



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. 96, August 2004

Editorial



World Hypertension League: Twentieth Anniversary

The year 2004 marks the twentieth anniversary of the formal establishment of the World Hypertension League. Twenty years is not a very long time, but corresponds to the time a child becomes an adult! Thus, we may ask ourselves whether we have reached adulthood.



Dr. Claude Lenfant

Today, the League is a network encompassing 81 organizations, all devoted to the prevention and control of hypertension in their respective environments. The network is held together through this newsletter, meetings, and conferences with exchange of information. More members are joining the League, and we can safely predict that in the years to come, the membership will reach, and even surpass 100.

Our goal is not only to be a bigger organization, but to increase the number of people with hypertension who are treated, and to improve the quality and effectiveness of their treatment. Has progress been made during the last twenty years? No question, the answer is "yes!"

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WHL News

Hypertension 2005
9th Annual Scientific Meeting of the Egyptian
Hypertension Society and World
Hypertension League Regional Meeting

April 6–9, 2005, Cairo, Egypt

Call for Abstracts

The program focuses on original research contributed by Egyptians and investigators in Arab and Eastern Mediterranean countries. The educational program covers population, clinical and basic science. A distinguished international faculty will present state-of-the-art and leading edge material. For more information as well as abstract forms, please visit the EHS website: www.ehs-egypt.net. or contact the congress secretariat, Mrs. Rehab Mohammad or Mrs. Fathia El-Saeed (see also calendar section on the last page).

Important Deadlines:

Abstract submission: January 31, 2005.

Young investigator award manuscript submission: February 28, 2005.

Early registration: February 28, 2005. ■

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Report from Member Leagues

Hypertension Control in Taiwan, Republic of China (ROC)



Dr. Yuan-Teh Lee

Hypertension is an increasingly important medical and public health issue in Taiwan (ROC). According to the 2002 Health Survey conducted by the National Health Bureau, the prevalence of hypertension (systolic blood pressure/diastolic blood pressure $\geq 140/90$ mmHg or taking antihypertensive drugs) was 25% in men and 18% in women over 15 years of age. The prevalence of hypertension increases with advancing age to the point where more than half of the people aged 60 to 69 years old and approximately 70% of those aged 70 years and older are affected. The age-related rise in systolic blood pressure is primarily responsible for an increase in both incidence and prevalence of hypertension with increasing age.

The World Health Organization reports that sub-optimal blood pressure (>115 mmHg in systolic blood pressure) is responsible for 62% of cerebrovascular disease and 49% of ischemic heart disease, with little variation by sex. In Taiwan (ROC), suboptimal blood pressure is also the number one attributable risk for death. On the other hand, the implementation of National Health Insurance Program has resulted in a substantial improvement in hypertension control. The awareness of hypertension has improved from a level of 43% of men and 53% of women in the period 1993 to 1996 to 59% and 79%, respectively, in 2002. The percentage of patients with hypertension receiving treatment has increased from 31% to 47% in men and from 45% to 64% in women in the same period. The percentage of persons with hypertension controlled to below 140/90 mmHg has increased from 15% to 21% in men and 22% to 29% in women. These levels are similar to those reported in recent surveys in the United States. Moreover, these changes have been associated with favorable trends in the morbidity and mortality attributed to hypertension. Since 1980, age-adjusted death rate from stroke, the number two cause of death in Taiwan (ROC) has declined by approximately 25%.

However, the current status of hypertension control is still far from ideal. Approximately

30% of adult Taiwanese are unaware of their hypertension, more than 40% of individuals with hypertension are not on treatment, and three fourths of hypertensive patients are not being controlled to blood pressure levels less than 140/90 mmHg. In order to achieve a further improvement in hypertension control, preparations of community-based strategies and national hypertension guidelines are in progress.

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WHL News

Report from the WHL Regional Meeting in Prague, Czech Republic



Participants of the WHL Regional Meeting in Prague: Prof. Dr. Anita Rieder (Vienna), Dr. Arun Chockalingam (Vancouver), Dr. Renata Cifkova (Prague), Dr. George Fodor (Ottawa), and Prof. Dr. Michael Zimpfer (Vienna).

On April 24, 2004, the WHL in collaboration with the Czech Society of Hypertension held a one day scientific meeting, dealing with community control of hypertension in Central and Eastern Europe. The meeting was attended by more than 100 scientists and health care providers. In addition to several highly informative presentations a discussion developed about the implementation of a world hypertension day. On a regular date each year, this day could help to promote messages about the danger of hypertension, the need for blood pressure controls, and preventive measures. Nation wide blood pressure measuring activities would help to identify undetected hypertension in the general population. The issue of a world hypertension day will be further pursued by the WHL.

Comments on Editorial of Newsletter 95/2004

Is there a reason to mourn the departure of the mercury sphygmomanometer?



Dr. M-Elbagir K. Ahmed

I would like to raise the following comments on the editorial by Dr J George Fodor:

These instruments have served us well for the last century and almost all the BP measurements in clinical trials were based on this instrument.

I agree that it is difficult to clean and maintain such devices, but I blame ourselves for failure to teach the nurses and doctors on how to keep these instruments in good shape and on how to properly measure BP. Previous studies by Professor Rose and recently by myself have confirmed these failures^(1,2).

Also, I wonder why it took us so long to realize the toxic effects of mercury and hence withdraw the mercury instruments now? Similarly we took a long time to define optimal BP control (<140/90) and abandon the WHO BP definition of 160/95. It seems that in spite of the hugely available wealth of hypertension literature, we act less promptly and less aggressively.

A simple question: were there any reported cases of mercury toxicity among healthcare workers for the last 100 years?

Speaking on behalf of developing countries, electronic devices are more expensive and difficult to get outside hospitals. Aneroid devices seem to be more suitable but then it will need auscultatory skills and good knowledge of Korotkoff sounds.

In the end, I think there is good reason to mourn the departure of the mercury devices in the appreciation of their long service record, just like losing a dear friend no matter how sinful he was!

M-Elbagir K. Ahmed
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References:

1. Rose GA, et al. *Lancet* 1964;**13**:296–300.
2. Ahmed, M-Elbagir K. Knowledge of blood pressure measurement among a teaching hospital in a developing nation. *J Human Hypertension* 1997;**11**:495–99. ■

Editorial continued

However, the problems before us are increasing. For a variety of reasons, the number of hypertensive people is increasing and we can expect this problem to worsen. In addition, although we have increased the fraction of treated hypertensives who are “controlled,” that is, effectively treated, this fraction is still very low – about 30% at best, but sadly less than 10% in many countries.

Why is this so? The first reason is that blood pressure is not measured systematically in all people, and if it is, the measurement may be faulty. Second, are patients following the prescription they are given? Unfortunately, the answer to this is not very good; few patients are as compliant as they should be. Finally, are the right prescriptions given? During the last twenty years, the pharmaceutical industry has produced several new classes of hypertension medications and many new brands. All together, they have prices that vary from very high to very low. Although prices of some medications may be prohibitive in some countries, there are medications which are affordable almost everywhere, but they are not used.

Unquestionably, hypertension is a huge public health problem that continues to increase. It is directly and indirectly the cause of many premature deaths and its impact on the quality of life of individuals, and on economies of all societies and nations is considerable. For all these reasons, the World Hypertension League and its members must commit themselves to “Apply What We Know.”

Indeed, we know a lot and we can reduce the huge burden of hypertension if we do apply what we know.

Dr. Claude Lenfant
 President
 World Hypertension League ■

People

The address of the **All India Heart Foundation (AIHF)** has changed: Dr. S. Padmavati, National Heart Institute Building, 49–50, Community Centre, East of Kailash, New Delhi – 110065, India.

Tel. (+91) 11-2641 4156
 Fax (+91) 11 2622 5733
 E-mail: padmavati@del2.vsnl.net.in
 Website: www.nationalheartinstitute.com



Bimonthly Newsletter of the AIHF
 Editor: Dr. H.K. Agarwal

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

Artery 4

October 4–5, 2004

London, UK

Information: Hampton Medical Conferences

E-mai: artery@hamptonmedical.com

58th Annual Fall Conference and Scientific Sessions of the Council for High Blood Pressure Research

October 9–12, 2004

Chicago, IL, USA

Information: Ms. Anita Lara

American Heart Association (AHA)

7272 Greenville Avenue,

Dallas, TX 75231, USA

E-mail: scientificconferences@heart.org

Website: www.americanheart.org/conferences

WHL Regional Meeting with the 6th International Symposium on Hypertension and Related Diseases

October 15–17, 2004

Beijing, China

Information: Dr. Liu Lisheng

Cardiovascular Institute & Fu Wai Hospital

167 Beilishi Lu, Beijing 100037, PRC

Fax: (+86) 10 6835 1990

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Clinical Management of Hypertension

November 10, 2004

New Orleans, LA, USA

Information: Ms. Cindy MacDonough, AHA

7272 Greenville Avenue

Dallas, TX 75231, USA

Website: www.americanheart.org/conferences

3rd International Congress on Cardiovascular Disease

November 25–28, 2004

Taipei, Taiwan, ROC

Information: Dr. C. E. Chiang

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WHL Regional Meeting with the 9th Annual Meeting of the Egyptian Hypertension Society

April 6–9, 2005

Cairo, Egypt

Information: Congress Secretariat

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