First Joint Meeting Egyptian Hypertension Society – World Hypertension League

The first joint meeting between the WHL and the Egyptian Hypertension Society was held in December 1995 in Cairo, Egypt, in conjunction with the Advanced Course in Hypertension, organized by the Egyptian Hypertension Society. The meeting was dedicated to the specifics of hypertension research, treatment and prevention in developing countries. We believe that the meeting reflected views and summarized important information not only for Egypt, but for many countries with similar problems. The Newsletter, therefore, publishes highlights of the talk by Dr. M. Moshen Ibrahim, President of the Egyptian Hypertension Society, on the following pages of this issue.

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Increasing Importance of Hypertension

There is no doubt that we are witnessing major changes in the health profile of many developing countries. The control of many infectious and parasitic diseases and the sharp decline in infant mortality have increased the average life expectancy in these countries. Since people live longer, they are exposed to diseases of old age, namely, hypertension and cardiovascular diseases.

Statistics from the Egyptian Ministry of Health showed that there is an increase in the life expectancy of Egyptians. Over the past three decades it increased in males from 51.5 to 62.8 years and in females from 53.8 to 66.4 years (1).

The results of the Egyptian National Hypertension Project, a collaborated effort among the University of Cairo, the Egyptian Ministry of Health, the U.S. National Heart, Lung and Blood Institute, and Johns Hopkins University showed that hypertension is very common in Egyptians. I believe that a similar situation exists in many Third World Countries. There were also changing trends in the main causes of mortality in Egyptians between the years 1970 and 1989. Cardiovascular diseases are now the main cause of death in Egyptians, responsible for 42.5% of all deaths, while 20 years earlier they caused only 12.4% (2). When comparing the prevalence of hypertension in Egypt, USA and China, using the same definition of hypertension, we find that Egypt has the highest prevalence among the three countries: 26% of adult Egyptians suffer from high blood pressure according to our National Hypertension Project data (3).

Many countries lack a good infrastructure in terms of equipment and modern technology, besides the limited number of trained and experienced personnel. I believe, however, that the major problem is the lack of complete and accurate data and the absence of quality assurance measures. Psychological barriers involve individuals, government agencies and private organizations.

To clarify these psychological barriers I am quoting here a statement by the editor in chief of the New England Journal of Medicine “Very poor countries have much more to worry about than doing high quality research” (4). I disagree with this statement because I believe that in spite of the limited resources we can still do high quality research. A good example is the Egyptian National Hypertension Project.

Priorities in Hypertension Research in Developing Countries

Epidemiological Research

The first priority in epidemiological research is to define the magnitude of the hypertension problem in an individual country.

A second question is to identify risk groups in the population, that is, who is most likely to develop the disease?

Thirdly, hypertension risk factors should be recognized and their prevalence established. How closely are they related to the level of blood pressure? In some countries, there are special hypertension risk factors, such as schistosomiasis in Egypt, linked to hypertension through its effect on the kidney (5). Environmental pollution in the form of excessive noise, (6,7) or lead pollution (8) may contribute to the rise of blood pressure in some communities. We need to develop methods to modify these risk factors at the national level.

Other epidemiological research questions include the type and prevalence of hypertensive cardiovascular complications. These might be influenced by environment, race and other demographic characteristics.

Primary prevention of hypertension is possible through weight reduction, regular exercise, alcohol moderation, salt restriction and other dietary measures (9). It is important to identify groups where particular intervention is more effective, e.g. salt restriction in the elderly, and weight reduction in the young and middle-aged.
First Uruguayan Congress on Arterial Hypertension Held in Montevideo

It was a great honor for me to represent the Executive Board of the World Hypertension League at the First Meeting of the Uruguayan League Against Arterial Hypertension. I was greatly impressed by the progress the Uruguayan League has made since its foundation in 1993. The symposium was well attended by physicians, nurses, and other health professionals from several South American countries in addition to Uruguay. A broad range of important and practical topics on the prevention and control of hypertension were on the program. It was a pleasure for me to participate in the symposium. I greatly appreciated the fine hospitality and warm friendship that I encountered while in Montevideo. The World Hypertension League can be proud of the fine progress the Uruguayan League against Arterial Hypertension has made in the detection and control of hypertension in Uruguay.

Dr. Patrick J. Mulrow
WHL Secretary General

16th Scientific Meeting of the International Society of Hypertension to be Held in Glasgow, UK, June 23–27, 1996

The 16th Scientific Meeting of the International Society of Hypertension will be held in Glasgow, Scotland, from June 23–27, 1996. The meeting has attracted well over 2,000 abstracts from over 60 countries.

A renowned panel of experts will give a series of Review Lectures covering a wide range of topics of current scientific and clinical interest.

Oral and poster presentation will include genetic aspects, gene targeting, endothelial function, vascular biology, apoptosis, neuroprotection, early origins of vascular disease, social and environmental influences, antihypertensive treatment, lifestyle and risk, and blood pressure measurement. These simultaneous sessions are planned with at least one clinical track throughout.

To include the most recent developments, two Stop Press sessions have been reserved for “hot topics.” The deadline for submission of abstracts to the Scientific Secretariat for inclusion in the Stop Press session is May 10, 1996. The address is:

Scientific Secretariat
Hampton Medical Conferences Ltd.
ISH 1996
Hofer House
185 Uxbridge Road
Hampton
Middlesex TW12 1BN
UK

Clinical Research

There are a number of unsolved issues. First, regarding blood pressure measurement, how many readings do we need and what is the length of the observation period required before an individual can be classified as being hypertensive? The role of ambulatory blood pressure is not settled. Another question is the optimal blood pressure reduction: what is the desired level of blood pressure?

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The World Hypertension League will also participate in the meeting in Glasgow. Similar to two years ago in Melbourne, the League will present results from its International Art Competition. A slide show with the most impressive images, produced by artists from seven countries, will be on display at the WHL stand. You are cordially invited to have a look!
First Joint WHL-EHS Meeting continued

International Cooperation

It is important to stress the value of cooperation between developing and developed countries in future hypertension research. Joint research projects should be encouraged especially in the area of epidemiological research. Developed countries can share their funding and expertise while developing countries can contribute data and scientific information that will improve the understanding of hypertension. The Egyptian National Hypertension Project is a good example of such international joint cooperation between the Egyptian and the US governments. (10).

Dr. M. Mohsen Ibrahim
President, Egyptian Hypertension League

To receive the list of references, contact the editorial office.

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

5th National Blood Pressure Conference of the National Blood Pressure Program
June 6–8, 1996
Bielefeld, Germany
Information: Dr. Peter Kaune, Secretary
German Hypertension Society
Berliner Str. 46, 69120 Heidelberg, Germany

16th Scientific Meeting of the International Society of Hypertension
June 23–27, 1996
Glasgow, UK
Information: ISH 1996,
Conference Associates & Services
International Ltd., 4 Cavendish Square, London W1M 0BX, UK

11th International Interdisciplinary Conference on Hypertension in Blacks
July 14–17, 1996
New Orleans, Louisiana, USA
Information:
ISHIB, Office of Meeting Management
One Bridge Plaza, Suite 350
Fort Lee, NJ 07024, USA

18th Congress of the European Society of Cardiology
August 25–29, 1996
Birmingham, United Kingdom
Information: ECOR, The European Heart House, 2035 Route des Colles, Les Templiers – BP 179
06903 Sophia Antipolis Cedex, France

4th International Congress (PAAS VI) on Healthy Aging, Activity and Sports
August 27–31, 1996
Heidelberg, Germany
Information: Congress Office G Conrad
Uissigheimer Str. 10, 97956 Gamburg, Germany

3rd European Conference on Effectiveness: Quality Assessment in Health Promotion and Health Education
September 12–14, 1996
Turin, Italy
Information: Conference Organizing Secretariat, Mario Carzana Regione Piemonte, Ufficio Educazione Sanitaria
Corso Stati Uniti, 1, 10128 Torino, Italy