



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. 58, April 1998

Reports from member organizations



The **Philippine Society of Hypertension's** vision is to control the hypertension epidemic in our country. The prevalence of high blood pressure has increased by 12% since the late 80's .

The mission during the first year, 1995, resulted in the collation of background data concerning health providers and end-user kaps (knowledge, attitudes, and perceptions). The problem of identifying the hypertensive individual surfaced. For example, 60% of hypertensives are asymptomatic, and only 30% of those who associate symptoms to be related to hypertension are truly hypertensive. Thus detection is only by chance.

During 1996, a multi-sectoral integrated group of professionals and lay non-medical associations met to develop consensus guidelines for the management of hypertension in clinical practice. These practical guidelines are expected to augment the "teach the teacher" strategies which PSH is committed to support the World Hypertension League's agenda.

During the 3rd year, 1997, the practical guidelines were presented during the 2nd Pacific-RIM conference on Hypertension Control. The guidelines were distributed by Medicomm to all practicing doctors in the country. The acceptability and actual practices relevant to the guidelines will be presented during the annual meeting. During this period, the Asian-pacific Society of Hypertension was born.

In our desire to control the hypertensive problem beyond the management of individual hypertensive cases, we have taken some lessons from the NHANES III Survey in the USA into account.

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Scientific News

Priorities in hypertension research in developing countries

M. Mohsen Ibrahim, M.D., Professor of Cardiology, Cairo University, and President of the Egyptian Hypertension Society

Epidemiologic Research

The first priority in epidemiologic research is to define the magnitude of the hypertension problem in an individual country. The majority of third world countries have no national estimates of the prevalence of hypertension.

A second question is the identification of susceptible groups in the nation, i.e., those most likely to develop the disease, to know its prevalence among different age groups, geographic areas, and socio-economic classes, and to determine the influence of factors like gender, skin color, etc.

Thirdly, hypertension risk factors such as obesity and type of body fat distribution, excessive salt intake, deficiency in minerals K, Mg and Ca, excessive alcohol intake, psychosocial stress,

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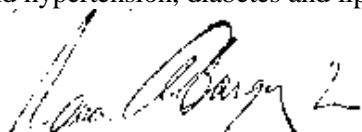
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Awareness, treatment and control of hypertension barely improved between 1970 and 1995; only by a mere 5%. If we adopt the same strategies, can we expect that we will do better?

New health promotion and disease prevention strategies should then be directed at the normotensive population. Individual, as well as familial predisposing factors leading to hypertension must be considered, such as families with a history of hypertension, mothers who smoked or were malnourished, and individuals who smoke themselves, are overweight, have persistent tachycardia, and those who snore.

The identification of high risk individuals is a primary prevention directed at modification of lifestyle. Once hypertension is diagnosed, co-morbid factors such as smoking, eating excessively, exercise deficiency (S.E.X) as well as diabetes, dyslipidemia, LVH, and micro-albuminuria should be treated. This is secondary prevention for the promotion of the quality of life. Finally, if target organ involvement exists, specific management should include treating the multiplier risk for adverse events. This tertiary prevention is a strategy to preserve the quality of life. Prolongation of life need not be the only final goal, but should include reduction in interventional procedures and hospitalization. Cost-effective management may also complement decision making.

The Philippine Society of Hypertension held its 4th Annual Convention on February 16-17, 1998 jointly with the Philippine Lipid Society's 4th Annual Convention in Manila. The focus of this joint meeting was smoking, eating and exercise (S.E.X.) and hypertension, diabetes and lipidemia (H.D.L.).



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low levels of education, poor SES, skin color and sedentary lifestyle should be determined and how closely they are related to blood pressure level should be examined. In some countries there are unusual hypertension risk factors such as schistosomiasis in Egypt, which has been linked to hypertension through its effect on the urinary tract.

Environmental pollution in the form of excessive noise or lead pollution may contribute to the rise of blood pressure in some communities. We need to develop methods to modify these risk factors at the national level.

Other epidemiologic research questions include the type and prevalence of hypertensive cardiovascular complications. These might be influenced by environment, race and other demographic characteristics. It is important to identify the susceptible groups which are most vulnerable to complications. How close are these complications related to the level of blood pressure and what are the other mechanisms involved? We need to develop methods for their early detection.

Primary prevention of hypertension is possible through weight reduction, regular exercise, alcohol moderation, salt restriction and other dietary measures. It is important to identify groups where particular intervention is more effective, e.g., salt restriction in the elderly, weight reduction in the young and middle-aged, and K supplementation in blacks. We need to know what the optimal lifestyle intervention is and define the best approaches and its impact on incidence of hypertension and its control. Finally, we have to develop methods to improve detection and control of hypertension. This is especially important in developing countries with high illiteracy rates. Data from the Egyptian NHP Survey showed that among hypertensives, only 37.5% were aware of having high blood pressure, 23.9% were receiving treatment, and only 8% had their blood pressure controlled.

Clinical Research

There are a number of unsolved issues. For example, how many readings are required to measure blood pressure, and what is the length of period of observation required before classifying an individual as being hypertensive? The role of ambulatory blood pressure is not settled. Another question concerns the optimal blood pressure reduction,

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Hypertension research in developing countries continued

i.e. what is the desired level of blood pressure? It is not necessarily the same level in all individuals. Race, age and gender may influence target blood pressure. We might need more aggressive reduction in blood pressure in special groups, e.g., diabetics, blacks and patients with end-organ damage.

Questions regarding which drugs are to be used initially are not clear and need further research.

In Egypt, we are planning a multicenter study in order to examine the risk/benefit ratio of different antihypertensives and the role of new antihypertensive agents. The study addresses a very important question in developing countries with limited financial resources. Do we need these expensive drugs or not?

International Cooperation

It is important to stress the value of cooperation between developing and developed countries in future hypertension research. Joint research projects should be encouraged, especially in the area of epidemiological research. Developed countries can share funding and expertise, while developing countries can contribute data and scientific information which will improve the understanding of hypertension. The Egyptian National Hypertension Project is a good example of international cooperation involving the Egyptian and US governments. ■

People

The new President of the **Hypertension Section of the Romanian Society of Cardiology** is Professor Leonida Gherasim. The address of the League is: 169 Spl. Independenlei, 5 Bucharest, 79800 Romania.

Tel.: (+401) 638-43-80
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In November 1997, Professor Won-Sang Yoo was elected as the new President of the **Korean Society of Hypertension**. The address is:

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WHL News

Report from the 1st International Symposium on Hypertension in Karachi, Pakistan

The Pakistan Hypertension League (PHL) held its first International Symposium on Hypertension in Karachi, Pakistan on November 2, 1997. Following encouragement by Dr. Thomas Strasser, the PHL was founded by Professor Azhar Faruqui in 1995. The membership is multidisciplinary and includes physicians from all parts of the country, as well as government, industry, and the lay public. The First Symposium was well organized and extremely well attended.

The emphasis of the meeting was on a multidisciplinary approach to managing the problem of hypertension in Pakistan, and to alert the public to the serious health hazard of hypertension. Following the scientific program there was a two hour interactive session with the public submitting questions and a panel of specialists answering those questions in layman's terms. The interactive session was extensively monitored by the media.



Prof. Azhar M. Faruqui, President Pakistan Hypertension League

The Symposium was attended by important political figures who gave their verbal support to the goals of the PHL. Dr. Patrick J. Mulrow, as representative of the WHL, gave a lecture on "Hypertension in the 90's: Its epidemiology and advances in our understanding." Professor Azhar M. Faruqui, the Founding President of the Pakistan Hypertension League, gave a discussion on hypertension in Pakistan and the findings from a recent survey on the prevalence of hypertension. Prevalence is very high in Pakistan, and extremely high in the elderly. He noted that few in the population are aware they have hypertension and the control rate is very low. He emphasized the first step in Pakistan is to make a strong effort to

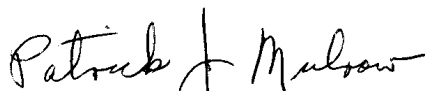
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First Intl. Symposium on Hypertension continued

measure the blood pressure in large segments of the population. Dr. Kalimuddin Aziz described the research protocol of a community program to prevent hypertension by lifestyle modification, such as to decrease salt in the food.

The PHL has made significant advances since its inception in 1996. The leadership understands the socioeconomic factors impacting hypertension in Pakistan. These findings underline the importance of each country establishing their own league to deal with the uniqueness of the population in their country. The PHL is already planning for another symposium to be held this year in a different geographical area of Pakistan.

The meeting received a great deal of attention from the press, national newspapers, national TV and radio.



Dr. Patrick J. Mulrow,
WHL Secretary General

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).

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Calendar

Satellite Meeting of the 17th ISH Congress: Interaction of Genetic and Environmental Factors in the Etiology of Hypertension

June 4, 1998

Prague, Czech Republic

Information: Guarant, ISH, Opletalova 15, 110 00

Prague 4, Czech Republic

Fax: (+420)-2-2421-2103

e-mail: guarant@guarant.cz

13th International Interdisciplinary Conference on Hypertension in Blacks

July 12-15, 1998

Charleston, SC, USA

Information: International Society on Hypertension in Blacks, Inc. 2045 Manchester Street NE

Atlanta, GA 30324-4110, USA

Fax: (+1) 404-875-6334

e-mail: ishib@aol.com

International Health Promotion Conference

September 23-25, 1998

Cardiff, Wales, UK

Information: Conference Office, Health Promotion

Wales, Ty Glas Avenue, Llanishen

Cardiff, Wales, UK

Fax: (+44) 122-756000

e-mail: Conference.98@hpw.wales.nhs.uk

Sixth National Workshop on 24h-ABPM and Diagnostics in Hypertension

October 3-4, 1998

Bremerhaven, Germany

Information: Prof. Dr. M. Anlauf, Hochdruckliga

PO Box 102040, 69010 Heidelberg, Germany

Internet: <http://www.paritaet.org/RR-Liga>

22nd Annual Scientific Meeting of the German Hypertension Society - Hypertension League jointly with the Austrian and Swiss

Hypertension Societies

November 25-28, 1998

Freiburg, Germany

Information: Prof. Dr. G. Bönner, Hochdruckliga

PO Box 102040, 69010 Heidelberg, Germany

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