



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. 75, February 2001

Interview with the WHL President by the Editor of the WHL Newsletter



Dr. Anja Kroke

“Dr. Lenfant, what do you consider to be the most important challenge in hypertension control to be addressed in the new millennium?”

I believe the most important challenge in hypertension control is to use what we know, and we know a lot!

Research and clinical observations coming from many countries have given us clear directions with regard to prevention, treatment, and control of hypertension. Just for treatment alone, we have a great number of drugs available, and new ones coming every year. If these medications were used, undoubtedly, better control would be achieved. Admittedly, there are many obstacles to the continued use of these medications. Issues such as which drugs to use under which situations, the cost, availability, efficacy and side effects of medications as well as patient adherence to regimens are significant barriers to controlling hypertension. But we know how to address many of these obstacles too. There is research from the behavioural, social, communications, and community health sciences that if applied could improve the hypertension situation. So we must find ways to integrate and use all of this information rather than just do nothing.

“What could be short term steps to address these issues, and what has to be changed in the longterm?”

There are several short term steps to address these issues. Most physicians' offices and clinics possess some device to measure blood pressure. Physicians need to use their equipment.

I know how busy some office practices can be, but in medicine there are few procedures which are so easy to administer, are non-invasive and can reveal so much as measuring blood pressure.



Dr. Claude Lenfant

Physicians also need to treat hypertension. In the longterm, there is a need to develop environmental strategies for population based approaches to prevent blood pressure from rising. Vascular damage can begin before blood pressure readings of 140/90 mmHg. These

strategies will need to be developed by communities and countries. Let me provide one example. In many parts of the world, most people consume more salt than they physiologically need. A large source of people's salt intake comes from processed and baked foods. Communities can work to increase demand for lower salt food items and to work with bakers and food preparers to reduce salt in baked goods and processed foods. This along with other population based strategies can reduce average blood pressures within a population. Even small blood pressure reductions of a few mmHg within populations can reduce cardiovascular morbidity and mortality.

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WHL News

Report from the WHL Far East Regional Meeting in Beijing, People's Republic of China

At the Strategic Planning Meeting of the WHL Executive Board in Geneva in November, 1999, it was recommended that the WHL hold regional meetings with local hypertension societies. The first such meeting, the WHL Regional Conference and the Second International Symposium on Hypertension and Related Diseases of the Chinese Hypertension Society, was held in Beijing on October 9–12, 2000. The WHL Regional members submitted abstracts describing activities and problems regarding hypertension control in their countries. Each presentation included a detailed description of the activities for hypertension control in their country. Each country had some unique activity or problem of interest, which is noted as follows:

Australia: Activities of the National Heart Foundation of Australia (NHF) To Control, Detect, and Prevent Hypertension in Australia by *Andrew Boyden*.

Dr. Boyden reported that the NHF established "Heartline", a national telephone call center. This center provides the public with access to trained professionals who provide preventive and other advice.

Bangladesh: Problems of Hypertension in Bangladesh by *Abdul Malik*.

Professor Malik described the problems in hypertension control. Nearly 72% of hypertensives in urban areas and 86% in rural areas are unaware of their hypertension. Lack of funds prevents national programs to detect hypertension.

Japan: Guidelines for the Management of Hypertension (JSH 2000)

by *Masatoshi Fujishima*.

The Japanese Hypertension Society has adapted the JNC-VI and WHO-ISH Guidelines to take into account the unique aspects of cardiovascular disease and hypertension in the Japanese population.

Korea: National Prevention and Control Program of Hypertension in Korea

by *Joung Soon Kim*.

Hypertension is increasing in Korea, from 20% of the adult population in 1990 to 27% in 1998. The Korean Government established a national prevention and control program.

The Philippines: Hypertension Control Program in The Philippines

by *Ramon F. Abarquez, Jr.*

Dr. Abarquez emphasized an important point; namely, that lifestyle modification is a family affair. For example, it is difficult for one member of the family to quit smoking if other members continue to smoke.

Pakistan: Pakistan Hypertension League. An Overview of its Activities

by *Azhar M.A. Faruqi*.

The Pakistan Hypertension League's goal is to increase awareness of hypertension in Pakistan. Annual symposia are held in major cities and half of the time is devoted to interactive sessions between experts and the general public. These sessions have been very successful.

Thailand: The Detection, Control and Prevention of Hypertension in Thailand

by *Peera Buranakitjaroen*.

Dr. Buranakitjaroen reported a study indicating that physicians are frequently unwilling to adjust antihypertension drugs, making them a major factor responsible for the low blood pressure control rate. Physicians and other medical personnel need to be educated regarding guidelines for blood pressure control.

Taiwan: Prevention and Control of Hypertension in Taiwan by *Yung-Zu Tseng*.

The Taiwan Society of Cardiology has developed extensive programs for education of medical personnel and the community in cardiovascular risk factor control.

India: Hypertension in India. Salient Features

by *S. Padmavati*.

There is no governmental national blood pressure control program. Public awareness is increased due to nongovernmental organizations and the media. The prevalence of hypertension varies considerably from one region of India to another.

Korea: Blood Pressure and Total Mortality in Korean Men & Women: The KMIC Study

by *Il Suh*.

The effect of blood pressure on mortality was examined in 183,610 Koreans. It was linear with lower mortality in those with lower blood pressure. There was no J-shaped curve.

In addition to the WHL member presentations, the Chinese Hypertension Society also had a

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WHL Regional Meeting continued

number of papers on the main symposium describing activities on blood pressure control in China. Discussions were excellent and the WHL members stated that they learned a lot from the different methods of hypertension control. In addition to the WHL Regional Meeting, five members of the WHL Board presented talks and participated in the Second International Symposium: Dr. Claude Lenfant, President, Dr. Liu Lisheng, Vice President, Dr. Patrick J. Mulrow, Secretary General, Dr. Mohsen Ibrahim, Board member, and Dr. Arun Chockalingam, Board member.

All in all, the meeting was a great success largely due to the organizational efforts and gracious hospitality of Dr. Liu Lisheng, President of the Chinese Hypertension League and Vice President of the World Hypertension League.

After the symposium Drs. Chockalingam, Ibrahim and Mulrow participated in a hypertension conference dedicating the opening of a new hypertension center in Qingdao, China. After this meeting Drs. Ibrahim and Mulrow traveled to Chongqing where they participated in the symposium on hypertension in the elderly ("The Progress of Diagnosis and Treatment of Hypertension in the Elderly"). Our hosts in each city were most gracious and friendly.



Left to right, first row: Liu Lisheng, Claude Lenfant, Abdul Malik, Patrick J. Mulrow, Arun Chockalingam, Mohsen Ibrahim, Joung Soon Kim, S. Padmavati.

Left to right, second row: Il Suh, Peera Buranakitjaroen, Ramon Abarquez, Masatoshi Fujishima, Bang Hun Lee, Andrew Boyden, Jean-Pierre Boissel, and Gong Lansheng.

Dr. Patrick J. Mulrow
Secretary General

Interview continued

“What is the role of WHL in supporting the effort for hypertension prevention and control?”

The World Hypertension League (WHL) has several roles in hypertension prevention and control. WHL can serve as a coordinator and catalyst for sharing information and reporting on the experiences to prevent and control high blood pressure throughout the World. The WHL Newsletter can serve as a conduit to get this information out to member nations. In the near future, we hope to initiate a column which will provide practical tips for communities, clinicians, patients and their families. We are redesigning the WHL WebSite to provide more user friendly information for communities and member nations and to hyperlink this WebSite to many hypertension societies. There is much valuable information on these WebSites and it should be shared and used. The Internet will become an important source of continuing education for the WHL member nations. WHL can also use internet technology to translate member nations clinical guidelines to practice so that more patients are being treated. The WHL will focus on translating and implementing guidelines rather than developing them. This is a critical mission because hypertension control rates throughout the world are rather dismal. Adding one more guideline to the list won't help, but using existing guidelines will.

“As the new President, what will be the major focus of your work with the WHL during the upcoming years?”

The major focus of this administration will be to get the message out and that message is to Use What We Know. The WHL is not going to solve all these problems alone, but it can serve as a catalyst, coordinator and enabler to raise the level of awareness about the hypertension problem for patients, communities and nations. WHL will need to be persistent and get the message out to member nations so that they can develop their own hypertension prevention and control programs regardless of the size or scope. Many years ago, drugs to lower blood pressure were not available and as a young family physician I saw the effects of untreated hypertension. Those observations were not satisfying. Today we can do better, if and only if, we apply what we know.

Dr. Lenfant was interviewed by Anja Kroke. ■

People

The new address of the **Dutch Hypertension Society** is: Dr. P.C. Chang, Hoofdinspectie vd Gezondheidszorg, RD-13-13, Postbus 16119, 2500 BC Den Haag, The Netherlands.

Major General Leslie Busk was elected chairman of the **European Heart Network (EHN)**, 1 Place du Luxembourg, 1050 Brussels, Belgium.
 Tel.: (+32) 2 512 9174
 Fax: (+32) 2 512 6673
 E-mail: EHN@compuserve.com
 Website: www.ehnheart.org

The e-mail address of the **Chinese Hypertension League** has changed:

E-mail: chlhypt@163bj.com ■

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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 Liu Lisheng (Beijing), Vice-President
 Peter Sleight (Oxford), Past President
 Patrick J. Mulrow (Toledo), Secretary General

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 Jay N. Cohn (Minneapolis), K.H. Rahn (Münster)

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 M. Mohsen Ibrahim (Cairo), Developing Countries
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Calendar

4th 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
 Fax: (+44) 20 8977 0055
 Web Site: www.AIIA.co.uk

10th International Symposium on SHR and Molecular Medicine

May 2–4, 2001

Berlin, Germany

Information: Max Delbrück Center for Molecular Medicine (MDC)
 Conference Secretariat
 Robert-Rössle-Strasse 10
 13125 Berlin-Buch, Germany
 Fax: (+49) 30 9406 2206

16th Annual Scientific Meeting of the American Society of Hypertension

May 15–19, 2001

San Francisco, CA, USA

Information:
 American Society of Hypertension (ASH)
 515 Madison Avenue, Room 1212
 New York, NY 10022-5403, USA
 Fax: (+1) 212 644 0658
 Web Site: www.ash-us.org

16th Annual International Interdisciplinary Conference “Improving Cardiovascular and Renal Outcomes: Maximizing Drug Therapy”

July 8–12, 2001

Las Vegas, NV, USA

Information: ISHIB
 2045 Manchester St, NE
 Atlanta, GA 30324, USA
 Fax: (+1) 404 875 6334
 Web Site: www.ishib.org

2nd Congress of the Asian Pacific Society of Hypertension “New frontiers of hypertension by the year 2001”

August 19–22, 2001

Pattaya City, Thailand

Information: Dr. Prasart Laothavorn
 Siriraj Hospital, Division of Hypertension
 Bangkoknoi, Bangkok 10700, Thailand
 Fax: (+66) 2 419 7790
 Web Site: www.thaiheartweb.com/apsh