congress and presented a paper on the epidemiology, pathogenesis and treatment of hypertension. In addition, along with Professor Kocijancic, he was interviewed by Belgrade television and discussed the importance of the prevention and control of high blood pressure in the community and the cooperation between the World Hypertension League and the Yugoslav Hypertension League.



Dr. Maksimilijan Kocijancic, Yugoslav Hypertension League, and Dr. Patrick J. Mulrow, World Hypertension League (from left to right)

Since its establishment in 1995, the Yugoslav Hypertension League is making important strides in controlling hypertension in Yugoslavia. Dr. Kocijancic and his colleagues have formed a Yugoslavian Journal of Hypertension. The first edition has already been published with fine articles written in Serbian with English abstracts. Three editions per year are planned. Dr. Kocijancic is the Editor-in-Chief and has an active editorial board.



Dr. Patrick J. Mulrow, WHL Secretary General

WHL News continued

Czech Hypertension Journal on the Internet

Praha Publishing is proud to announce that Cor et Vasa, the bimonthly scientific journal of the Czech Cardiological Society is now on the internet. Medical professionals or institutions can complete the subscription form and instantly receive their Cor et Vasa password via <http://www.mediclub.cz/coretvasa>. ■

People



Professor Talma Rosenthal, president of the **Israel Hypertension Society**, has stepped down. Under her leadership, the Israel Hypertension Society was one of the founding members of WHL. A special thank you to her for the many years of dedication to hypertension prevention in the population. The new President is Professor Esther Paran. ■

Impressum

The objectives of the WHL are to promote the detection, control and prevention of arterial hypertension in populations. The World Hypertension League (WHL) is a federation of leagues, societies and other national bodies devoted to this goal. Individual membership is not possible. The WHL is a division of the International Society of Hypertension (ISH), and is in official relations with the World Health Organization (WHO).

Secretariat:

Medical College of Ohio, Dept. of Medicine, P.O. Box 10008, 3000 Arlington Ave, Toledo, OH 43699-0008, USA
 Phone: (+1) 419 383-6016, Fax: (+1) 419 383 5360
 E-mail: whlsec@magnum.mco.edu
 Internet: <http://www.mco.edu/whl>

Board:

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 A. Chockalingam (Ottawa), Adviser, Patient Education Project
 M.M. Ibrahim (Cairo), Adviser, Developing Countries

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J. Pötzsch, Editor; E. Pisch, Editorial Assistant
 Editorial Office:

Max Delbrück Center for Molecular Medicine (MDC)
 Robert-Rössle-Str. 10, 13125 Berlin-Buch, Germany,
 Phone: (+49) 30 9406 4533, Fax: (+49) 30 9406 46-4589
 E-mail: poetzsch@mdc-berlin.de

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Calendar

1st Congress of the Asian-Pacific Society of Atherosclerosis and Vascular Disease

March 14-18, 1998

Taipei, Taiwan

Information: Secretariat 1st APSAVD
 9F-3, No. 33, Jen-Ai Road, Sec. 4
 Taipei, Taiwan

Thirteenth Scientific Meeting of the American Society of Hypertension

May 13-16, 1998

New York, USA

Information: ASH

Registration Supervisor, Hansen Management
 151 Herricks Road, Suite One
 Garden City Park, NY 11040, USA

17th Scientific Meeting of the International Society of Hypertension

June 7-11, 1998

Amsterdam, The Netherlands

Information: Congress Secretariat

RAI-OBA, PO Box 77777
 1070 MS Amsterdam, The Netherlands
 Fax: (+31) 20-646-4469

XVI World Conference on Health Promotion and Health Education

June 21-26, 1998

San Juan, Puerto Rico

Information: Conference Secretariat

PO Box 365067
 San Juan, Puerto Rico 00936-5067

The International 15th Puijo Symposium "Physical Activity in the Prevention and Treatment of Obesity and Its metabolic Comorbidities"

June 22-25, 1998

Kuopio, Finland

Information: Kuopio Research Institute
 of Exercise Medicine

Haapaniementie 16, FIN-70100 Kuopio, Finland

e-mail: puijo.symposium@uku.fi

Internet: <http://www.uku.fi/conf/puijo>

52nd Annual Fall Conference and Scientific Sessions of the Council for High Blood Pressure Research

September 15-18, 1998

Philadelphia, Pennsylvania, USA

Information: Meetings and Councils, American
 Heart Association, 7272 Greenville Ave.

Dallas, TX 75231-4596, USA

e-mail: scientificconferences@amhrt.org