



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. 69, February 2000

Profile



Dr. Jose L. Rodicio

Although the **Spanish Society and League against Hypertension** was not officially formed until 1996, its history dates back to the creation of the Spanish Hypertension League (SHL) in 1975 and the Spanish Society of Hypertension (SSH) in 1987. Dr. Joaquin Mouriz Garcia, who in 1975 was medical director of Merck, Sharp, and Dohme in Spain, initiated formation of the

SHL. Their involvement continued to grow as the two organizations merged in 1996 to become a single association combining volunteerism and science.

At the time the league was founded, knowledge of arterial hypertension was very poor in Spain, and hypertension research was practically nonexistent. Consequently, the league began with broad and extensive objectives: (1) education of physicians, health professionals, and the public about hypertension; (2) promotion and organization of scientific meetings and congresses; and (3) support of epidemiologic studies.

Support for the league in its early stages was difficult to obtain. Broader interest did not develop until Queen Sophia, the Count de Godó of Barcelona (owner of the La Vanguardia Newspaper), and the Marquis de Luca de Tena (owner of the ABC newspaper in Madrid) joined the league as honorary members. The Count and the Marquis disseminated articles about the purposes of the league and the problems of hypertension in their respective newspapers, both of which enjoy wide circulation. This collaboration with the press

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Editorial

The Gap How wide, and still for how long?

The gap in hypertension control is the "difference between the achieved and the achievable" (1). The problem is as old as the history of effective treatment of high blood pressure; thus now, on the eve of the year 2000, it is fifty years old. In the 1970's it became clear that some 20% of people, at least in the developed countries of the world, had high blood pressure; however, only half of them knew they had hypertension, only half of these were receiving any therapy and, finally, only some half of those treated were thought to be treated effectively. This, somewhat schematic "rule of the halves" was still valid in the 1980's (2) and did not seem to have changed significantly by the mid-1990's (3).

What a stubborn phenomenon, this gap! As a matter of fact, we do not know how wide it is today. Is it still persisting? Many signs seem to indicate that it is. Why does the "message" of hypertension control not pass? Are doctors not receptive enough, or is the message not clear? Or is there a block between people and their doctors? Or has the time not yet come to take care of

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reached a pinnacle when the World Health Organization dedicated 1978 to educating the public on the ravages of arterial hypertension. The league's new board of directors sought and elicited the collaboration of the pharmaceutical industry to embark on the first epidemiologic studies of hypertension in Spain.

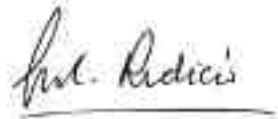
The SHL has established relationships with other international societies, such as the World Hypertension League (to which members of the Spanish League have belonged since 1983), the International Society of Hypertension, and the European Society of Hypertension.

In 1987, the SSH was created to widen, intensify, and incorporate the evergrowing scientific approach to the study of hypertension into a national event.

During the years that the two organizations existed as separate entities, the SHL made major contributions to the care of hypertension patients and the prevention of renal diseases.

Awareness of hypertension increased from 55% to 83% between the period 1979 to 1981 and 1990 to 1992 when arterial pressures less than 160/95 mmHg were considered to be normal. During these time intervals, treatment of hypertensive patients increased from 30% to 67% and control of blood pressure increased from 8% to 40%. Normal blood pressure values are now considered to be less than 140/90 mmHg. This has reduced the number of patients whose blood pressure is controlled to 16%.

The Spanish Society and League against Hypertension continues to vigorously promote the detection, control and prevention of arterial hypertension.



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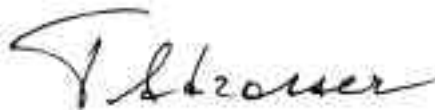
people as effectively as up-to-date science suggests? One point is clear: more should be known about the gap and its causes. For example, who could answer the simple question: how long does it take to achieve adequate treatment (as suggested by the ISH Guidelines) after high blood pressure has been found in a person? Does it take days, weeks, months, years or decades?

Methods of auditing hypertension treatment, i.e. of measuring the gap, are available (3), though they need to be updated. Who will embark on such auditing?

Advancing the control of high blood pressure in populations is one of the missions of the World Hypertension League (WHL). Naturally, WHL does not deal directly with the populations of this world, nor with the millions of doctors on this globe - the partners of WHL are its (at present) seventy-eight member organizations, national societies and leagues against hypertension. Thus, the question is: which members wish - and can - embark on assessing this gap - which is also their problem?

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Scientific News

Prevalence of Hypertension in a Rural Town in Tamilnadu

Shakuntala Chockalingam, R. Jayalakshmi, Arun Chockalingam

Awareness of high blood pressure in India is poor and in rural areas it is not even perceived as a factor of importance. However, there is anecdotal evidence - no statistical information is available - of a high cardiovascular disease (CVD) morbidity and mortality in the rural town of Karaikudi and its surrounding areas in Tamilnadu, India.

In the fall of 1998, the Somayya Foundation was established with the aim to increase the awareness of hypertension and related cardiovascular risk factors among the residents of Karaikudi. Its primary objective is to inform people about their blood pressure. As an initial step to establish baseline information, the Foundation carried out risk factor measurements. The parameters obtained from 532 study subjects (353 men (M) and 179 women (W)) included age, gender, blood pressure (BP), body mass index (BMI), family history and behavioral habits.

The prevalence of elevated systolic BP (>140 mmHg) was 23% (24% M, 21% W); elevated diastolic BP (>90 mmHg) was observed in 34% (37% M, 27% W) and hypertension (>140/90) was found in 16.9% (19.6% M, 11.8% W) of the subjects. In the age groups <40 and >60, women had a higher prevalence of hypertension compared to men, whereas men had a higher prevalence in the age groups between 40 and 60. The prevalence of obesity (BMI >27 kg/m²) was 18% (17% M, 21% W). There appeared to be a correlation between obesity and hypertension among women across the age groups.

This initial evaluation of the prevalence of CVD risk factors in this rural Indian area indicates that they are comparable to those of developed countries. The high prevalence of hypertension and obesity could be significant in causing the high rates of CVD morbidity and mortality in this area. There is a need for intense education and an awareness campaign directed at the rural population of India.

To reach these goals, the Somayya Foundation, as a private philanthropy, runs a clinic with a trained nurse and a part-time physician. The clinic, open six days a week from 10:00 a.m. to 6:00 p.m., invites the general public to get their blood pressure checked at no cost. Blood pressure measurements are performed according to

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WHL News

New WHL Newsletter Editor


Dr. Jörg Pöttsch

After seven years of serving the hypertension community as editor of the WHL Newsletter, I would like you to cordially welcome the new editor of the Newsletter. I am convinced that the new editor will receive the same support and cooperation from the member organizations as I

was happy to enjoy over the years. Before I hand over this big responsibility (but also the great joy of working with a world wide community committed to the same goal), let me thank everyone who has helped make the Newsletter a successful publication. Bimonthly, more than 14,000 health care professionals in 138 countries receive this publication. Many of the readers have helped shape the Newsletter by sending their contributions and comments to the editorial office to keep our members and all interested in the field informed about new developments in hypertension prevention and control. This is the important task of the World Hypertension League: to act as a liaison among the leagues, so everyone could benefit from the experience made in other settings. I am sure, the Newsletter contributed to this goal a lot. It was a pleasure working for and with you!



Dr. Anja Kroke

The new editor, Anja Kroke, M.D., MPH received her medical degree from the University Hannover, Germany, and her Master of Public Health from the University of North Carolina at Chapel Hill, USA. Her main interest is in chronic disease prevention.

She has worked at the former Federal Health Office in Germany and is currently working in the department of epidemiology at the German Institute of Human Nutrition. Her intention in taking over this new task is to support the WHL to reach their goals of early detection and prevention of hypertension and related diseases. A hearty welcome and good luck!

Jörg Pöttsch

the guidelines of the Canadian Coalition for High Blood Pressure Prevention and Control, and information about proper lifestyle, written in the local language (Tamil), is distributed. If hypertension is diagnosed, patients are transferred either to their own or to the clinic's physician. In addition, a booklet describing five steps for a healthy heart is handed out that includes the following topics: smoke free, healthy diet, blood pressure awareness, relaxation and physical activity. The efforts of the Somayya Foundation are a humble beginning in creating the awareness of CVD and hypertension in the general public. Much work needs to be done to avoid premature mortality and morbidity due to CVD. With its present capacity, the Somayya Foundation is able to carry out regional health surveys where and when required.

For further information, please contact:

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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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Calendar

Cardiovascular Disease Prevention V

April 4-7, 2000

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@hamptonmedical.com

11th World Conference on Tobacco or Health

August 6-10, 2000

Chicago, IL, USA

Information: Ms. Anne Jenkins

c/o American Medical Association

515 North State Street

Chicago, IL 60610, USA

Fax: (+1) 312 464 4111

2nd Mediterranean Summer School and 6th Mediterranean Medical Congress

September 5-10, 2000

St. Julians, Malta

Information: Dr. Jean Karl Soler

Family Physician, Alphamedia

PO Box 9, Balzan, Malta

e-mail: jksoler@synapse.net.mt

73rd Scientific Sessions of the American Heart Association

November 12-15, 2000

New Orleans, LA, USA

Information: AHA

Scientific and Corporate Meetings

7272 Greenville Ave.

Dallas TX 75231-4596, USA

24th Annual Scientific Meeting of the German Hypertension Society

November 22-25 2000

Heidelberg, Germany

Information: Dr. Peter Kaune

Deutsche Hochdruckliga

PO Box 10 20 40

69010 Heidelberg, Germany

World Assembly on Tobacco Counters Health (Watch 2000)

December 4-8, 2000

New Delhi, India

Information: Dr. Maj Gen A.K. Varma

Secretary General,

International Congress on Oral Cancer

509-B Sarita Vihar

New Delhi-110033, India