Profile

The Croatian Society of Hypertension, a part of the Croatian Medical Association, was founded on November 16, 1992. The Society was established having respect to the great medical, social, and economic significance of hypertension, the great number of patients, and the numerous complications that may influence morbidity and mortality patterns in Croatia. The initiative for founding the Society came from two centers especially interested in problems of arterial hypertension over the last 20 years: The Division of Arterial Hypertension of the Zagreb Clinical Hospital Rebro with the Outpatient Department (managing about 10,000 patients per year), founded in 1972, and the Arterial Hypertension Outpatient Department of the Split Clinical Hospital, opened in 1975.

A postgraduate course on arterial hypertension was held in 1980, and a monograph was published. Various aspects of arterial hypertension have frequently been subjects of professional and scientific meetings in the field of nephrology and cardiology. The Society will pursue the following goals:

To bring together all experts dealing with arterial hypertension; to propose measures for the promotion and improvement of medical care for hypertensive patients; to work at further professional and scientific meetings; to carry out permanent educational programs for general practitioners; and to promote collaboration with professional and scientific organizations in Croatia and abroad.

To achieve some of these goals, the Croatian Society of Hypertension plans to publish a bul-

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letin dealing with issues of care and treatment of patients with arterial hypertension. The first issue of the bulletin will contain papers on diagnostic approaches and principles of treatment of arterial hypertension.

At present the Society has 72 members, mostly specialists in internal medicine (cardiologists and nephrologists). It is hoped that general practitioners and other professionals dealing with problems related to arterial hypertension will join the Society.

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Scientific News

Declining Trend in Blood Pressure Contributes to Fall in Stroke Mortality in Japan
from the WHL Newsletter's Regional Editor, Dr. Hirotsugu Ueshima, Otsu, Japan

In 1956 Japan had the highest mortality from stroke among industrialized countries. However, this specific feature has changed due to a remarkable reduction of stroke mortality, by 80% for the age-adjusted (30–69 years) mortality in men and women during the period 1956–1990. In addition to this, no increase in mortality from ischemic heart disease (IHD) has been observed, despite a 10 to 15 mg/dl increase in total serum cholesterol during the past ten years (see figure 1). The key question of what has prevented an increase of IHD mortality is not easy to answer. It is well known, however, that hypertension represents the most potent risk factor for stroke, and is also one of the three major risk factors for IHD. Figure 2 shows the trend in age-specific blood pressure values for men. The data were obtained from the annual National Nutrition Survey of Japan which surveys about 10,000 randomly selected family members. Japan is one of the very few countries to have such trend data on blood pressure and the prevalence of hypertension available. These data have shown to correlate very closely with trends in stroke mortality: Any year in which blood pressure and prevalence of hypertension have been reduced corresponds to a year in which reduction of stroke mortality has been accelerated. This evidence clearly shows that a downward trend in blood pressure levels and the prevalence of hypertension contribute to the great decline in stroke mortality as well as to prevention of a rise in IHD in Japan. The data suggest that blood pressure control, either by lifestyle modification or drug treatment, is very important and effective in the reduction of stroke mortality. However, other factors (nutritional, environmental, etc.) may also play a role in the reduction of stroke mortality.
1993 Guidelines for the Management of Mild Hypertension

The Guidelines Sub-Committee of the WHO/ISH Mild Hypertension Liaison Committee has prepared the third revision of the WHO/ISH Guidelines on Mild Hypertension. The guidelines were finalized after presentation and discussion at the 6th WHO/ISH Meeting on Mild Hypertension, held in Chantilly, France, on March 28–31, 1993. Patients with hypertension, even those with mild elevation of blood pressure, are at increased risk of cardiovascular disease, whether or not symptoms are present. In most countries as many as 15–25% of the adult population are found at screening to have raised blood pressure; about two thirds of them have mild elevation of blood pressure. However, the blood pressure is not persistently raised in all, and not all need to be treated with antihypertensive drugs. The guidelines for the management of hypertension concentrate on mild hypertension, as this condition often presents a diagnostic and therapeutic problem, and evidence of benefit in treating more severe hypertension is clear. Emphasis is also placed on systolic blood pressure as a criterion for decision making and on hypertension in the elderly; another condition in which careful judgment is necessary. Information is provided on useful methods for diagnostic evaluation and the assessment of cardiovascular risk. Additional information is provided on non-drug measures as well as drug treatment of hypertension and on the correction of other major risk factors for cardiovascular disease. Copies of the guidelines can be obtained from the Editorial Office.

Highlights of 1993 Guidelines

New sections on
- Systolic hypertension
- Hypertension in the elderly
- Assessment of cardiovascular risk
- Cost-effectiveness
- Issues needing further research

Update of sections on
- Blood pressure measurement
- Diagnostic evaluation
- Goals of treatment
- Non-drug measures
- First line drugs
- Corrections of other major risk factors

Hypertension League
Founded in Egypt

According to recent data from epidemiological surveys, hypertension in the Middle East is also a major public health problem. In response to the growing prevalence of hypertension and the need for prevention of hypertension, a Hypertension League has been founded in Egypt. President of the League is Dr. Mohsen M. Ibrahim. For further information contact Dr. Mohsen M. Ibrahim at:

Egyptian Hypertension League
Cairo University, Department of Cardiology
1 El-Sherifein Street, Abdin
Cairo 11111 Egypt
Tel.: (+20 2) 340 1875

The Syst-Eur Trial: Antihypertensive Treatment for the Elderly

Syst-Eur is a multicenter trial designed by the European Working Party on High Blood Pressure in the Elderly (EWPHE) to test the hypothesis that antihypertensive treatment of elderly patients with isolated systolic hypertension results in a significant reduction of stroke morbidity and mortality. Syst-Eur is being carried out in consultation with the World Hypertension League, and is supported by the World Health Organization and the International and European Societies of Hypertension.

To be eligible, patients must be 60 years or older and have a systolic blood pressure averaging 160–219 mmHg with a diastolic blood pressure less than 95 mmHg. Patients must give their informed consent and be free of major cardiovascular and non-cardiovascular diseases on entry. The patients are randomized to receive active treatment or placebo. The drugs (or matching placebos) are titrated stepwise and combined in order to reduce systolic blood pressure by at least 20 mmHg and to a level below 150 mmHg. Morbidity and mortality are being monitored to enable an intention-to-treat and per protocol comparison of the outcome in the two treatment groups.

A second progress report has been published in 1993. It included data on the blood pressure...
Syst-Eur Trial continued

follow-up (up to 18 months) in 941 patients. Systolic pressure fell on average 10 mmHg more with active treatment than with placebo (p<0.001), and diastolic pressure fell 4 mmHg more. Thus, a significant reduction in blood pressure was achieved and maintained. Patient recruitment will continue until 3,000 patients have been randomized. On October 1, 1993, more than 1,700 patients had already been enrolled in the trial. The Syst-Eur Working Group is recruiting additional centers throughout Europe. Investigators who are interested to take part should contact the

Syst-Eur Coordinating Office
U.Z. Gasthuisberg
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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

International Congress
“Patient Education 2000”
June 1–4, 1994
Geneva, Switzerland
Information: Patient Education,
c/o AKM Congress Service
P.O. Box
CH-4005 Basel, Switzerland

2nd International Congress of Nephrology/Hypertension
June 19–21, 1994
Beirut, Lebanon
Information: Dr. Adil E. Birbari
American University of Beirut,
Medical Center, P.O. Box 113
6044 Beirut, Lebanon

9th International Interdisciplinary Conference on Hypertension
in Blacks
June 22–26, 1994
Cleveland, Ohio, USA
Information: ISHIB, Josephine Jamison
2045 Manchester Street
Atlanta, GA 30324, USA

XIth World Congress of Cardiology
and XVth Congress of the European Society of Cardiology
September 10–14, 1994
Berlin, Germany
Information: ECOR European Heart House, B. P. 179
06901 Sophia Antipolis Cedex
France

67th Scientific Sessions of the American Heart Association
November 14–17, 1994
Dallas, Texas, USA
Information: AHA, Scientific and Corporate Meetings,
1320 Greenville Avenue
Dallas, TX 75231, USA

5th International Symposium on Hypertension in the Community
December 11–14, 1994
Tel Aviv, Israel
Information: The Secretariat
5th International Symposium on Hypertension in the Community
P.O. Box 50006, Tel Aviv 61500, Israel