Presidential address

The World Hypertension League is an important medical organisation. It represents 28 national antihypertension leagues and hypertension societies committed to the cause of hypertension control. The main purpose of the WHL is liaising between these national bodies, promoting exchange and information among them and offering internationally applicable methods and programmes for hypertension control. In these endeavours the WHL cooperates closely with the World Health Organization (WHO) and other international societies. The WHL pays particular attention to stimulating the control of hypertension in developing countries and to assessing the most appropriate methods suitable under conditions of socio-economic constraints. Through its 28 member organisations the WHL potentially reaches 1 billion people with hypertension or cardiovascular disease around the world.

To achieve its goals of prevention, better early detection and improved treatment of hypertension through the national societies, the WHL has developed several activities and programmes. The yearly WHL council conferences serve to exchange opinions and experiences among representatives of its members for the assessment of achievements, stimulation of national organisations and determination of future policies. The annual council meetings are usually linked with discussions on areas of specific interest and high actuality such as hypertension and obesity, patient education, alcohol, to be continued on page 2

WHL News

- The WHL Council Conference was held on March 9–11, 1990 in Leuven, Belgium. The new President of the WHL is Prof. Detlev Ganten, German Institute for High Blood Pressure Research and Dept. of Pharmacology, University of Heidelberg, FRG. Dr. Claude Lenfant, Director of the National Heart, Lung and Blood Institute, Bethesda, USA, was re-elected as Vice-President. Dr. Tom Strasser, Geneva, Switzerland, remains Secretary General of the WHL. Prof. José Rodicio, Madrid, Spain, and Prof. Michel Safar, Paris, France, are the delegates of the International Society of Hypertension (ISH) and Prof. Tony Amery, Leuven, Belgium, remains as immediate Past President on the Executive Board.

- A “Task Force” for the definition of priorities for hypertension control in African countries was initiated by the Council Conference.

- The WHL Newsletter Editorial Office in Heidelberg, FRG, changed its address and fax number effective immediately. New address: Wielandstr. 26, D-6900 Heidelberg, FRG. Fax: (49) 62 21-40 24 85.

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physical activity. Results of these meetings are published as “In Focus” statements of the WHL. These serve as internationally accepted guidelines and recommendations.

The WHL Newsletter appears six times a year and provides an important link between the member organisations, spreading information regularly on the activities of the national member societies, scientific news, specific helpful materials and practical advice. This is distributed to more than 5000 opinion leaders worldwide and is translated into different languages.

The Hypertension Audit Programme has been established together with the WHO and aims to provide a standardized database in the area of hypertension control, collected from physicians and patients, which is essential to assess and evaluate the success of national or international blood pressure control programmes.

A “Patient Education Booklet” has been edited by an outstanding international faculty and will serve as a basis to tackle and improve the important problem of compliance in hypertension treatment. Specific workshops are being planned by the WHL among which a symposium on “Cost Benefit in Hypertension” and one comparing specific problems in various parts of the world are the most urgent. All these activities will be continued in the future, and new ones will be taken up.

A World Hypertension Manual is being planned as a reference book on all basic information in the area of hypertension, e.g. addresses of national organisations, the data base in the area of epidemiology, treatment and prevention of hypertension, and internationally accepted guidelines. An international artist competition is being planned in recognition of the fact that information is sometimes better conveyed by pictures than by words. This will include increased press activities to promote the cause of the blood pressure programmes at the national and international levels to groups of people not reached so far.

It is clear that high blood pressure is but one cardiovascular risk factor, the others, obesity, smoking, alcohol, high blood lipids, etc. are equally important. Modern cardiovascular disease prevention programmes are all aimed at reducing these risk factors in the population. Hypertension plays a particularly important role and may indeed represent a unique opportunity for prevention programmes from a medical and psychological point of view. It can be assumed that subjects with one or several cardiovascular risk factors who have elevated blood pressure are also those who are sensitive to these specific risks and in whom, therefore, preventive measures are particularly meaningful and probably effective.

Because of the high incidence of hypertension, we can reach about 20%–30% of the adult population at a time when preventive measures are readily undertaken. The detection of these persons at risk is easy: blood pressure measurement can be done in the physician’s office but also at the work site, at home or in schools. If blood pressure is elevated, the doctor will be all the more persuasive and the patient more easily convinced that certain curative or preventive measures are meaningful. The obligatory repeated measurements of blood pressure provide an excellent opportunity for the physician to convince the patient to do something about risk factors, such as reducing weight, salt and fat intake, smoking and physical inactivity, and thereby starting a practical transition from curative to preventive medicine.

As a “side effect”, a hypertension treatment programme will, at the same time, be effective also with respect to the prevention of other diseases. If we are successful in reducing obesity and physical inactivity, the risk of diabetes and orthopaedic disabilities declines, reduction of smoking lessens the risk of cancer, reduction of alcohol consumption diminishes the chance of liver disease and car accidents. Hypertension programmes may thus become the most successful prevention programmes. With the combined efforts of the national member organisations and the WHL, integrated hypertension and cardiovascular prevention programmes may become a major step towards the WHO objective “Let’s Talk Health” and “Health for all in the year 2000”.

Certainly, different priorities must be considered in the various member societies. Regional planning and adaptation of specific programmes are therefore necessary to serve the needs of individual members of the WHL. The executive board and the president of the WHL, therefore, need your support and advice.

Detlev Ganten, M. D., Ph. D.
President, World Hypertension League
Letters to the Editor

The Future of Hypertensionology

Doctors like to classify things and to allocate patients and diseases into neat compartments. Similarly, career grades and specialities are often categorised in a manner that is not necessarily beneficial to patients. It is possible that the study of hypertension could suffer from this malaise. A recent article in the WHL Newsletter by Dr. T. Strasser is thus much appreciated (1). In many countries and particularly in the USA, universities and health authorities have recognised the importance of high blood pressure as a cause of illness and have created a speciality or sub-speciality of hypertension. These hypertensionologists may be attached to renal or cardiac units but are often found in academic centres. The concept of “hypertensionology” has, however, received little or no support in the United Kingdom. A “For Debate” article which I wrote in the British Medical Journal in 1983 (2) drew no response. Possibly financial stringencies in the British National Health Service and our universities meant that, even if this was considered to be a good idea, nobody could afford the extra staff to detect and manage hypertension. This laissez-faire attitude leads to many patients being denied expert care and some presumably dying needlessly.

Hypertension is a difficult speciality to define because it can be practised by so many different types of clinician. It is a topic relevant to cardiology, neurology, endocrinology, diabetology, pharmacology, nephrology, obstetrics, paediatrics, general practice, immunology, rheumatology and vascular and neurosurgery. Epidemiologists, whether clinical or not, are aware of the importance of blood pressure as a predictor of death in populations. One can argue, therefore, that specialists in all disciplines need at least some training in hypertensionology.

The recent detailed analysis of the screening results of the MRFIT study and the renewed interest in lipids have, however, emphasised the importance of the other cardiovascular risk factors in the causation of heart attack and strokes. Hypertensionology, therefore, cannot reasonably be regarded as a speciality along the same lines as cardiology or nephrology, but it must by virtue of its application to all branches of medicine be regarded as an important discipline. Also, the nursing profession has an increasing part to play in the management and detection of hypertension as well as research. I think, therefore, it would be wrong for us to separate hypertension from the rest of general (internal) medicine because hypertension is too widespread and too important. There is a good case in both undergraduate and postgraduate medical education to have special allocations for hypertensionology so that an increasing number of specialists can be accredited as having been trained to an appropriate level. Hypertension is probably the most common chronic disease in developed countries and is now an emerging problem in Third World Countries. Whilst, therefore, we do need some full-time hypertensionologists, we need more clinicians with training in hypertensionology along with their main speciality to take on this major health problem.


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Office evaluation of hypertension — a statement for health professionals by the AHA

The approach to the management of hypertension has changed radically in recent years. Today, the effect of the reduction of blood pressure on major cardiovascular complications such as stroke, congestive heart failure, renal damage and progression of hypertension becomes more and more evident.

The newly edited statement for health professionals by the Council for High Blood Pressure Research of the American Heart Association (AHA) summarises the ultimate purpose of office evaluation of the hypertensive patient, which is to provide optimal management of blood pressure and associated risk factors.

This valuable report will alert the physician to the possibility of curable forms of hypertension and is also concerned with estimating prognosis and extent of organ damage. The report is recommended for every practitioner and clinician with interest in hypertension.


For further information please contact: American Heart Association, National Center, 7320 Greenville Avenue, Dallas, Texas 75231, USA.

Impressum
The WHL-Newsletter is published bimonthly by the World Hypertension League.

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Phone: (49) 6221-45099, Fax: (49) 6221-402485.
ISSN 1013-1639

Production and distribution: Georg Thieme Verlag
Stuttgart • New York

The WHL-Newsletter is published with the support of Les Laboratoires Servier and their continuing commitment to care in hypertension.