



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. 71, June 2000

Editorial

Hypertension and Diabetes

Hypertension is a common finding in the diabetic patient. In Type 1 diabetes (IDDM) hypertension usually develops after renal impairment. The hypertension subsequently accelerates the decrease in renal function. Type 2 diabetes (NIDDM), the adult and most common type of diabetes, is associated with obesity. In fact, obesity is involved in the pathogenesis of Type 2 diabetes. The alarming increase in diabetes worldwide coincides with the increased prevalence of obesity.

This combination of diabetes and hypertension is lethal to the cardiovascular system. Strokes, myocardial infarctions, heart failure, and renal failure are all increased in the diabetic patient with hypertension. However, the benefits of treatment are even greater than the benefits of treatment of the non-diabetic hypertensive patient. All studies have emphasized this greater benefit. It appears that the higher the risk, the greater the benefit from treatment of hypertension. The benefit is also related to the degree of hypertension control. In the United Kingdom Prospective Diabetes Study (UKPDS)¹ "tight" but still not optimal control of blood pressure (mean 144/82 mmHg) compared with usual treatment (154/87 mmHg) resulted in a 24% reduction in any diabetic complication and a 32% reduction in deaths related to diabetes, primarily myocardial infarctions and strokes. Patients who also had good glucose control had even fewer complications. The Sixth Report of the Joint National Committee on Detection, Evaluation and Treatment of High Blood Pressure (JNC VI) set 130/85 mmHg as the treatment goal for hypertensive diabetic patients and as low as 125/75 mmHg for patients with renal insufficiency with proteinuria greater than 1 gram/24 hours. The treatment goal should

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Comments on the Editorial of Newsletter 69

The Gap - How wide, and still for how long?

As a reply to the article by Tom Strasser „The Gap – How wide, and still for how long?“ we would like to point out some findings from the WHO MONICA project, conducted in the German region of Augsburg.

The ten-year trends in cardiovascular risk factors between 1984/85 and 1994/95 were assessed in cross-sectional representative population samples of 25 to 64 year old men and women. In these samples, the mean values of systolic and diastolic blood pressure, as well as the prevalence of hypertension remained practically unchanged during this 10 year observation period. This was true for both men and women. Antihypertensive drug use during this period indicated an increasing trend in the percentage of hypertensives taking medication. This increase was mainly due to a rise in antihypertensive monotherapy. However, despite this significant increase in treated hypertension, a large proportion of hypertensives remained untreated.

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WHL NEWS

The Pan American Hypertension Initiative (PAHI) – Part 2 (Part 1 in WHL Newsletter 68/99) **“Translating Science into Action”**

Sheldon G. Sheps, M.D., Emeritus Professor of Medicine, Mayo Clinic, USA

Uncontrolled hypertension is a major cause of death and disability in the Americas and how to address this was the theme for the PAHI Planning Meeting, convened at the National Institutes of Health, USA, in March 1999. This article highlights some action items discussed. Participants from the National Heart, Lung, and Blood Institute (NHLBI), the Pan American Health Organization (PAHO), representatives from Argentina, Barbados, Brazil, Canada, Chile, Cuba, Mexico, Uruguay, the United States, the World Hypertension League, the Inter-American Society of Hypertension, the Pan American Network of CARMEN Programs, the InterAmerican Society of Cardiology, and the InterAmerican Heart Foundation recommended that local and regional actions, and sharing of knowledge and experience be initiated to reduce the burden of hypertension in the Americas. The participants reviewed and endorsed a Joint Statement developed at the May 1998 PAHO-WHO-NHLBI and Fogarty International Center Conference on "Global Shifts in Disease Burden: The Cardiovascular Disease Pandemic."

Suggestions for further action

Technical support and sharing of information: Participants presented projects and activities aimed at reducing the burden of hypertension. They suggested that summaries, contact persons, and outcome information of these projects be made available. Technologies such as e-mail, web site, and newsletter were discussed. The World Hypertension League offered to provide space in its newsletter to disseminate this information. The participants recommended that PAHI develop a repository/library. These efforts have the potential of developing useful interchange and networking, linking projects in different countries.

Standards for collection and comparison of data: Blood pressure measurement standards are necessary in order to compare data among nations. There is a need to develop baseline information about blood pressure prevalence; to conduct a survey of awareness, control and practice patterns; and to observe trends following interventions.

Advocacy: Opinion leaders in government and in the health professions need to be involved. These influential persons can promote the dis-

tribution of guidelines and other information in each country. The pharmaceutical industry could be encouraged to support information dissemination efforts. One target could be to ensure that blood pressure is checked at every episode of care. These actions would result in networking and coalition building that could favorably influence and inform government policy makers.

Education of the public and patients: Radio, TV, novellas, posters placed on the sides of buses, and print media are all important in disseminating messages. The aim is to empower citizens with information about healthy lifestyles, and the importance of "getting to goal." One program target could be to "know your number" for blood pressure, cholesterol, and sugar. Culturally sensitive and language appropriate manuals and workbooks could be made available. Support groups could also be organized.

Partnerships: Professions, organizations, and the private sector could be invited to participate in PAHI. Dentists, optometrists, podiatrists, faith communities, unions, white helmets (UN), and others interested in maintaining a healthy population could help support hypertension prevention and control efforts.

Pilot projects: Pilot projects might be developed to target communities, schools, work sites, or families. An industry roundtable could be organized to support PAHI regional activities. Industry-sponsored blood pressure screenings directed at improving adherence, addressing cost issues, and treating the elderly (lifestyle and drugs) were also suggested.

Distribution of materials and implementation of guidelines: The WHO/PAHO, the Inter-American Society of Hypertension, the InterAmerican Society of Cardiology, the World Heart Foundation, and the World Hypertension League offered to distribute relevant materials.

New research initiatives: The participants indicated interest in developing new research initiatives, and recommended that private and public funding be identified.

"Complacency is the mother of stagnation." I am very encouraged from this meeting that we can implement sustainable change in all the countries of the Americas through cooperative efforts such as these.

begin with lifestyle changes, particularly weight reduction, in Type 2 diabetes. Weight loss can improve glucose, lipid and blood pressure control. The presence of diabetes, a major risk factor, demands the institution of drug therapy.

Which drug should be started? This is not easy to answer, but one principle to remember is that control of blood pressure is the critical goal and this usually requires two to three drugs. In patients with diabetic nephropathy, an ACE inhibitor should be one of the drugs. In patients with angina or a recent myocardial infarction, β -blockers should be used. The concern over hypoglycemia with the use of β -blockers has been grossly exaggerated. β -blockers have clearly been shown to save lives post myocardial infarction.

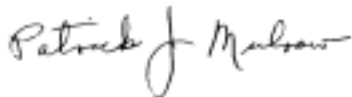
Usually, the management of the hypertensive diabetic patient involves a three-pronged approach: 1) control of blood pressure, 2) control of glucose and 3) control of lipids. The middle-aged or older diabetic patient is assumed to have underlying coronary heart disease. The dyslipidemia should be vigorously treated to reduce the LDL cholesterol below 100 mg/dl. Glycemic control can also improve abnormal lipid levels, especially triglycerides.

This vigorous treatment of the hypertensive diabetic patient can yield gratifying results in lowering cardiovascular complications, but it is expensive and beyond the reach of many developing countries. However, even small decreases in blood pressure can reduce complications, so do something!

An action that can have a profound long-term effect on the cardiovascular disease rate in a country is *PREVENTION: PREVENTION OF OBESITY*, the central risk factor that links hypertension – diabetes - dyslipidemia. The key to success is to control obesity at an early age.

Reference

1. UK Prospective Diabetes Study (UKPDS) Group. Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes. UKPDS 38. *BMJ*, **317**: 703-713, 1998.



Patrick J. Mulrow, M.D.
Secretary General
World Hypertension League

Reports from member organizations

The **Dominican Society of Hypertension** has been quite active.

On March 25, 2000, they initiated a series of courses for primary care physicians, nurses, and residents of different specialties, including hypertension.

On April 1, 2000 they repeated the course on hypertension for physicians in the southern part of the country.

In addition, they have published the *Archivos Dominicanos de Hipertension* as their official journal. This journal published a Spanish translation of the "Practice Guidelines for Primary Care Physicians", WHO/ISH Guidelines 1999.

The major activity of the Society will be the 1st Cuban Congress on Arterial Hypertension and the 4th Caribbean Meeting on Arterial Hypertension (see calendar). The participating countries are Cuba, Haiti, Santo Domingo, Venezuela, Colombia, Puerto Rico and Mexico. In summary, the Society has been active in promoting hypertension awareness in the Dominican Republic.

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Comments on the Editorial of Newsletter 69/99 continued

These data clearly underline the persistent need for hypertension control in our population. The gap still exists, and calls for an improvement in public health strategies.

References

- Hense HW et al. *CVD Prevention*, **1**: 318-327, 1998.
Gasse C et al. *J Clinical Epidemiology*, **52**: 695-703, 1999.

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People

Dr. Mariano Pego was elected president of the **Portuguese Hypertension Association**, Campo Grande, 28 - 13°, 1700-093 Lisbon, Portugal.

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WHL News continued

New Member

The **Zimbabwe Hypertension Society** has been admitted to WHL membership. It was established in March 2000 and currently has 1,300 collective members and 600 health professionals. Its president is Professor Kiran Bhagat, Health Science Building, Medical School, PO Box A178, Avondale, Harare, Zimbabwe. The WHL now has 79 regular and associate, and 13 supporting members.

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

1st Cuban Congress on Arterial Hypertension and 4th Caribbean Meeting on Arterial Hypertension

June 14-16, 2000

Havana, Cuba

Information: Dr. M. Delfin Pérez Caballero
Fax: (+537) 335 036
e-mail: vdca@hha.sld.cu

5th Midyear Meeting of the Thai Hypertension League

August 9, 2000

Bangkok, Thailand

Information: Thai Hypertension League.
Siriraj Hospital, Division of Hypertension
Bangkoknoi, Bangkok 10700, Thailand
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Annual Conference of the Indian Society of Hypertension

October 14-16, 2000

Varanasi, India

Information: Dr. N. K. Singh
Institute of Medical Sciences, BHU,
Varanasi-5, UP, India

7th International Symposium on Hypertension in the Community

December 4-6, 2000

Herzlia-on-Sea, Israel

Information: Symposium Secretariat
Carmel Organizers of Conferences & Events
PO Box 1912, Ramat Gan 52532, Israel

International Summit on Coronary Artery Disease in the New Millennium

February 15-18, 2001

Mumbai, India

Information: Dr. Satyavan Sharma, Academy of Cardiology, 75th Floor, Lady Ratan Tata Centre, Maharshi Karve Road, Cooperage
Mumbai 400 021, India
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XIV Meeting of the Inter-American Society of Hypertension

March 25-29, 2001

Santiago, Chile

Information: Dr. Maria Cristine Escobar
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