



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. 60, August 1998

Welcome to the Eighteenth Meeting of the WHL Council and Workshop on Hypertension in the Elderly Buenos Aires, May 7, 1999

The 18th Meeting of the WHL Council Conference and a WHL Workshop on "Hypertension in the Elderly" will take place on May 7, 1999, in Buenos Aires. The WHL Council and Workshop will be held in conjunction with the XIII Scientific Meeting of the Inter-American Society of Hypertension and VI Congress of the Argentine Society of Hypertension. The preliminary program of the Council Conference and the Workshop are presented below. All WHL member leagues are cordially invited to submit abstracts to the Secretary General.

Preliminary Program

8.00 - 10.00 **18th WHL Council Conference**
Reports from National Member Organizations

Workshop on Hypertension in the Elderly

10.30 Special Report on Hypertension Guidelines

10.30 - 10.45 Report on the Nurses' Role in Controlling Hypertension in the Elderly

10.45 - 11.55 Presentation of seven abstracts from WHL members

11.55 - 12.00 Summary

12.00 - 13.00 Lunch

Thomas Strasser Lecture: Hypertension in the elderly

- Mechanisms causing hypertension
- Prevention of hypertension in the elderly
- Elderly women with special considerations
- Treatment of hypertension in the elderly with special attention to polypharmacy
- Congestive heart failure in the elderly
- Management of diabetes in the hypertensive elderly
- Risk factors in the elderly, such as dyslipidemia
- Guidelines for performing limited surveys in the elderly

Dr. Patrick J. Mulrow
Secretary General

Contents	Page
- <i>WHL News</i> WHL Council Conference and Workshop 1 "Hypertension in the Elderly"	
- <i>Scientific News</i> Egyptian Hypertension Society Guidelines	2
- <i>New Member</i> Dominican Society of Hypertension	3
- <i>Obituary</i>	3
- <i>People</i>	4
- <i>Calendar</i>	4

Scientific News

Blood Pressure Measurement

Egyptian Hypertension Society Guidelines

The Surroundings:

- The patient should rest in a quiet place for 5 minutes with the cuff applied.
- Distress, cold, noise and conversation with the patient are avoided.
- Smoking and coffee should be avoided for one hour prior to measurement.
- Evacuation of a full bladder is necessary before BP measurement.

The Patient:

- The patient should rest in the sitting position with the back supported and the feet flat on the ground.
- The arm should be slightly flexed and supported on a desk, table or pillow. The midpoint of the upper arm should be at the level of the heart. Failure to observe this is a common source of error of up to 20 mmHg in both systolic and diastolic blood pressure.
- If blood pressure is to be measured in the supine position, the abducted supinated arm should be at heart level and supported on a pillow.
- In the standing position, the arm should rest supported on either a high table or on the shoulder of the examiner if the subject is taller than the examiner. In the reverse situation, the subject's arm should be held in the arm pit of the examiner.
- The sphygmomanometer cuff should always be applied directly to the skin.
- Tight sleeves should be removed.

Equipment:

- The two commercially available types of manometers, mercury and aneroid, are adequate for clinical purposes. The aneroid machine needs periodic calibration against a mercury manometer.
- The manometer should read zero when the cuff is deflated. The mercury manometer should not bubble when fully inflated. If this happens, the manometer is under-filled, requiring refilling and recalibration.

of the circumference of the upper arm. The standard 5 inch (12.5cm) cuff is good for arm circumferences up to 30 cm.

- All practitioners should possess at least two additional cuffs with 15 and 7.5 cm wide rubber inflatable chambers. Those taking care of children should possess a complete range of small cuffs and be aware of the blood pressure percentile chart for children. If the exact cuff size for a particular patient is not available, it is better to use a larger, rather than a smaller cuff.
- The bell of the stethoscope is more accurate for sharp localization of diastolic blood pressure. The diaphragm should only be used with the very obese arm when it becomes difficult to localize the brachial pulse.
- The use of electronic sphygmomanometers is not recommended.

Procedure:

- While the patient is seated, the procedure is explained.
- A sphygmomanometer cuff of appropriate size is applied with the mid-line of the rubber chamber over the palpated brachial pulse.
- The lower end of the cuff fabric should be an inch above the antecubital fossa and the tubing should not overlie the brachial artery.
- The pump is used to rapidly inflate the cuff first to a pressure of 70 mmHg and then to raise it by 10 mmHg at a time while the index and middle fingers of the other hand palpate the radial pulse.
- The pulse occlusion pressure (POP) is identified and the valve is fully opened to rapidly release the cuff pressure.
- The valve is again closed and the cuff is rapidly inflated to a level of 30 mmHg above the POP identified from the previous step. Rapid inflation is essential to minimize venous engorgement.
- The valve is then deflated slowly while the bell of the stethoscope is firmly applied over the brachial artery but not touching the tubing or the cuff.
- Care should be taken that the ear pieces of the stethoscope are properly directed.
- Placing the diaphragm of the stethoscope underneath the cuff is a faulty technique.
- The systolic blood pressure is read at the first appearance of sound.

continued on page 3

- The width of the rubber chamber inside the fab-

New Member

The **Dominican Society of Hypertension** was admitted as a member of the WHL at the 28th meeting of the WHL Executive Board which was held in Amsterdam. The president of the society is Dr. Guarocuya Batista, EPS #P-4447, PO Box 02-5261, Miami, FL 33102-5261, USA.

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The WHL welcomes the new member and will do everything to make its membership a fruitful experience.

Obituary

ROSE STEINBERG STAMLER
April 22, 1922 - February 28, 1998

Professor Emeritus of Preventive Medicine
Northwestern University Medical School
Chicago, Illinois

It is with deep and genuine regret to report the death of Rose Stamler. A pioneer, humanitarian, teacher, advocate and friend- Rose Stamler was all of these people and more. An internationally known cardiovascular researcher, Professor Stamler pursued her professional and public interests with unyielding vigor fueled by her devotion to helping others.

During her tenure at Northwestern University, Professor Stamler conducted ground breaking research on prevention and treatment of elevated blood pressure by non-pharmacologic means. Professor Stamler was the author of 200 articles and books. A leader in the public policy efforts of the American Heart Association of Metropolitan Chicago, she also contributed to the 1993 landmark report on "Primary Prevention of Hypertension", by the National Heart, Lung and Blood Institute, Bethesda, Maryland.

An inspiration to all who knew her as well as those who read her works, Rose Stamler will long be remembered by those she touched around the world.



Dr. Claude Lenfant

Guidelines "Blood Pressure Measurements" continued

- The diastolic blood pressure is read when the sound completely disappears, except in cases of wide pulse pressure (where both stage IV & V should be recorded) and in children.
- The initial evaluation of the patient requires blood pressure measurement in both arms. Subsequently, the arm with higher pressure is used.
- It is recommended to use the average of at least two blood pressure readings taken two minutes apart. If the difference between the two readings is > 10 mmHg, a third reading is taken and the average of the three readings is used.
- Generally, the same body position and arm should be used for subsequent blood pressure measurements.
- With an irregular pulse, four blood pressure readings have to be averaged instead of two.
- Systolic hypertension and wide pulse pressure are common with a very slow pulse and may disappear with the correction of bradycardia.
- The auscultatory gap, i.e. the complete disappearance and subsequent reappearance of sound is more frequently encountered in the elderly. This leads to serious errors if palpatory blood pressure is not taken prior to auscultation for Korotkoff sounds.
- Stiff arterial walls may not collapse when the intra-luminal pressure is exceeded by cuff pressure, leading to false high blood pressure. This phenomenon "pseudohypertension" should be suspected when:
 - A. The arterial wall is still palpable when the pulse is totally occluded by cuff inflation (Osler's sign).
 - B. Resistant hypertension is encountered in an elderly subject in the absence of fundus changes and target organ affection.



Dr. M. Mohsen Ibrahim
President, Egyptian Hypertension Society
Professor and Chairman, Cairo University
Department of Cardiovascular Medicine

People

In March 1998, Professor Dr. Max Pichler was elected for a two-year term as president of the **Austrian Society of Hypertension**, Rehabilitationszentrum (RZ) Grossgmain - Salzburg, Salzburger Straße 520, A-5084 Grossgmain, Austria.

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Dr. Juan Carlos Romero is the new president of the **Inter-American Society of Hypertension** until March 1999. The address is: Mayo Medical School, 200 First St. SW, Rochester, MN 559 05, USA

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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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The WHL Newsletter is published bimonthly by the World Hypertension League.

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ISSN 1013-1639 Production and distribution:
Georg Thieme Verlag Stuttgart New York

The WHL Newsletter is published with the support of 

Calendar

Third European Research Conference on Blood Pressure and Cardiovascular Disease

October 16-18, 1998

Noordwijkerhout, The Netherlands

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

71st Scientific Sessions of the American Heart Association

November 8-11, 1998

Dallas, TX, USA

Information: AHA, Scientific and Corporate Meetings, 7272 Greenville Avenue Dallas, TX 75231, USA

World Hypertension League 18th Council Conference and Workshop on Hypertension in the Elderly

May 7, 1999

Buenos Aires, Argentina

Information: Dr. Patrick J. Mulrow, Secretary General, World Hypertension League Medical College of Ohio, PO Box 10008 Toledo, OH 43699-0008, USA
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XIII Scientific Meeting of the Inter-American Society of Hypertension and 6th Congress of the Argentinean Society of Hypertension

May 7-11, 1999

Buenos Aires, Argentina

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International Congress on Atherosclerosis, Hypertension and Coronary Artery Disease

New Delhi, India

October 14-16, 1999

Information: Dr. R. B. Singh, Heart Research Laboratory, MHRC, Civil Lines Moradabad-10 (U.P.) 244001, India
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