



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.

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Comments on the WHO/ISH Hypertension Management Guidelines 1999



Dr. Peter Sleight

Introduction

These new guidelines update the 1993 version and are in accordance with the 1997 publication from the US Joint National Committee (JNC 6) (1). For the first time the WHO/ISH guidelines are produced in two versions, an extensive 30 page, heavily referenced review (2), intended for specialist physicians, and a condensed practical oriented guide for primary care, which has been made widely available, mainly through national leagues or societies.

What are the main new messages from these? First, the classification of hypertension has been harmonized, so that the cut off levels of BP are the same for both JNC VI stages and WHO/ISH grades. Optimal is <120/80, normal <130/85, and high normal is 130-139/85-89 mmHg. Hypertension remains defined as >140/90, with three grades 1, 2, and 3 being 140-159/90 - 99, 160-179/100-109, and >180/110, respectively.

Secondly, these latest guidelines emphasize the importance of other concomitant risk factors, in making decisions regarding the level of BP at which to start treatment and the importance of correcting reversible risks other than BP. This is important since BP is not just an isolated marker of pressure risk, but also a powerful marker for other risk factors such as age, obesity, glucose intolerance, etc., with which pressure is strongly correlated.

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WHL News

Report from the strategic planning meeting of the WHL Executive Board

From November 15 to 16, 1999, a strategic planning meeting of the WHL Executive Board was held in Geneva, Switzerland. In addition to the board members, the outgoing as well as the incoming new editors of the WHL Newsletter, and representatives of the WHO (World Health Organization), the WHF (World Heart Federation), and GHFR (Global Health Forum on Health Research) attended the meeting.

It was intensively discussed how the mission of the WHL, "the advancement of hypertension prevention and control through joint efforts of all national leagues and societies" is to be best fulfilled. To this end, several goals were formulated.

First, new members should be recruited by assisting the establishment of new national hypertension leagues or societies.

Second, national leagues and societies should be encouraged to promote hypertension prevention and control in their countries through educational programs which are regarded as an important tool to increase the awareness of blood pressure control.

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Thirdly, they emphasize the importance of a lower treatment target of 130/85, especially for those at high risk due to, e.g., diabetes or prior overt vascular disease.

Fourthly, they review the evidence which shows that it is necessary to use two or more drugs to achieve normal BP levels in the majority of patients, and that this does not impair quality of life - rather the reverse (3, 4).

Fifthly, the new advice favors the use of any of the 6 main classes of drugs, including the new angiotensin receptor blockers (ARB's) if, for example, ACE inhibitors give rise to cough or other side effects.

Sixthly, the guidelines emphasize lifestyle changes such as reduction in weight, alcohol, and intake of salt. They encourage exercise, and above all, smoking cessation and healthy eating. These lifestyle measures are recommended for all, and particularly for milder hypertensives without overt risk factors, during an extended assessment period for the need of pharmacological therapy.

The Guidelines come at a time of worrying evidence of increasingly poor control of BP, and even of a halt in the previous downward trend in the numbers of strokes in the community. There is widespread evidence of physicians tolerating uncontrolled BP in their patients, even in the setting of the free healthcare of the US Veterans Administration. A recent study of five VA sites in New England with a survey period of two years found that in 800 white male veterans BP was above 140/90 mmHg in 75% (5). Over the next two years each patient was seen an average of six times per year. In this population, of which half had clear evidence of vascular disease, the physicians increased medication in only 6% of visits. When the physician increased the medication the SBP fell by 6.5 mmHg; when the therapy was left unchanged BP rose 4.5 mmHg.

This shows that it is physician inertia, rather than patient side effects, or noncompliance which is at fault. Although the HOT study (3) failed to show significant benefits from lower treatment targets (because of insufficient BP differences between groups), it did show that with the use of two or three drugs it was possible to control BP at below 140/90 in over 90% of the more than 19,000 patients, without any increase in side effects or adverse consequences.

The two publications also give clear guidance on the diagnosis, investigation, epidemiology, and categorization of high blood pressure, and

the main factors which help determine the choice of therapy (including fixed dose combinations - which are now encouraged for the first time).

The latest trial evidence is reviewed, particularly for diabetes, where the UK PDS study (4) underscored the substantial benefits of tight control of glucose and particularly of blood pressure.

The Guidelines received some criticism that the committee was short of general practical advice, and also that there was insufficient hard evidence on the benefit of targets lower than 140/90. However, there was in fact considerable GP input into the practical guidelines. The wisdom of lower targets for high risk patients (which was primarily based on strong epidemiologic data) has been confirmed by the results of the HOPE study regarding Ramipril versus placebo (6).

Finally, the documents emphasize that they are not to be taken as rigid rules, but rather as balanced information to guide clinicians and to form the baseline for local discussion, adaptation, and implementation, based on local budgets, policies, and hypertension prevalence.

The WHO/ISH Guidelines Committee was widely representative and was chaired by Professor John Chalmers (Sydney). Peter Sleight represented the World Hypertension League and was a member of the writing committee for the shorter Practice Guidelines.



Dr. Peter Sleight, President

References

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WHL News continued

Support for the national leagues in these efforts will be provided by the WHL through the following activities:


- Development of educational brochures.
- Assistance for local or regional hypertension conferences by the Board members.
- Adaptation of the WHL Newsletter to a stronger supportive tool.
- Increasing the internet based services via the WHL website.

Furthermore, the WHL encourages the national leagues to promote research projects that aim at the control of hypertension.

Third, the WHL continues to act as a clearing house for international contacts and will continue to interact with other international societies.

Finally, the Board will attempt to strengthen its competence by electing a representative of nurses and general practitioners to the Board, and by strongly involving the presidents of the national societies in WHL activities.

With this set of goals the WHL Executive Board hopes to enhance the local, regional, national, and international efforts to decrease the burden of hypertension throughout the world.


Anja Kroke
Editor, WHL Newsletter



الجمعية العربية لارتفاع ضغط الدم
Panarab Hypertension Society

Report from the Third Conference of the Pan-Arab-Hypertension Society

The Third Conference of the Pan-Arab Hypertension Society was organized at UAE in the city of Abu Dhabi during the period February 5-9, 2000. This conference represents the most important scientific event in the Arab world in the field of hypertension and is the principal scientific activity of the Pan Arab Hypertension Society. The previous two meetings were held in Cairo 1993 and in Lebanon 1995. The fourth meeting will be held in Amman, Jordan, in November 2001. The fifth meeting will be held in Tunisia in the year 2003.

This third meeting attracted a large audience with more than 4,000 participants, from inside and outside the Arab world. Early morning plenary sessions were followed by four simultaneous parallel sessions. All aspects of hypertension were discussed; molecular biology, genetics, epidemiology, pathophysiology, prevention, diagnosis, life-style and pharmacologic therapy. Preceding the conference, a special course on "Hypertension Update" was organized for two days. It consisted of six simultaneous workshops and a number of plenary lectures. More than 50 international guest speakers participated in the scientific program. A number of international organizations including WHL, WHO, ISH, ASH, NHLBI were represented in the conference.

Epidemiology of hypertension in the Arab world was discussed in two separate sessions. The high prevalence rates of hypertension in many Arab countries should stimulate scientists to do more research in order to identify the role of environmental, life-style and genetic factors. Of particular interest were the very high prevalence rates of obesity and diabetes mellitus, especially among hypertensive Arab women

-46.8% of Egyptian hypertensive women have a BMI >30 kg/m². Efforts should be directed to control this major cardiovascular risk factor. Furthermore, research is required to find the best hypertension prevention approaches, the efficacy and tolerability of antihypertensive drugs in the Arab people and methods to improve patient compliance.

People

Dr. Peter Nilsson was elected president of the **Swedish Hypertension Society**, University Hospital, Department of Internal Medicine, 205 02 Malmö, Sweden.

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In November 1999, Professor Bang-Hun Lee was elected for a two-year term president of the **Korean Society of Hypertension**. The address is: Hanyang University, Division of Cardiology, 17 Haengdang-dong, Seongdong-ku, Seoul, 133-792, Korea.

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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

European Conference on Health Promotion and Health Education

May 10-13, 2000
Santander, Spain

Information: Dr. Maria Sáinz, Asociación de Educación para la Salud, Hospital Clinico San Carlos, 28040 Madrid, Spain
Fax: (+34) 91 543 7504, e-mail: msainz@hcsc.es

10th European Meeting on Hypertension

May 29-June 3, 2000
Göteborg, Sweden

Information: AISC S.r.l. Via A. Ristori, 38, I-00197 Roma, Italy
Fax: (+39) 06-808 8491, E-mail: info@aisc.it

7th World Congress on Heart Failure - Mechanisms and Management

July 9-12, 2000
Vancouver, Canada

Information: Secretariat, PO Box 17659
Beverly Hills, CA 90209, USA
Fax: (+1) 310 275 8922

18th Scientific Meeting of the International Society of Hypertension – ISH 2000

August 20-24, 2000
Chicago, IL, USA

Information: Horacio Gavilan
Fax: (+1) 202 331 0111
E-mail: ISH2000@courtesyassoc.com

International Symposium on Hypertension 2000

October 6-7, 2000
Athens, Greece

Information: Triaena Tours and Congress
15 Mesogion Avenue, 115 26 Athens, Greece
Fax: (+30) 1 770 5752
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7th International Symposium on Hypertension in the Community

December 4-6, 2000
Herzlia-on-Sea, Israel

Information: Symposium Secretariat
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PO Box 1912, Ramat Gan 52532, Israel
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