



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. 79, October 2001

Editorial

Hypertension in developing countries: Escalating problem, few solutions



Dr. M-Elbagir K. Ahmed

Undoubtedly, the public health burden of hypertension in the developing countries (DC) is escalating¹. However, the scale of the problem differs among individual DC. Generally, one can now identify three classes of countries: the developed (western) countries (class 1), the affluent developed countries such as the Gulf States and some Asian and Latin American countries (class 2), and the slowly DC (class 3), which include the poor nations in Africa, Asia and rest of the world. The determining factors in this classification, in addition to the capital income, are the magnitude of modernization (westernization) and the rate of cardiovascular risk status.

In the Sudan (class 3), the prevalence of hypertension in an urban population can be as high as 7.5%–10%² which is lower than that in Egypt³ and some neighboring African countries. In Saudi Arabia and other Gulf States (class 2), the prevalence of hypertension ranges between 2% in the rural areas to 15.4%^{4,5} in urban populations. The pattern of hypertensive complications in the Sudanese is similar to that of the African and Black populations elsewhere: mainly stroke, renal diseases and heart failure with a low prevalence of coronary heart disease (CHD)⁶. This is in contrast to the increasing frequency of CHD among the gulf states (class 2), owing to the great changes in socioeconomic, lifestyle, and dietary factors that have become closer to those in the West.

However, the major challenges regarding the problem of hypertension in the developing nations are those related to awareness, detection

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WHL News

New WHL website being ready to access

The World Hypertension League (WHL) is pleased to announce the restructuring of our website: <http://www.mco.edu/whl>. Included on this website is the WHL Membership Directory, educational articles for the scientific community and general public, history and statutes of the WHL, current and past issues of the WHL Newsletter, calendar of future meetings of WHL member organizations, and all major announcements for WHL member leagues.

The objectives of the WHL are to promote the detection, control and prevention of arterial hypertension in populations. The WHL acts as an intermediary among science, health policy, and the practice of hypertension control. We would like to educate medical personnel and the public with our website. We encourage you to use this website on a regular basis, as we are attempting to post the latest reports and recent developments from various scientific meetings and the literature. We hope to keep the website packed with up-to-date information that will be beneficial to all users.

Patrick J. Mulrow
Secretary General

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and control. It is a fact that the state of hypertension control (BP <140/90) is disappointing worldwide, but the problem is particularly serious in the developing countries where appalling low rates of BP control (3.3–8%) have been reported and where the cost of antihypertensive drugs is prohibitive. Although our studies in the Sudan and Saudi Arabia among patients attending hospital hypertension clinics⁷ revealed rates of BP control of 46% and 41%, respectively, this does not reflect the expected low rates of BP control in the community at large.

What are the solutions then? Firstly, DC need special support from international bodies as well as their local governments to subsidize antihypertensive medications. Secondly, cost effective detection methods should be implemented as part of an integrated cardiovascular disease (CVD) prevention program. Thirdly, health systems in the DC should be directed to cope with the challenge of CVD and lastly, academic institutions in DC should encourage proper CVD research in the community.

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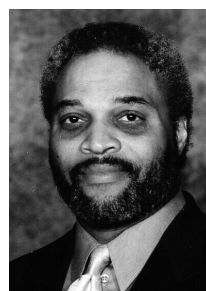
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A complete reference list is available upon request from the Newsletter editorial office in Berlin, Germany. ■

**Report from
 WHL Member Leagues**

The **International Society on Hypertension in Blacks (ISHIB)** announces new president at the ISHIB 2001 Meeting in Las Vegas.



Dr. John Flack

Dr. John Flack of Wayne State University (Detroit, Michigan) was named the new president of ISHIB during the 16th Annual International, Interdisciplinary Conference on Hypertension and Related Risk Factors in Ethnic Populations (ISHIB2001), held July 8–12 this year in

Las Vegas, Nevada. The announcement was made during the awards ceremony by Dr. James Reed (president of ISHIB since 1993) of Morehouse School of Medicine in Atlanta, Georgia. He also announced that Dr. Flack and Dr. C. Alicia Georges (Hubert H. Lehman College, Bronx, NY) would be the scientific co-chairs for the 2002 conference being held in June in Miami, Florida. Following Dr. Reed's address, Dr. James Marks (Centers for Disease Control and Prevention) delivered the Neil Shulman Lecture on public health and health advocacy. The ISHIB sponsors the conference every year. This year, the title was "Improving Cardiovascular and Renal Outcomes: Maximizing Drug Therapy". Delegates enjoyed a meeting packed with symposia and workshops on a spectrum of topics, including hypertension, diabetes, stroke, and genetics. An august faculty of clinicians and researchers from around the world lectured to rapt audiences, presenting important data from such studies as AASK, NHANES III, and PROGRESS. Scientific co-chairs for this year's meeting were Dr. Janice Douglas (Case Western Reserve University, Cleveland, Ohio) and Dr. Domenic Sica (Virginia Commonwealth University, Richmond, Virginia). ISHIB is a professional, medical membership society devoted to reducing ethnic disparities in health care around the globe.

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Comments on Editorial No. 69

Answer to Dr. Tom Strasser's questions "The Gap – How wide, and still for how long?"



Dr. Jacques Genest

In his last editorial of February 2000, Dr. Tom Strasser (as quoted in his obituary written by Dr. Detlev Ganten, WHL Newsletter, June 2001) stressed the GAP in hypertension control, discussing the difference between the achieved and the achievable and asked several pertinent questions: "The GAP, how wide and still for how long? Why does our message of hypertension control not pass review? Is there a barrier between the patient and their doctors?"

Despite all the efforts and extensive educational programs concerning the high (25%) incidence of essential hypertension and its management, only 16% and 27% of patients in Canada and the USA are well controlled with BP below 140/90 mmHg. These findings greatly contrast to the successful management of most hypertensive patients in specialized hypertension clinics. Their success is certainly due to the expertise of clinicians with a wide experience and intimate knowledge of the pharmacology of the antihypertensive drugs. Patients with mild hypertension should be managed adequately by informed general practitioners using the numerous guidelines available. Our own hypertension clinic has been in operation since 1953 and includes 6–8 physicians and clinical scientists, 4–5 specialized nurses available at all times during the day for calls from patients. Our hypertension research laboratories provide the biochemical support for the determination of renin, steroids, catecholamines and others.

I am firmly convinced, and it is the consensus of all the senior members (physicians and nurses) of our clinic, that in "using what we know" (Dr. Claude Lenfant, president of WHL, Newsletter February 2000), 95 to 100% of all patients with essential hypertension can be controlled to normal levels for more than a decade now, with existing drugs, minimal side effects and with greatly improved quality of life provided that:

(i) a thorough evaluation is made and secondary-causes of hypertension are eliminated, (ii) a judicious combination of antihypertensive drugs is used and

(iii) attention is given to the compliance of the patients and their social and emotional status.

The five groups of drugs usually prescribed are:

- a) thiazide diuretics
- b) beta-blockers
- c) calcium-channel blockers
- d) converting enzyme inhibitors and
- e) AT1 receptor antagonists of angiotensin II.

Less frequently used medications include: α -methyldopa, clonidine, hydralazine and spironolactone. Since 1953, a systematic recommendation of a diet without added salt or salted food, and moderately restricted in animal fats has been made in addition to the use of these drugs.

This management was complemented by strong advice concerning the correction and prevention of factors such as overeating (obesity), excessive intake of salt, "rich" foods and alcohol and a better adaptation to the innumerable stresses of modern life. In comparison to specialized clinics in other countries, we had the advantage of being greatly helped by the Health Care System of Canada which is entirely free, that is, at no direct cost to the patients for doctors visits, consultations, tests (biochemical, hormonal, radiological, imaging, nuclear medicine and others) and by, at least in Quebec, a compulsory government drug insurance plan providing these drugs at greatly reduced cost and free above a maximal contribution of 750 \$ (CAN).

The effective management of the individual hypertensive patient is one of the greatest accomplishments of modern medicine.

Dr. Jacques Genest
IRCM

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People

Dr. Chi Woon Kong was elected new president of the **Taiwan Society of Cardiology** for the period of June 2001 to May 2003. The address is: 5F, No. 4, Section 1, Jen-Ai Road, 100 Taipei, Taiwan.

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Dr. John Flack is the new president of the **International Society on Hypertension in Blacks (ISHIB)**, Inc., 2045 Manchester Street, NE, Atlanta, GA 30324-4110, USA.

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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

7th International Symposium on Hypertension in the Community

December 7–10, 2001

Limassol, Cyprus

Information: Symposium Secretariat,
 Carmel Organizers of Conferences & Events
 PO Box 1912, Ramat Gan 52532, Israel
 Phone: (+972) 3 575 4040
 Fax: (+972) 3 575 3107
 E-mail: tcarmel@netvision.co.il

13th World Congress of the International Society for the Study of Hypertension in Pregnancy

June 2–5, 2002

Toronto, ON, Canada

Information: Jennifer Houghton
 Fax: (+1) 416 971 2200
 E-mail: ce.med@utoronto.ca

17th Annual International Interdisciplinary Conference on Hypertension “Reversing the Cardiovascular Disease Epidemic Among Ethnic Minority Populations: Translating Strategies into Success”

June 8–12, 2002

Miami, FL, USA

Information: ISHIB,
 2045 Manchester Street, NE,
 Atlanta, GA 30324-4110, USA
 Fax: (+1) 404 875 6334
 E-mail: ishib2002@ishib.org

6th Conference on Hypertension and Cardiovascular Diseases

June 28–30, 2002

Charleston, SC, USA

Information: Education Department
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Annual Meeting of the British Hypertension Society

September 9–11, 2002

Oxford, UK

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