The idea of setting up a society or league of hypertension was initially formed a long time ago by a group of cardiologists. The purpose was to gather together experts and general practitioners from all over the country who are interested in the field of hypertension. However, it was not successful at that time due to some administrative problems. It was not until July 1994, when the Thai Hypertension League (THL) was founded by a group of experts in Bangkok from various fields including mainly cardiologists from several medical schools e.g., Siriraj Hospital, Chulalongkom Hospital, Ramathibodi Hospital, Pra Mongkutklao Hospital and Vachira Hospital, and two military hospitals, Bhumipol Hospital and Police Hospital. The objectives of THL are to (1) provide a means to exchange new and up-to-date ideas in hypertension, (2) serve as a national body to communicate with other national and international societies or leagues in hypertension, (3) educate Thai people with regard to hypertension and its complications, with emphasis on early detection and control of high blood pressure, (4) set up media or courses in hypertension for the purpose of educating physicians and other medical personnel, (5) promote and coordinate studies in hypertension and its complications, especially epidemiological studies in Thailand, (6) collaborate with other institutes, associations or foundations in the country to achieve the objectives of the Thai Hypertension League.

The regulations of THL were gradually set up after a series of meetings. The first formal scient-
Formal scientific meetings are held twice a year. For each meeting, local distinguished speakers were invited to cover interesting and update topics. All these meetings were free of charge. The aim was to help educate all physicians, especially general practitioners, in the hope of providing better care for their patients. THL has come to the next step of development. A number of fruitful and valuable programmes have been set up to achieve our goal:

1. In order to encourage doctors from all over the country to do research in hypertension: a) two research studies will be presented at the annual meeting held on February 14, 1997. One by the Division of Non-communicable Disease, Ministry of Health (hypertension research in the field) and the other from Siriraj Hospital Medical School (hypertension research in the clinical setting), and b) research grants will be provided to THL regular members.

2. Educational support and guidelines to do research will be provided a) for all doctors, and b) staff of the Ministry of Health.

3. The organization of educational programmes for general practitioners. A two to five day tutorial in hypertension will take place next year in Bangkok. THL will encourage doctors from the rural area to attend lecture tours and a panel of distinguished speakers will make trips to selected provinces from time to time. The presentations will cover practical topics and case studies will be demonstrated.

4. Education for the public will take the form of booklets on various aspects of hypertension to be sold at minimum cost (in preparation).

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Dept. of Medicine
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However, as Americans are living longer, another category of cardiovascular complications has emerged – congestive heart failure (CHF). During this same 25 year period, the prevalence and hospitalization rates for CHF have been increasing dramatically. Each year, there are an estimated 400,000 new cases of CHF, with about 250,000 deaths listing CHF as a primary or secondary cause. The number of cases continues to increase annually. In 1993, an estimated $17.8 billion was spent on the care of those with CHF.

CHF-related costs are the most expensive items in the U.S. Medicare system, predominantly due to multiple hospitalizations for individual CHF cases. Data from clinical trials, conducted in the United States and in other countries, have indicated that controlling high blood pressure can reduce the incidence of CHF by as much as 55 percent.

At the spring 1996 meeting of the National High Blood Pressure Education Program (NHBPEP) Coordinating Committee, Dr. Dan Levy presented 18-year follow-up data on CHF from the Framingham Study. The CHF incidence in persons age 70 to 79 with stage II or higher blood pressure levels (SBP > 160 mm Hg or DBP > 100 mm Hg) approached 40 percent in men and 30 percent in women. Of the 5,124 male and female subjects, the overall age-adjusted hazard ratio for developing CHF in the presence of hypertension was 2 in men and 3 in women. Hypertension preceded the development of CHF in 91 percent of CHF cases in the Framingham Study. The mortality rate in patients with CHF was high. Of the 357 cases of hypertension and CHF in the study, the median survival was 1.37 years in men and 2.5 years in women. Only 24 percent of men and 31 percent of women survived for 5 years.

Uncontrolled hypertension is the most common cause of CHF, and a review of data from the
1988–91 National Health and Nutrition Examination Survey (NHANES III) shows that older Americans are not controlling their blood pressure as well as they could. Because the prevalence of hypertension in Americans over age 70 is greater than 50 percent and even higher among African Americans, the issue of hypertension control among older Americans becomes increasingly important. According to NHANES III, among persons over age 70 with hypertension, only 19 percent of women and 16 percent of men have their blood pressure controlled to below 140/90 mm Hg.

The NHBPEP Coordinating Committee, composed of representatives of 45 professional, voluntary, and U.S. Federal agencies, has responded to this situation by issuing a National Call for Action to Americans. Organization representatives are signing pledges to create action plans to alert health professionals to do more to detect, treat, and control hypertension among older citizens. Since the National Call for Action was presented at the NHBPEP Coordinating Committee meeting in March, committee members have been submitting articles to journals and organization newsletters, creating presentations for annual scientific meetings, developing continuing medical education courses focusing on this topic, and developing contacts with media outlets to draw attention to this problem. It is anticipated that these activities can raise the awareness of health professionals and focus needed attention on this problem.

At the same time, the NHBPEP has been developing a network of agencies targeting older Americans through their community outreach efforts. By creating a community focus on the problem, in concert with the activities of the professional community, there is the expectation that older Americans can begin to improve their blood pressure control. In turn, the quality of life of older Americans can be greatly improved.

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Dr. Claude Lenfant
Chairman, National High Blood Pressure Education Program Coordinating Committee
Director, National Heart, Lung and Blood Institute

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WHL News

News from the Council for High Blood Pressure Research (CHBPR)

If you are interested in becoming a member of the Council for High Blood Pressure Research, you may send your request for membership to

Ms. Leslie Austin
Council for High Blood Pressure Research
American Heart Association
7272 Greenville Avenue
Dallas, Texas 75231-4596, USA
Fax: (+1) 214 373 0268

Membership dues to the CHBPR include a subscription to the publication entitled Hypertension. A membership application form is available along with other information by using the American Heart Association’s World Wide Web Site address: http://www.amhrt.org.

People

The new President of the Argentine Society of Hypertension is Dr. Norberto A. Terragno, Marcelo T. de Alvear 1980, I22 Buenos Aires, Argentina.
Phone: (+54) 1 811 6650
Fax: (+54) 1 814 2733

As of September 1996, the Nurses Hypertension Association has a new Chairman: Dr. Joan Curzio, Nursing Research Initiative for Scotland, Glasgow University, St. Andrew House, 141 West Nile Street, Glasgow G1 2RN, Scotland.
Phone: (+44) 141 333 1050
Fax: (+44) 141 333 1090

On January 1997, Prof. Stefan Farsky was elected as new President of the Slovak Hypertension League, Roosevelta Kardiocentrum – Kardiologické odd., Nám. Gen. L. Svobodu 1, 975 17 Banská Bystrica, Slovakia
Phone: (+42) 88 712 995
Fax: (+42) 88 346 54

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Phone: (+42) 88 712 995
Fax: (+42) 88 346 54

At the last meeting of the Yugoslav Hypertension League in November 1996, Prof. Maksimilijan Kocijancic was elected as new President.
Calendar

17th Council Conference of the World Hypertension League
June 28, 1997
Montréal, Québec, Canada
Information: Dr. Patrick J. Mulrow
Secretary General, WHL
Medical College of Ohio, PO Box 10008
Toledo, OH 43699-0008, USA

12th International Interdisciplinary Conference on Hypertension in Blacks
July 20–24, 1997
London, England
Information: International Society on Hypertension in Blacks, Inc.
2045 Manchester Street, NE,
Atlanta, GA 30324-4110, USA
e-mail: ishib@aol.com

10th World Conference on Tobacco or Health
August 24–28, 1997
Beijing, P.R. of China
Information: Dr. Judith Mackay
Asian Consultancy on Tobacco Control
Riftswood, 9th Milestone, Lot 147
Clearwater Bay Rd.
Kowloon, Hong Kong

European Congress of Angiology – Eurochap 97
October 23–26, 1997
Rome, Italy
Information: Scientific Secretariat
c/o Prof. Salvatore Novo,
Via Sardegna 76, 90144 Palermo, Italy

4th European Conference of the International Union for Health Promotion and Education
November 9–12, 1997
Jerusalem, Israel
Information: Conference Secretariat
Dan Knasm Ltd., IUHPE/EURO
PO Box 1931, 52118 Ramat Gan, Israel

First Asia-Pacific Congress on Hypertension
November 29–December 3, 1997
Surat, India
Information: Dr. Shailendra Vijpeyee
Chairman, Organizing Committee
APCH 1997, Dept. of Pharmacology
Govt. Medical College
Surat 395 001, Gujarat, India

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