WHL • NEWSLETTER

News from the World Hypertension League (WHL).
An organization in official relations with the World Health Organization

No. 2, December 1988

Profile

The German Hypertension League was founded in 1974 on the initiative of the late pharmacologist, Professor Franz Gross, Heidelberg. The league consists of a board and regional delegates from each of the 10 states of the Federal Republic of Germany. Every four years the member delegates elect the board, which is made up of both general practitioners and specialists in hypertension research including cardiologists, nephrologists, and pharmacologists, all of whom serve voluntarily. The present President of the German Hypertension League is Prof. D. Klaus, Dortmund. The permanent office in Heidelberg is responsible for overall organizational matters. The work of the league is financed by members' contributions and by donations. The league currently boasts 1500 members, mostly physicians but also interested laymen and patients.

The main tasks of the league are:

Education of physicians via leaflets giving recommendations for therapy and control of high blood pressure. Subjects of the 1987 leaflets were: "Nutrition in high blood-pressure", "Mild Hypertension", "Hypertension in the elderly".

In 1988 a special committee "Information for the Patient" has been established with the objective of editing a semiannual patient education journal "Blood Pressure Today", as well as organizing special "physician-patient" seminars. Furthermore the league has developed a "blood pressure passport" for patients to carry, which provides a personal record of blood pressure readings and treatment. Other brochures covering blood pressure measurement, continued page 2

WHL-News

Every year WHL produces a consensus position paper on a specific topic which is of importance for hypertension:

The 1988 WHL-Statement on Self-measurement of Blood Pressure has now been published. Reprints have been sent to all National Member Leagues to make use of it at the national level and to have the statement published in local journals. (See "In the focus").

"Hypertension as a medical field of its own": The WHL-Board generally agrees that hypertension in all its aspects (epidemiological, clinical, basic research etc.) deserves more support in most countries. This topic will be discussed at the council meeting in Tel Aviv. Your comments are invited.


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prevention of high blood pressure, and hypertension therapy serve to inform patients about their condition. Education of the public is conducted through television and radio broadcasts and newspaper articles. There is a yearly award to a journalist who has done an outstanding job of reporting on the subject of high blood pressure. The league sponsors an annual scientific conference. In 1988 this conference took place in Berlin in collaboration with the Swiss Union against High Blood Pressure. Every year the German league awards the “Franz Gross Prize” to a scientist who has demonstrated particular merit in high blood pressure research. A future goal of the league is to increase its support among physicians and laymen by specifically targeted public relations efforts. A particular aim will be the establishment of group seminars in doctor’s consulting rooms in order to improve patients’ level of information and motivation.

Data was controversial, but now with the Intersalt Study, an international co-operative study using standardized methods to study the relationship of blood pressure to electrolyte excretion in populations, better data are at hand. In two years 10,079 men and women aged 20–59 were sampled from 52 centers around the world. Within centre analyses showed that the relationship between systolic blood pressure (adjusted for age and sex) and 24 hour urinary sodium excretion was variable from centre to centre: positive in 39 centres (but significant in only 15 of them) and negative in 13 centres (significant in 2 of them). Across centre analyses showed that the sodium excretion ranged from 0.2 mmol/24 h (Yanamano Indians, Brazil) to 242 mmol/24 h (North-China). As shown in figure 1 (full line) the mean systolic blood pressure for each centre was significantly and positively related to the mean sodium excretion for each centre. Four isolated populations (two Brazilian Indians, the Papua New Guinean and the Kenyan) had very low urinary sodium excretion, and the figure suggests that these four isolated populations substantially influenced the linear relationship between mean systolic blood pressure and sodium excretion. In the remaining 48 centres, the relationship between blood pressure and sodium excretion tended to be negative, but was not significant. Several explanations for the weak association in this study can be proposed: blood pressure has genetic and also many environmental determinants other than NaCl and dietary constituents are not independent of each other.

Editorial

Intersalt Study: New data for the role of salt, alcohol and obesity in hypertension

The importance of sodium chloride (NaCl) intake in hypertension is still under discussion since the relationship between salt intake and blood pressure has been demonstrated in some studies but not in others. The quality of some data was controversial, but now with the Intersalt Study, an international co-operative study using standardized methods to study the relationship of blood pressure to electrolyte excretion in populations, better data are at hand. In two years 10,079 men and women aged 20–59 were sampled from 52 centers around the world. Within centre analyses showed that the relationship between systolic blood pressure (adjusted for age and sex) and 24 hour urinary sodium excretion was variable from centre to centre: positive in 39 centres (but significant in only 15 of them) and negative in 13 centres (significant in 2 of them). Across centre analyses showed that the sodium excretion ranged from 0.2 mmol/24 h (Yanamano Indians, Brazil) to 242 mmol/24 h (North-China). As shown in figure 1 (full line) the mean systolic blood pressure for each centre was significantly and positively related to the mean sodium excretion for each centre. Four isolated populations (two Brazilian Indians, the Papua New Guinean and the Kenyan) had very low urinary sodium excretion, and the figure suggests that these four isolated populations substantially influenced the linear relationship between mean systolic blood pressure and sodium excretion. In the remaining 48 centres, the relationship between blood pressure and sodium excretion tended to be negative, but was not significant. Several explanations for the weak association in this study can be proposed: blood pressure has genetic and also many environmental determinants other than NaCl and dietary constituents are not independent of each other.

Fig 1 — Cross centre plots of median diastolic blood pressure and median sodium excretion and fitted regressive lines for 52 and 48 centres.
Only one 24 hour urine collection was performed in subjects; this and also the limited number of blood pressure measurements per subject could have been insufficient to characterize an individual.

The Intersalt Study did not follow subjects over time and did not study the influence of sodium restriction on the blood pressure of a population or on the blood pressure of hypertensive patients. Therefore, extrapolation from these observational epidemiological study to the treatment of hypertensive patients does not seem valid.

Strong correlations have been shown between obesity (measured by body mass index) or alcohol intake and high blood pressure, weak correlation between calcium intake and blood pressure.

The Intersalt Study, with the enormous labour it entailed, still raises the question of which environmental influences are truly the most significant in the development and maintenance of hypertension.

A. Amery


Names and Notes

Dr. Claude Lenfant, Director of the U.S. National Heart, Lung and Blood Institute in Bethesda, Maryland USA, is Chairman of the National High Blood Pressure Education Program (NHBEP) and Vice President of WHL. He has been the major driving force in setting up a new national cholesterol programme, an action that is covering the whole population of the United States by involving numerous professional and lay health organizations.

Dr. Anthony F. Lever is Director of the Medical Research Council's Blood Pressure Unit at the Western Infirmary, Glasgow, Scotland. The Unit has worked for 20 years on mechanisms controlling arterial pressure, metabolism of sodium and other electrolytes and the secretion of corticosteroids. For several years he has been a member of the Scientific Council of the International Society of Hypertension (ISH) and represented ISH in the Board of the World Hypertension League. He will retire from the WHL board at the end of 1988.

Calendar

Binational Meeting of the German and Israeli Hypertension Societies
January 4 – 6, 1989
Eilat, Israel
Information:
Secretary
P.O.B. 50006
Tel Aviv 61500, Israel

International Scientific Conference on Epidemiology
April 24 – 26, 1989
Beijing, China
Information:
SAT International Conference Center for Science and Technology
19W 34th Street, Suite 809, New York, N.Y. 10001, USA

U.S. National Conference on High Blood Pressure Control
May 6 – 9, 1989
Walt Disney World Village, Lake Buena Vista, Florida
Information:
National Conference on High Blood Pressure Control
4733 Bethesda Avenue, Suite 530
Bethesda, Maryland, 20814, USA

Meeting of the Swedish League Against Hypertension
June 8 – 9, 1989
Lund, Sweden
Information: Lund University, Health Science Center
S-24010 Dalby, Sweden

Fourth European Meeting on Hypertension
June 18 – 21, 1989
Milano, Italy
Information:
Centro di Fisiologia Clinica e Ipertensione
Ospedale Maggiore
Università di Milano
Via F. Sforza 35
I-20122 Milan, Italy
In the focus

Self-measurement of blood pressure
A position paper by the World Hypertension League

Blood pressure is inherently variable and shows wide fluctuations with physical and mental activity. Often the blood pressure rises the moment a patient comes in a doctor's office or clinic ("white coat hypertension"). This presents a problem for both the diagnosis and the treatment of hypertension. It is also reported that the morbidity and mortality rates due to hypertension are better correlated with the average ambulatory blood pressure level than with the clinical blood pressure measurement.

A statement on self-measurement of blood pressure was recently published by the World Hypertension League suggesting that blood pressure readings taken in the home environment may be of greater value for confirming the diagnosis of hypertension, assessing the effects of therapy, and engaging the patient's more active participation in a treatment programme. The problems of self-measurement include the possibility of inadequate training in measurement techniques, inaccurate readings, and misunderstanding of the observed values. The important point is made that hypertension should only be diagnosed by a physician who interprets blood pressure readings along with other data. Furthermore, blood pressure self-measurement should be seen as only one part of an integrated patient care program, which also includes regular consultations with the doctor.

Although experience is still limited and more research is needed, the World Hypertension League recommends self-measurement of blood pressure in selected patients as an additional source of information to the practising physician, and as a way of encouraging patients to participate more actively in the therapeutic regimen.

A chapter on the instruments used and the teaching of self-measurement completes these important recommendations.


Denk' an deinen Blutdruck, Adam!

Frag' deinen Arzt

Poster of the German National Blood Pressure Program. (Don't forget your blood pressure, Adam!)

Impressum

The WHL-Newsletter is published bimonthly by the World Hypertension League.

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