Profile

The Swiss Association against High Blood Pressure was founded in January 1976, and its godfather, Professor F. Reubi, was elected its first President. The term association was chosen since the aim was to combine the social goals of a League and the scientific goals of a Society. Hence, from the start, two active commissions were created: a Commission for Social and Preventive Medicine and a Scientific Commission. Since then under the guidance of successive presidents, Profs. F. R. Bühler, H. R. Brunner, P. Weidmann, and M. B. Vallotton, these two lines of endeavour have been maintained.

Amongst the major activities in the field of preventive and therapeutic medicine one should mention: (a) the large multicentric Swiss Hypertension Treatment Programme, encompassing 250 practising physicians from all parts of Switzerland and nearly 1000 patients; (b) the support given to the continuous detection programme of hypertensive patients at the centres for lung-radiophotography in Berne and Geneva; (c) two massive campaigns across Switzerland aimed at alerting general practitioners and the public at large to the problem of high blood pressure.

In addition, the Association has published a series of leaflets and brochures for the practising physician, while for the patients special booklets have been prepared. Furthermore, a Swiss Teaching Set of slides has also been edited. Two new publications conceived by Prof. W. Vetter, Vice-President of the Association, one on the technique of self-measure-

WHL News

- Please note that the next WHL Council Meeting will take place in Leuven, Belgium, on March 10–11, 1990, and not in May as published in Newsletter no. 5.
- The Fourth European Meeting on Hypertension was held from June 18–21, 1989, in Milan, Italy. This meeting has been the occasion and the stimulus for the foundation of the new European Society of Hypertension. The scientific programme included the proper use of the large variety of drugs, non-drug treatment, hypertension in the elderly, goal pressure for diagnosis and treatment. Experimentally, the cross talk of endothelium and vascular smooth muscle and the introduction of molecular biology to hypertension research were among the highlights of the Meeting.
- The 2nd International Conference on Preventive Cardiology took place in Washington, D.C., USA, from June 18 to 22, 1989, together with the 29th Meeting of the A.H.A. Council on Epidemiology. Over 1200 participants were registered, and 632 abstracts were printed. Hypertension was one of the major issues of the Conference, with papers relating to its aetiology, natural history, clinical trials, intervention projects and relationships with other risk factors.

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ment of blood pressure by the patient and the other a diary to record the values obtained, have just been printed.

The Association has organised a series of Swiss Hypertension Workshops, lasting 1–2 days and bringing together about 100 participants to hear the latest results and views of scientists on a particular aspect of hypertension (see references).

The Association holds an annual assembly with a day of oral presentations and lectures by invited guests. Last year, a Swiss delegation joined the German Hypertension League for a common meeting in Berlin. This year, we plan a joint meeting with the Belgian Hypertension Committee to be held in September at the Faculty of Medicine in Geneva. An Isradipine Symposium is to be held this September in Gstaad, during which the results of a Swiss clinical study will be presented. We foresee next year a Sixth Swiss Hypertension Workshop on the Endothelial Vascular Cell and plan to organise again in Switzerland or in one of our neighbouring countries a joint annual meeting with sister associations pursuing the same goal: to fight hypertension.

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**Editorial**

Is hypertension a medical discipline?

Senior hypertensiologists tend to feel some malaise when considering the status of the art. To be sure, nothing is wrong with the state of the art. On the contrary, it is a flourishing field. Research into hypertension has been expanding over the past decades and still is; the therapeutic arsenal has been enriched conspicuously; there is an impressive number of hypertension journals; congresses abound; the pattern itself of the disease has changed, since with effective treatment complications have become rare, leading in several countries to visible changes in morbidity and mortality; and primary prevention of at least part of the incidence of hypertension in populations is not beyond hope.

Nevertheless — and this is the point — due to the fact that hypertension is not recognised as a medical field on its own and is not considered a discipline sui generis like e.g. diabetology or rheumatology, young doctors often lack motivation, as well as financial incentives, to enter the field of hypertension and to stay in it; they are attracted by other, recognised medical specialties. The brain drain from the field of hypertension is a matter for concern.

Hypertension is a special medical field, encompassing parts of a number of specialties, such as cardiology, angiography, nephrology, endocrinology — all of them part of the vast field of internal medicine. In medical care, many outpatient services run hypertension clinics, and hypertension departments in major hospitals are by far not unusual. Also, the education of hypertensive patients, as shown by a recent WHL workshop (see Newsletter no. 3), is developing into a didactic entity within the field of hypertension.

It thus seems worthwhile, even essential, to re-examine the position of hypertension within the edifice of medicine on the eve of the 21st century. Does it not sound anachronistic to consider hypertension as part of nephrology, or cardiology, or angiography, or endocrinology or any other medical specialty? This may well have been the case in the 1940s, but is it an adequate situation today?

So, how far is hypertension (or hypertensiology) a special medical field today? Should it not be identified as such? No doubt, contemporary health care already suffers heavily from
fragmentation into many specialities and sub-specialities. Besides, most hypertensive patients are — or ought to be — treated by their general practitioner, not a specialist. On the other hand, the same applies to any other disease. Specialists are for special cases, general practitioners for average cases — provided they have, as they should, the appropriate knowledge and skill.

The issue is not simple. At the recent meeting of the Council of WHL (see Newsletter no. 3) strong, even passionate opinions were expressed both in favour of the status quo and against it. There may be vested interest on both sides. The League's contention is to listen to arguments from both sides; but let us not behave as if the problem did not exist; let us discuss it.

T. Strasser

In Focus

New WHO/ISH guidelines for the management of mild hypertension

Mild blood pressure elevation often presents a therapeutic problem for the practising physician and needs careful judgement in individual cases. It is estimated that 10–20% of the adult population has mild hypertension (DBP 90–104 mmHg) at one time or another. The Fifth Mild Hypertension Conference held in Melbourne, Australia, in December 1988 published new guidelines for the management of mild hypertension. The recommendations are as follows:

People whose resting values of diastolic blood pressure remain persistently above 90 mmHg are at an increased risk of cardiovascular mortality and morbidity, and active steps should be taken to lower the pressure. Otherwise, 12–15% of such patients will develop moderate or severe hypertension (DBP > 105 mmHg) within 3–5 years. If DBP remains between 90–104 mmHg, these patients should be given continuing advice and assistance to stop smoking, reduce obesity, limit alcohol, curb dietary saturated fat and salt and take appropriate exercise. Patients whose diastolic pressure remains between 90 and 94 mmHg after prolonged observation and patients at higher risk should be considered for antihypertensive drug treatment taking into account age, sex, systolic blood pressure and cardiovascular signs and symptoms.

“Treatment of hypertension prevents cardiovascular disease”: Poster of the Polish Society of Hypertension.

For the first-line treatment of mild hypertension many drugs are available. Diuretics, beta-blocking drugs, ACE inhibitors and calcium antagonists are all effective in lowering blood pressure. Their various side effects have to be considered, and substitution or dosage reduction might be necessary in individual cases. Alpha-adrenergic blockers and centrally acting drugs are also effective, although in the latter the side effect profile is less favourable. If a single drug has been ineffective, it might be preferable to substitute or add a different drug. Effective combinations include:

- thiazide diuretic with beta-blocker or ACE inhibitor
- beta-blocker with dihydropyridine calcium antagonist
- ACE inhibitor with calcium antagonist

It should be remembered that besides drug treatment non-drug measures should be continued in order to minimise the number and dosage of drugs and to control other risk factors. Self-measurement of blood pressure may be helpful to ensure compliance. After stabilisation of blood pressure, follow-up visits at 3–6 month intervals may be adequate.

1989 Guidelines for the management of mild hypertension: Memorandum from a WHO/ISH meeting. These guidelines will appear as a WHO/WHL bulletin.
Hypertension Community Control Program in Beijing, China

Hypertension screening in Beijing in 1979 showed a prevalence rate of 11.41% in the urban population and 9.04% in the rural population among adults over 15 years of age (Hypertension was defined as ≥160/95 mmHg). With a total population of 10 million, it is estimated that there are about 500,000 hypertensive adults in Beijing. A community control programme against hypertension started in this city about 20 years ago in factories, teaching and research institutions and in some districts directly in the community. The programme consists of screening, education and management of hypertension. These activities are integrated with the existing primary health care system. Technical direction and assistance are rendered by related clinical or research institutes.

The results of these programmes have been most rewarding. For example, at the Capital Steel Plant over a 14 year period (1974–1987), the hypertension control rate (BP kept under 160/95 mmHg) had been maintained in about 70%, the mortality rate of stroke had dropped by 50%, and the incidence of acute myocardial infarction had decreased by 34%. In another programme in the Chao-yang District, over a period of 6 years the incidence of cerebral haemorrhage decreased from 66.7/100,000 in 1980 to 17/100,000 in 1985. In a programme among a rural population of 26,000 in Shijingshan village (a western suburb of Beijing) in the 5 years between 1975 and 1980, the total CVD mortality dropped by 13% and that of stroke, by 23%.

Plans are being made to expand the hypertension control programme in Beijing, with the aim of organising comprehensive cardiovascular community programmes in all the districts and counties of the capital within 5–10 years. The main activities in each programme will be control of hypertension, anti-smoking campaign, lowering of salt intake, prevention of obesity, promotion of psycho-mental hygiene and physical exercise in people following sedentary professions.

Wu Yingkai and Liu Lisheng

Calendar

XI Congress of the European Society of Cardiology
September 10–14, 1989, Nice, France
Information: ECCO
P.O. Box 299
CH-1260 Nyon, Switzerland

13th Congress of the scientific section of the German Hypertension League
November 16–18, 1989, Bonn
Information: Secretariat of the German Hypertension League
Mrs. L. Thomann
P.O. Box 10 20 40
D-6900 Heidelberg, FRG

Journées de l'Hypertension Artérielle
Annual Scientific Meeting of the French Society of Hypertension, Section of the French Society of Cardiology
December 14–15, 1989, Paris, France
Information: CONVERGENCES
16, rue Jean-Jacques Rousseau
F-75001 Paris, France

Fifth International Interdisciplinary Conference on Hypertension in Blacks
May 3–7, 1990
Long Beach, California, USA
Information: ISHIB
69 Butler Street, S.E.
Atlanta, Georgia 30303, USA

Impressum

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