Profile

The history of our organization began in July 1987 when we founded the Venezuelan Committee against Hypertension (VCAH) whose first president was Dr. Otto Lima Gómez, a distinguished Venezuelan internist. Otto Gómez and his colleagues, Leon Klahr, Manuel Velasco, José Rodríguez Casas, Francisco Fragachán, and Berardo López, developed an extensive programme with the purpose of transmitting information about hypertension to medical students and general practitioners. Our organization grew to serve the entire nation and began to make contacts with the rest of the world. Two international symposia on hypertension were held in Caracas in which renowned researchers in the field took part. We prepared several booklets addressed to young physicians on how to diagnose hypertension accurately and how to institute modern treatment. In turn, several physicians took over the presidency of the VCAH such as Francisco Fragachán and Manuel Velasco.

In 1985 an international meeting in Mexico was organized together with Prof. Ariel Reyes, Uruguay, and Prof. Luis Alcocer, Mexico. We changed the name of our organization in 1989 to the Venezuelan Foundation against Ischaemic Heart Disease and Arterial Hypertension (Fundacarditen), which is more appropriate as these diseases are the main causes of mortality in our country.

Two international symposia were organized in Maracaibo in 1989 and 1991, and there are further plans. We are in the process of organiz-

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WHL News

The World Health Organization (WHO) has chosen “Heartbeat – the rhythm of health” as the slogan for World Health Day, April 7, 1992. As we reported earlier, the WHL has organized an international Art Competition on the topic of hypertension, and the final Award Ceremony will be held in conjunction with the activities on World Health Day in Geneva. There will also be an exhibition of the posters submitted from China, Germany, Hungary, Italy and Israel in the WHO building at that time. The exhibits will then be in Geneva for the general assembly of the WHO. Afterwards, the posters will be sent on a travelling exhibition. Those WHL members interested in arranging an exhibition in their country should contact the Newsletter office.

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Profs. Reyes and Velasco are working together to organize this meeting in Caracas, Venezuela. Fundacarditen is an official institution which aims to establish general rules for the diagnosis and treatment of ischaemic heart disease and arterial hypertension. It is headed by Profs. Manuel Velasco and Fernando Bermudez. We recently joined the World Hypertension League (WHL) as active members, and we hope to cooperate closely with this organization in the future.

Prof. Dr. Manuel Velasco
Chairman Venezuelan Foundation against Ischaemic Heart Disease and Arterial Hypertension (Fundacarditen)
Apartado postal 76333
El Marqués
Caracas 1070-A, Venezuela

Scientific News

Hypertension in Pregnancy

The detection and management of hypertension in pregnancy forms one of the major goals of antenatal care, as eclamptic or pre-eclamptic states carry a high risk for both the mother and the fetus. The first step in the reduction of this risk is the accurate determination of blood pressure in pregnant women. A recent study in a British hospital showed, however, that practices of blood pressure measurement vary greatly from midwife to midwife and between obstetricians (1). Questionnaires sent to 116 midwives and 11 obstetricians showed that only a few of them followed the standard recommendations. About half the health care professionals reported using Korotkoff phase IV, whereas the other half used phase V. There has been considerable discussion on this topic in recent years; the German and British Hypertension Leagues recommend using phase IV, whereas the U.S. High Blood Pressure Education Program recommends using phase V. The confusion results from the finding that in states with a high cardiac output, such as pregnancy, the disappearance of sound (phase V), is frequently not observed until the pressure falls to near 0 mmHg. In this case the U.S. High Blood Pressure Education Program also recommends using phase IV, the muffling of the sound. The British study demonstrated that there was also considerable variation in the position of the patients when their blood pressure was measured (usually a sitting position is recommended) and in the steps health care professionals took once an elevated value was recorded. Dr. Beevers’ group recommends discussing guidelines for the measurement and treatment of hypertension in pregnancy within each obstetrical unit to come to an agreed procedure for the appropriate detection and management of this important condition. Only if blood pressure measurements are standardised will the recordings have a high predictive value. The German Hypertension League and the U.S. National High Blood Pressure Education Program provide leaflets and reports on high blood pressure in pregnancy (2, 3); copies of these can be requested from the Newsletter office.

References:
(3) Hypertension in pregnancy (in German) (1990): Merkblatt der Deutschen Liga zur Bekämpfung des hohen Blutdruckes e.V., Heidelberg, Germany

Facts That Convinced Me

The Benefits of Hypertension Control

I am convinced that (a) the treatment of hypertension reduces not only fatal and non-fatal strokes but also the overall incidence of cardiovascular diseases and coronary heart disease and (b) that the metabolic effects of medications used in the clinical trials do not explain the lack of universally significant reductions in coronary heart disease events. Here are the facts:

It has been stated that the hypertension treatment trials utilizing diuretics or, in some instances, beta-blockers as initial therapy have failed to demonstrate a reduction in coronary heart disease (CHD) events. There is strong evidence to the contrary, however, and good explanations as to why some of the trials appeared...
not to demonstrate a benefit. In the Hypertension Detection and Follow-up Program (HDFP) (1), the European Working Party Study (EWPHE) (2) and the recently reported Systolic Hypertension in the Elderly (SHEP) study (3), a significant decrease in the total of fatal and non-fatal CHD events was reported in treated compared with placebo or less aggressively treated subjects.

In contrast, the Oslo Study whose results suggested an increase in CHD deaths at 10 years in subjects treated with diuretics as initial therapy included only a small number of events (3 vs 14); there are also no data available regarding the treatment or blood pressure levels in these subjects for anywhere from 1 to 5 years preceding their death (see Newsletter No. 21, February 1992).

Although the use of diuretics may result in a short-term (approx. 1 year) increase in lipid levels and some changes in insulin resistance, none of the longer (3–5 year) clinical trials has reported an increase in cholesterol levels in treated patients (4). In addition, only about 0.6% of subjects on diuretics over a 3–5 year period developed diabetes or hyperglycaemia (5). These facts are not consistent with the argument that medications used in the trials had an adverse effect on reducing CHD events. The design of the individual studies probably accounts for the lack of a universal CHD event reduction.

A recent meta-analysis of 14 unconfounded treatment trials (6) concluded, however, that a significant reduction of 14% in CHD events was noted when the trial results were pooled (see figure). Although a 20%–25% reduction might have been expected from the achieved 5–6 mmHg decrease in diastolic blood pressure, it should be noted that the blood pressure decrease was of only 3–5 years' duration, whereas the epidemiological estimates of benefit were based on a prolonged (perhaps over decades) decrease in diastolic blood pressure of this magnitude (7).

It is possible that the use of medications other than those in the clinical trial protocols would produce better results, but at present there are no data to confirm this speculation.

References

The author:
Dr. Marvin Moser, born in 1924, finished his training in cardiology at the Mt. Sinai Hospital Medical Center in New York City in 1951 and served as Chief of Hypertension at the Walter Reed Army Medical Center, Washington, D.C., from 1951 to 1953. He is presently Clinical Professor of Medicine at the Yale University School of Medicine. He has been the Senior Medical Consultant for the National High Blood Pressure Education Program of the National Heart, Lung, and Blood Institute in the USA since 1974.
WHL MATERIALS

Journal of Hypertension Control

The Canadian Coalition for High Blood Pressure Prevention and Control has launched a new quarterly journal in an easy-to-read format. Each issue features an article by an international authority on topics related to the treatment and control of high blood pressure, pharmacological and non-pharmacological issues in hypertension control, lifestyle modification and reports on current developments in hypertensionology. There are also reports included from the activities of the Canadian Coalition for High Blood Pressure Prevention and Control. The journal is distributed free of cost to all primary care physicians in Canada and to interested physicians elsewhere. For further information, please contact Dr. Arun Chockalingam, Editor-in-Chief, Journal of Hypertension Control, c/o Kerbel Health Care Group, 40 Holly Street, Suite 602, Toronto, Ontario M4S 3C3, Canada.

CALENDAR

14th Scientific Meeting of the International Society of Hypertension
June 14–19, 1992
Madrid, Spain
Information:
L.M. Ruilope
c/o Conghrisa C/Velázquez, 90–5°
28006 Madrid, Spain

Fifth World Congress of Cardiac Rehabilitation
July 5–8, 1992
Bordeaux, France
Information:
BCS
Palais des Congrès de Bordeaux
F 33300 Bordeaux-Lac

XIVth Congress of the European Society of Cardiology
August 30 – September 3, 1992
Barcelona, Spain
Information:
ECCO, Central Office
22, Rue Juste-Olivier, P.O. Box 299
CH-1260 Nyon

Second World Congress on Stroke
September 8–12, 1992
Washington, D.C., USA
Information:
Convention Office
Wake Forest University Medical Center
300 S Howthorne Rd.,
Winston-Salem, NC 27103-2797, USA

8th World Congress on Hypertension in Pregnancy
November 8–12, 1992
Buenos Aires, Argentina
Information:
Dr. N. Terragno
Av. Pueyrredón 1746-2°A
1119 Buenos Aires, Argentina

XIIes Journées de l'Hypertension Arterielle
December 17–18, 1992
Paris, France
Information:
Convergences
120 avenue Gambetta
F 75020 Paris