Profile

The Chinese Hypertension League was established in March 1989 and includes 40 regional hypertension centres. The League has a close relationship with the Chinese Society of Cardiology; the latter has already been productive in hypertension detection and control in the community for 20 years and has become highly credible and respected. The objectives of the Chinese Hypertension League are to promote the further detection, control and prevention of arterial hypertension in the whole country and to assist the related national organisations in their activities.

The General Assembly is its decision-making body, and the Standing Committee is responsible for its daily affairs. The latter consists of 10 members (President, Vice-President, two secretaries, two treasurers and another four members elected by the General Assembly). At the present time the League has about 200 members, 90% of whom are physicians or paramedical personnel engaged in hypertension detection and control in the community. The League meets every year, alternatively in a northern or southern Chinese city. This year the meeting will be held in Xiangfan City, Hubei Province. Upon that occasion, the President, Secretary and Treasurer will present their reports to the General Assembly. Workshops of several collaboration programmes will be organised, and a series of lectures for educating grass roots medical personnel will also be arranged.

WHL News

The WHL Newsletter Editorial Office thanks its readers for their support and cooperation and wishes them a Merry Christmas and a happy and successful New Year.

- Please remember that the next WHL Council Meeting will take place in Leuven, Belgium, on March 11, 1990 (see calendar).
- A meeting on the Prevention of Hypertension and Cardiovascular Disease was held jointly by WHO and ISH in Gothenburg, Sweden, September 4-6, 1989. The papers presented included topics such as blood pressure rise with age, lipid effects, genetic influences and many others. In the final discussion, WHO's 1982 recommendations on the primary prevention of arterial hypertension were reviewed.
- The XIth Congress of the European Society of Cardiology was held in Nice, France, September 10-14, 1989. From the more than 4300 abstracts (an increase of 9% compared with the 1988 meeting in Vienna), 23% were accepted for oral and 16% for poster presentation. In addition, various symposia, round tables and state-of-the-art lectures provided an exciting programme for the more than 12,000 participants.

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The League is now editing a textbook, “Clinical Hypertension”, as a handbook and reference for members. A certain number of pages are reserved in the “Chinese Journal of Cardiovascular Diseases” and “Chinese Circulation”, two bimonthly journals, for publishing papers on hypertension topics and circulating news of the League. The Monica Study, the Sino-US collaborative studies on risk factors of CHD and Trial on Systolic Hypertension in the Elderly are organised and carried on by their respective leading groups. With the help of WHL and brother leagues we believe the Chinese Hypertension League will be able to fulfill its responsibilities faithfully and contribute Chinese experience which could be of use to the successful work of the WHL.

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Editorial

Cost effectiveness and cost benefit in the treatment of hypertensive patients

Cost benefit and cost effectiveness in the treatment of hypertensive patients constitute a complicated problem, and the WHL feels the need to address it through a multidisciplinary approach in a workshop which should bring together medical physicians and health economists.

The cost of the treatment of hypertensive patients is indeed not only the price of the drug. It also includes the work-up and an optimal selection of tests needed for diagnosis and treatment. Treatment and follow-up, which require frequent visits to the doctor and loss of working hours, will become more expensive for the patient and the social security system.

The cost of the drugs should be evaluated for each country in terms of average income per capita and of the priority of treatment of hypertension over that of other diseases. The cost of non-drug treatment should be kept in mind. Reduction in cigarette consumption can certainly lead to a substantial saving, but other lifestyle changes may not be without additional expenses such as switching from meat to fish, sessions in dieting, etc. The cost must also include the treatment of any complications of hypertension. Preventing the loss of working hours is of economic importance, and other factors, such as the basic right for care for human life, should not be ignored.

For the future several possibilities to decrease the cost:benefit ratio should be considered, decreasing the cost of treatment as well as increasing the effectiveness and benefit of treatment. Decreasing the cost of the drugs would be effective on a short-term basis, but the long-term effect of such a policy must be anticipated.

Intervention trials in hypertensive patients have shown that the incidence rate can be decreased for certain complications, such as heart failure, angina pectoris and stroke. Further research is needed to define better the effectiveness of lifestyle changes and to develop methods to improve the compliance of the population to them. At the same time new drugs should be developed which not only normalise blood pressure and improve the quality of life but are effective in reducing other complications, such as myocardial infarction.

Thus, more energy should be devoted to research in these areas, by universities and pharmaceutical companies. The use of “generic products” can indeed temporarily reduce the price of drug treatment but carries in the long-term the danger that fewer resources will be available for those who are willing to carry the load of developing better drugs. The creation of new classes of drugs which could better prevent complications should be stimulated. This might be accomplished by safeguarding companies’ interests, e.g. through better patent protection or by decreasing the expenses of drug development.

General rules for groups of countries, such as for instance members of the European Community, and reinforcement of international cooperation could prevent investigators from wasting time on repeat studies; instead they could do more novel research, and the pharmaceutical companies could devote the substantial savings to the development of better drugs. The possibility that a drug could have a somewhat different effect in a population with slightly different enzyme systems should, however, be ruled out; therefore, complementary pharmacological studies in these countries should be considered.
In conclusion, the WHL wants to bring together in a workshop a limited group of specialists from different disciplines to discuss the problem of cost effectiveness in a broad sense. It is hoped that the results of this workshop will be made available to a wider public by extensive publication of the different papers, by the usual channels of the WHL including its Newsletter and possibly by the organisation at a later date of a major symposium. A. Amery

Scientific News

Systolic hypertension in the elderly

In Western societies, both systolic and diastolic blood pressure increase with age during the first 5 decades of life. According to the 5-year findings of the hypertension detection and follow-up programme (HDFP), average systolic pressure was 20 mmHg higher in persons aged 60–69 than in those aged 30–39 even though the average diastolic pressure was virtually identical in both groups. The Framingham study found that for every 10 mmHg increase in systolic blood pressure, the risk of stroke is increased by about 30%. Isolated systolic hypertension (ISH: SBP > 160 mmHg, DBP < 90 mmHg) is believed to result from a loss of elasticity of the aorta and its major branches with aging. The advisability of treating ISH in the elderly is still a matter of debate, and in this context a statewide survey on current ISH was carried out in New Jersey, USA. Questionnaires were sent to 1514 physicians followed by a telephone inquiry of non-respondents. The results showed that 89% of the 1318 responding physicians used drug therapy for ISH in patients aged 60 and older. Among these physicians, the survey revealed a wide range of opinion about the lowest SBP at which to consider drug treatment and revealed also the effect of the patient’s age on the opinion (Fig.1). A diuretic was chosen as first-line treatment by 65% of the respondents. The most common second-line drug choices were beta-blockers (28%), central alpha-agonists (19%) and diuretics (18.5%). The patient’s age strongly influenced the decision on drug use. Up to now, no definitive data have been available regarding the efficiency of antihypertensive treatment in reducing the increased risk of cardiovascular disease associated with ISH. A systolic hypertension in the elderly programme by the U.S. National Heart, Lung, and Blood Institute of the NIH is in progress, and until the results of this trial become available physicians should be guided by their clinical judgement. Weight control and alcohol and salt restriction should be included in the management of elderly patients with ISH. All antihypertensive drugs are effective in elderly patients, and if it is decided to treat with drugs, SBP should be lowered cautiously to the target value of 140 to 160 mmHg.

US National High Blood Pressure Education Program Statement on Hypertension in the Elderly (copies free of charge from: Box 120/80, Bethesda, MD 20892, USA)

Fig. 1: Lowest SBP for use of drug therapy in patients aged 60 to 69, 70 to 79, and 80 and over who have sustained ISH.
WHL Materials

Joint WHO/WHL Meeting on the European Hypertension Research Action Programme

The joint World Health Organization (WHO)/World Hypertension League (WHL) Meeting on the European Hypertension Research Action Programme (HYRAP) took place in Tel Aviv, Israel, in December 1988 in conjunction with the 3rd International Symposium on Hypertension in the Community and followed two other WHL meetings, the WHL Council Meeting and the International Patient Education Workshop.

Scientists of nine participating centres of HYRAP (Switzerland, Hungary, Israel, Portugal, Rumania, Italy, Yugoslavia, Federal Republic of Germany and Spain) presented reports concerning the five topics of the hypertension management audit project: community surveys, patient surveys, consumer surveys, physician inquiries and studies of drug utilisation.

Numerous methodological problems and issues of general interest concerning HYRAP were raised, and the plan for the dissemination of the project's results was discussed.

The results of the completed studies will be released in several forms in order to address a broad public. One of the alternatives discussed was a WHO publication by which contact to ministries of health in many countries would be facilitated; another involved the printing of a special supplement to a medical journal.

A short article will be submitted to one of the international journals on hypertension. The publication of local findings at the national level should be encouraged to reach national health policy-makers.

HYRAP should be broadened, and the collaboration between WHO and WHL should be strengthened.

Summary Report of the Joint World Health Organization (WHO)/World Hypertension League (WHL) Meeting of the Principal Investigators of the Hypertension Management Audit Project of the WHO European Hypertension Research Action Programme, Tel Aviv, December 4, 1988. Requests for reprints should be sent to the Secretary General, World Hypertension League, 20 avenue du Bouchet, CH-1209 Geneva, Switzerland.

Calendar

"Meeting Belgian Hypertension Committee"
March 10, 1990, Leuven, Belgium
Information: Prof. R. Six
Belgisch Hypertensie Comité
Interne Geneeskunde, A.Z.V.U.B.
Laarbeeklaan, 101
B-1090 Brussels, Belgium

Symposium on Alcohol and Hypertension
WHL/Belgisch Hypertensie Comite
March 10, 1990, Leuven, Belgium
Information: Prof. A. Amery
UZ-Sint Rafael/Gasthuisberg
University Hospital
Herestraat 49
B-3000 Leuven, Belgium

WHL Council Meeting
March 11, 1990, Leuven, Belgium
Information: Dr. T. Strasser
World Hypertension League
20, avenue du Bouchet
CH-1209 Geneva, Switzerland

German National Blood Pressure Conference
May 3–5, 1990, Heidelberg, FRG
Information: Nationales Blutdruck-Programm
Berliner Straße 46
D-6900 Heidelberg, FRG

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