



# 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. 59, June 1998

## WHL News

### Results from the WHL Newsletter Questionnaire

In the December 1997 issue of the WHL Newsletter, we published a questionnaire and asked you, our readers, for your opinion regarding the Newsletter.

During the past months, we received answers from 45 countries. Many of the answers were very constructive, and contained valuable information which I would like to share with you. But first of all, let me thank all those who responded, especially those who do not have a fax machine at the tip of their fingers, and mailed the questionnaire back to us. Of course, the answers varied depending on the reader's geographical region and profession. Nevertheless, the majority of the responders was satisfied with the overall contents of the Newsletter.

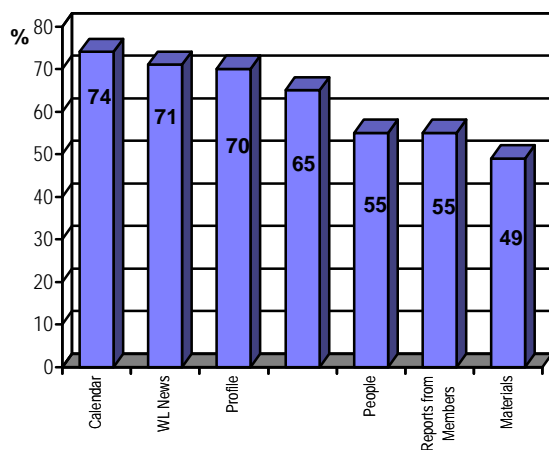


Figure: Percent of answers "very good" and "good" for the sections of the WHL Newsletter

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## Scientific News

### Arterial Hypertension in Saudi Arabia

Mansour M. Al-Nozha, Mohamed S. Ali, Ali K. Osman

A cross-sectional population-based survey, employing a cluster sampling method and household visits by trained health teams, investigated the prevalence of hypertension in the Kingdom among 13,700 men and women in all age groups.

The World Health Organization's (WHO) definition of hypertension of 160/95 mmHg was used. It was found that 9.1% and 8.7% of the total sample population had systolic and diastolic hypertension, respectively. In a sub-sample of children younger than 18 years using WHO upper limits to define hypertension, 12.4% had systolic and 7.9% had diastolic hypertension. Among adults aged 18 years and above, 5.3% were systolic and 7.3% were diastolic hypertensives; 87.5% of systolic and 79.4% of diastolic hypertensives were aged 40 years and over. Females had statistically significant elevated systolic hypertension compared with males ( $P < 0.01$ ).

However, if hypertension is defined as a blood pressure greater than 140/90 mmHg the prevalence among the latter age groups would be

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Results from the WHL Newsletter Questionnaire continued

The calendar section of the Newsletter received the highest scores: 74% of the responses rated this section "very good" and "good". Indeed, the calendar is not only a source of information for international meetings, but offers an attractive way of internationally advertising meetings of WHL's national and regional member organizations. One of the criticisms concerning this section was that the meetings sometimes are announced too late. Please keep in mind that the Newsletter appears only every second month, and the editorial office and the printer need one month to produce and ship the Newsletter to more than 135 countries. Therefore, we would appreciate receiving information on meetings from our members at their very earliest convenience.

The second best scores were given to the sections "WHL News" (71% rated as "very good") and "Profile" (70% rated as "good").

Sixty-five percent of the responses rated the section "Scientific News" as very good or good, but 80% of the answers contained the comment that the Newsletter should report more scientific news. In the future we will present reviews on recently published outstanding articles on hypertension and report on the highlights of international hypertension meetings. Of course, our member leagues are cordially invited to report on the results of their national hypertension meetings.

Other suggestions included the wish for more practical information on antihypertensive drugs, guidelines for treating hypertension, and life style modifications.

It will not be possible to satisfactorily fulfill the wishes of every reader because of the diversity of our readership, and include all the topics mentioned at the same time, but the WHL Editorial Board will do everything possible to serve your needs better. We do look forward to continuously hearing your opinion about the WHL Newsletter. Letters to the editor are welcome.




Arterial Hypertension in Saudi Arabia continued

20.4% for systolic and 25.9% for diastolic hypertension. The prevalence of isolated systolic hypertension, isolated diastolic hypertension and systolic diastolic hypertension among adults above 18 years was 1.8%, 3.8% and 3.5%, respectively. ISH was higher among females compared with males (2% vs. 1.4%), while isolated systolic hypertension was higher among males than females (4.4% vs. 3.4%).

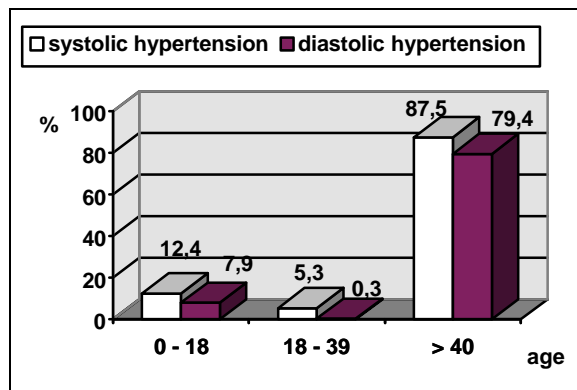


Figure: Percent of systolic and diastolic hypertension in different age groups of the study population

The author concludes that there is a need for tracking childhood hypertension, which could provide a long-term analysis regarding the risk of adult hypertension. (*Ann Saudi Med* 1997; 17(2): 170-174.)

**Poland and U.S. collaborative study on cardiovascular epidemiology.**

**Hypertension in the community: prevalence, awareness, treatment, and control of hypertension in the Pol-MONICA Project and the U.S. Atherosclerosis Risk in Communities Study**

Rywik SL; Davis CE; Pajak A; Broda G; Folsom AR; Kawalec E; Williams OD

The objective of the study was to assess differences in blood pressure levels and in hypertension prevalence, awareness, treatment, and control for selected rural and urban areas in the U.S. and Poland, where ischemic heart disease mortality trends are different.

Included were white persons aged 45-64 selected in Minneapolis, MN suburbs (urban) and Washington County, MD (semi-rural), from the U.S.

*Poland and U.S. collaborative study continued*

Atherosclerosis Risk in Communities Study (ARIC) surveyed in 1987-89, and in Warsaw (urban) and Tarnobrzeg Province (semi-rural) from Poland's Pol-MONICA Project surveyed in 1987-88. Sample sizes were 3,696 men and 3,801 women in the U.S. and 875 men and 960 women in Poland.

The mean blood pressures were more than 15% higher in the Polish populations than in the U.S. ( $p < 0.01$ ). Multivariate analysis revealed that hypertension was significantly positively related to age and body mass index in both U.S. and Polish populations (except for age in Polish men), and to heart rate in the Polish populations and U.S. rural women.

Smoking was significantly negatively related to hypertension in urban Polish and rural U.S. men.

Hypertension awareness, treatment, and control were better in the U.S. than in Polish populations. In the U.S. more than 80% of subjects with hypertension (systolic blood pressure higher or equal 160 mmHg or diastolic blood pressure higher or equal to 95 mmHg or on treatment) were controlled whereas in Poland less than 17% of hypertensive men and 16% of hypertensive women were controlled. When systolic blood pressure was greater or equal to 140 mmHg or diastolic blood pressure was greater or equal to 90 mmHg or when treatment of defined hypertension existed, control was about 55% in U.S. samples and about 2% in Polish samples.

Hypertension prevalence is higher and blood pressure levels are less well controlled in Polish than in U.S. populations. These striking differences can be expected to contribute to opposing trends in coronary heart disease (CHD) mortality in the two countries. Hypertension control programs in the U.S. are almost certainly responsible for much of the observed differences. The authors conclude that there is a clear need for similar programs in Poland. (*Ann of Epidemiology*; 1998, 8(1): 3-13)  
*The Study was supported in part by the US-National Heart, Lung and Blood Institute.* ■

**People**

The new President of the **Argentinian Heart Foundation** is Dr. Saúl Drajer. The address of the

Foundation is: Azcuénga 980, 1115 Buenos Aires, Argentina.

Tel./Fax: (+54-1) 961-9388

Dr. Guillermo Morales Stiglich was elected as the new President of the **Peruvian Society of Arterial Hypertension** for the period 1998-1999. The main work of the Society continues to promote the detection, control and prevention of arterial hypertension in populations. Education to physicians and patients about adherence to the treatment of hypertension will be an important task. The address is: Av. Intihuatana No. 479, Tambo de Monterrico - Surco, Lima, Peru.

Tel./Fax: (+51-1) 438-0512

Dr. D. P. Niadoo is the new President of the **South African Hypertension Society**. The address of the Administrative Office is: Professor J. N. Milne, University of Witwatersrand, Department of Medicine, 7 York Road, Parktown 2193; South Africa.

Tel. (+27-11) 488-3621

Fax: (+27-11) 643-8777

During the last General Assembly Meeting of the **Uruguayan League against Arterial Hypertension** in March 1998, Dr. Manuel Bianchi was elected as the new President. Vice President is Dr. Emma Schewdt and Secretary is Dr. Elsa Garcia Ayala. The address is: Juan Blanes 1188 C.P., 11200 Montevideo, Uruguay.

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Poster by Miao Yintang and Miao Wei from China  
 Third Prize, WHL International Art Competition,  
 June 26, 1996, Glasgow

## Obituary

The Argentine Society of Hypertension informed us that Dr. Alberto C. Taquini died on March 4, 1998, in Buenos Aires, Argentina, after a brief illness. Dr. Taquini was a member of that brilliant group of Argentinians (and the Nobel Prize Winner, Dr. Bernardo Houssay), including Dr. Luis Federico Leloir, Eduardo Braun Menendez and Juan Carlos Fasciolo who described the enzymatic nature of the renin-angiotensin mechanism and its link with arterial hypertension.

He was Professor of Internal Medicine and Physiology in the School of Medicine at the University of Buenos Aires. For more than 50 years, he was director of the Instituto de Investigaciones Cardiológicas of the School of Medicine of the University of Buenos Aires.

The scientific community has lost a well recognized researcher in hypertension. ■

### 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

### 3rd International Heart Health Conference

August 29 - September 2, 1998

Raffles City Convention Centre, Singapore

*Information:* Congress Secretariat

World Express Pte Ltd.

114 Middle Road #05-01

Singapore 188971

Fax: +65-339-7843 or -339-8625

### 2nd Annual Scientific Meeting of the Heart Failure Society of America

September 13-16, 1998

Boca Raton Resort & Club Boca Raton, FL, USA

*Information:* HFSA Meeting Secretariat

Continuing Medical Education

Univ. of Minnesota, Suite 107

615 Washington Avenue, SE

Minneapolis, MN 55414, USA

Fax: (+1) 612-626-7766

### Cardiovascular Disease Prevention IV

September 29-October 2, 1998

London, UK

*Information:* The Secretariat, Hampton Medical

Conferences Ltd., 127 High Street

Teddington, Middlesex, TW11 8HH, UK

Fax: (+44) 181-977-0055

e-mail: [hmc@btinternet.com](mailto:hmc@btinternet.com)

### 11th Congress of the South African Hypertension Society

March 21-24, 1998

Durban, South Africa

*Information:* Dr. D. P. Niadoo

President SA Hypertension Society

University of Natal, Private Bag 7

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Fax: +27-31-260-4420

### XIII. Scientific Meeting of the Inter-American Society of Hypertension and VI. Congress of the Argentine Society of Hypertension

May 8-11, 1999

Buenos Aires, Argentina

*Information:* Dr. N. Terragno, SAHA,

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