

News from the World Hypertension League (WHL).  
A division of the International Society of Hypertension, and in official relations with the  
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## Editorial

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### Message of the new President



Dr. Claude Lenfant

In August at the International Society of Hypertension scientific meeting held in Chicago, I began my term as President of the World Hypertension League. It is an honor to serve in this position, but it is also a responsibility not to be taken lightly.

I want to challenge the many member nations of this organization to take a more aggressive approach toward preventing, detecting, and treating hypertension. As physicians, we know hypertension is a major risk factor for cardiovascular disease. Today, cardiovascular diseases are the primary cause of death and disability in most developed countries as well as becoming epidemiologically significant in countries in transition. Hypertension precedes heart failure in 90 percent of all cases. In the US, the prevalence of heart failure is greater than 10 years ago, is very costly and with an ever-aging population, the situation, without intervention, will get worse.

Unlike so many medical conditions for which we have limited treatment options, hypertension is easily detectable and usually controllable. Today, most nations face a barrage of obstacles that prevent more hypertensive patients from achieving optimal blood pressure control. We need interventions from a variety of sources such as industry, government, patients, and their families. However, the World Hypertension League and its member nations must take the lead with a more aggressive stand.

Those of us who have devoted our careers to Public Health and Medicine know how difficult managing patients can be when no therapy is available. As a young family physician many

years ago, I saw the ravages of uncontrolled hypertension when therapy was not available or was just inadequate. But today, we have the science that not only demonstrates the value of lowering blood pressure, but shows us how to do it, and also how to prevent and treat hypertension altogether. We must use this important information to prevent and treat hypertension, soon to be the world's biggest health problem.

Therefore, as I begin as your President, I am asking all physicians throughout the world to apply the clinical guidelines of your respective nations, or any clinical guideline produced by one of the member nations of the World Hypertension League or the International Society of Hypertension, and to treat your patients who are at risk of death and disability due to uncontrolled hypertension. Resolve to be more aggressive toward meeting hypertension goals and meet your obligation to educate and motivate your patients and their families. We have the means, the ability to prevent and treat a very devastating chronic disorder. Please help us to do so.



Dr. Claude Lenfant  
President, World Hypertension League

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## Reports from Member Leagues

### Spring School of Arterial Hypertension Educators 2000 in Magalluf, Mallorca, Spain



On May 3–11, 2000, the Board of the Polish Society of Hypertension (PSH) with its President, Prof. Stefan Rywik, organized a Spring School of Arterial Hypertension Educators in Magalluf, Spain. It was the first educational training of this type on such a large scale organized for those who deal with arterial hypertension (AHT) in Poland, a country with about 7 million hypertensives.

The Spring School addressed a group of hypertension educators who would train nurses, general practitioners and other medical specialists in the management of AHT.

The courses were organized into lectures, workshops and discussion groups solving practical issues of how to disseminate knowledge of AHT and how to treat this condition. One of the main topics was to acquaint the audience with the Polish guidelines and the management of AHT based upon the WHO/ISH recommendations of 1999, which were elaborated and published by the Polish Society of Hypertension in its quarterly *Arterial Hypertension (Nadciśnienie Tętnnicze, 4 [Suppl B]: 1–34, 2000)*. Particular emphasis was placed on conditions coexisting with AHT, its risk factors and their prevention. Current views on non-pharmacological treatment of AHT as well as problems in special patient populations such as the elderly, diabetics, renal patients and pregnant women were discussed. The course attendants were also informed about the first Polish results of health education in hypertensives carried out by nurses and organized by the Gdańsk and Kraków Branch of the PSH. Finally, the course concluded with a test and 120 specialists received a certificate. This educational event organized on the initiative of the PSH and with the efforts of its Board would not have been possible without the financial support of domestic pharmaceutical companies.

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## Scientific News

### Coronary risk factors and undernutrition, a double burden for women in five Indian cities (Five City Study Group)

Cross-sectional surveys were conducted to find out the association between social class and coronary risk factors in five Indian cities using a common study protocol and common criteria of diagnosis. We randomly selected 3,257 women aged 25–64 years from the cities of *Moradabad* in North India, *Trivandrum* in South India, *Calcutta* in East India, *Nagpur* in Central India and *Bombay* in West India.

After pooling the data, the women were assigned to social class 1 (n = 985), social class 2 (n = 790), social class 3 (n = 674), social class 4 (n = 602) and social class 5 (n = 206) based on various attributes of socioeconomic status. The prevalence of hypertension, diabetes mellitus, family history of coronary artery disease (CAD), obesity and sedentary lifestyle were significantly associated with higher social class whereas tobacco intake was not associated with social class. Oral contraceptive intake and postmenopausal status were also more common among higher social classes which may be due to more education and longer lifespan among the higher social classes. Mean total cholesterol (TC), HDL cholesterol, systolic and diastolic blood pressure, mean body mass index, and waist-hip ratio showed significant associations with higher social classes. Mean TC was highest in *Trivandrum* (205±39 mg/dl) and lowest in *Calcutta* (178–21 mg/dl) which may be due to the intake of coconut oil and mustard oil, respectively. More than half of the women were sedentary and had a body mass index of >23 kg/m<sup>2</sup> and a waist-hip ratio >0.85, suggestive of central obesity. Undernutrition was most common (8%) in *Moradabad* and *Nagpur*.

#### References:

- Singh RB et al. *Int J Cardiol*, **69**(2): 139–147, 1999.  
Singh RB et al. *Lancet*, **353**(9147): 154, 1999.

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*Reports from Member Leagues continued*

### **Hypertension and Coronary Heart Diseases – A Fatal Attraction in the UK**



Bernadette Stribling

Coronary Heart Disease (CHD) is amongst the biggest killers in the UK. CHD is common, frequently fatal and largely preventable – CHD accounts for about 3% of all hospital admissions in England. The National Service Framework (NSF) for coronary heart disease is

the Government's blueprint for tackling heart disease. It sets out the standards and services that should be available throughout England. It recognises the importance of prevention, and primary care as well as specialised services. The 12 standards of the NSF examine all issues of CHD from reducing heart disease in the population, right through to cardiac rehabilitation.

Preventing CHD in the population and in high risk patients are two key targets for the NSF. These standards in particular are linked with hypertension and its management. Further evidence suggests that conventional management of hypertension leaves patients at an unacceptably high risk of cardiovascular complications and death – particularly from coronary heart disease, but also from stroke. In part, this is a consequence of suboptimal blood pressure control, but other factors are also important. In a recent study in 1998 by Anderson OK et al., the persistent excess of CHD events in treated hypertensive subjects was predicted by 3 factors: (1) evidence of target organ damage before treatment, (2) a history of cigarette smoking before treatment and, (3) the serum cholesterol values before and during treatment. These observations support the concept that effective management of hypertension requires the identification of those at highest cardiovascular risk and the adoption of multifactorial intervention, targeting not only blood pressure levels, but also associated cardiovascular risk factors. The recently published guidelines for the management of hypertension from the British Hypertension Society embrace this concept and provide detailed guidance on the management of hypertension and associated risk factors.

Hypertension has become increasingly common and its management more complex. The aim of management is to help reduce the risk of

myocardial infarction and / or stroke. Cardiovascular risk associated with hypertension is not only a function of the level of blood pressure, but also strongly influenced by co-existing cardiovascular risk factors. Therefore, to manage hypertensive patients most effectively, their overall cardiovascular risk profiles need to be comprehensively assessed and potentially modifiable risk factors identified. Advice can then be tailored and management plans can have the added bonus of being in conjunction/partnership with the patient, helping to achieve the desirable outcome.

As nurses associated with hypertension management, the National Service Framework is the platform to bring hypertension management from a suboptimal to an optimal level. In the UK, this management of hypertension directly affects Primary Care as this is the first contact for patients presenting to their General Practitioner. The NSF will help reinforce the importance of effective diagnosis and treatment to achieve target BP goals, and to help tailor the pharmacological and non-pharmacological interventions to individual patients. Therefore, with the National Service Framework, the platform for optimal management of hypertension and CHD is open and being addressed at a national level, which can only lead to improvements for all.

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Bernadette Stribling, with a professional background in nursing, currently works for the National Health Service as the Cardiovascular Disease Manager, managing all aspects of the service from referrals in Primary Care to all aspects of secondary management. At the last Scientific Meeting held in September 2000, she was elected Chair of the **Nurses Hypertension Association (NHA)**, a society open to hypertension researchers in the United Kingdom and the Republic of Ireland. It is limited to 250 members and includes clinicians, nurses, physiologists and other scientists. ■

## People

The new address of the **Uruguayan League against Arterial Hypertension** is: Garibaldi 2593, 11 200 Montevideo, Uruguay.

Phone/Fax: (+598) 2 480 6567

The **All Indian Heart Foundation** has changed its address: A-1 / 132, Safdarjung Enclave, New Delhi 110 029, India.

Phone: (+91) 11 6414 156  
 Fax: (+91) 11 6225 733  
 E-mail: padmavat@del2.vsnl.net.in

The new address of the **Chilean Foundation of Hypertension** is: Callao 2970, Oficina 614, Las Condes, Santiago, Chile.

Phone/Fax: (+56) 2 234 4140

### 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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 Peter Sleight (Oxford), Past President  
 Patrick J. Mulrow (Toledo), Secretary General

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## Calendar

### 23rd European Meeting on Pulsewave Analysis and Large Artery Function

February 26, 2001

London, UK

*Information:* The Secretariat, Hampton Medical Conferences Ltd., 127 High Street Teddington, Middlesex TW11 8HH, UK

Fax: (+44) 20 8977 0055

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

### 7th Pan-Hellenic Congress on Arterial Hypertension

March 1-3, 2001

Athens, Greece

*Information:* Hellenic Society of Hypertension, 111, Vas Sofias Ave.

115 27 Athens, Greece

Fax: (+30) 1 6400 767

Web Site: [www.hypertasi.gr](http://www.hypertasi.gr)

### XIV Meeting of the Inter-American Society of Hypertension

March 25-29, 2001

Santiago, Chile

*Information:* Dr. Maria Cristine Escobar Chilean Society of Hypertension

Callao 2970, Of. 614

Las Condes, Santiago

Fax: (+562) 234 4140

Web Site: [www.hipertension.cl](http://www.hipertension.cl)

### 14th International Symposium on Angiotensin II Antagonism

April 3-5, 2001

London, UK

*Information:* The Secretariat, Hampton Medical Conferences Ltd.

127 High Street Teddington

Middlesex TW11 8HH, UK

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### 11th Congress of the European Society of Hypertension

June 15-18, 2001

Milan, Italy

*Information:* AISC Assistenza Internazionale Servizi di Congresso Via A Ristori 38, 00197 Rome, Italy

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