WHL NEWSLETTER

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

No. 9, February 1990

Profile

The members of the Program Committee for European Meetings on Hypertension recently (February 24, 1989) founded the European Society of Hypertension (ESH). The principal purpose was to establish a firm and democratic infrastructure warranting the continuation of high-level scientific meetings on hypertension and allied investigative areas of preventive cardiovascular medicine in Europe.

For pragmatic reasons the ESH has largely been modelled on the structure of the International Society of Hypertension (ISH), and the latter's 400-odd members were invited to join the Society as ISH members from Europe. The close association between the two societies is further emphasised by the fact that the ISH Council Chairman is an ex officio member on the Council of the ESH.

The Working Group on Hypertension and the Heart, established by the European Society of Cardiology (ESC), is now also supported by the ESH. As a token of continuing interest, the Chairman of the Working Group has been invited onto the board of the ESH Council as an ex officio member. In addition, the ESH hopes to establish regular contacts both with the World Health Organization (WHO) and the World Hypertension League (WHL). Since the WHL is a federation of the national hypertension societies, concerted actions between these societies should be promoted whenever possible. Cost benefit and educational aspects may be shared with the WHO and WHL, and scientific aspects with the ISH and ESC.

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WHL News

- The last WHL Board Meeting in Paris, November 25, 1989, was concerned with preparations for the forthcoming Council Meeting in Leuven, Belgium, on March 11, 1990 (see calendar). Proposals were discussed for a cooperative WHL/WHO project for patient education and for a WHL artist competition.

- The 1990 WHL "In Focus" statement will be on alcohol and hypertension. All national member organisations are invited to bring to the forthcoming Leuven Council Meeting proposals for future topics of general interest which they would like to see featured as an "In Focus" statement.

- Throughout the world the WHO is making preparations for the 42nd World Health Day which will be celebrated on April 7, 1990, by all 166 member states. Under the slogan "Our planet - our health, think globally - act locally", the theme for 1990 is environmental health.

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Furthermore, the ESH intends to support the organisation of informal meetings on specific topics. In Europe, this has become a traditional type of activity, and it will be continued with active support from the ESH Council.

The first assignment which the ESH has undertaken in collaboration with the ESC Working Group on Hypertension and the Heart originated from the 1989 Rotterdam Cardiac Output Workshop. A task force under the chairmanship of Prof. J. I. S. Robertson will be established to assess the validity of non-invasive cardiac output measurements. It will develop sets of standards, guidelines and requirements for the different methods, for the benefit of both investigators and editors of journals.

A further task of the ESH will be the encouragement and recognition of meritorious investigators in the field of hypertension and allied areas of (preventive) cardiovascular medicine. This year the Schering Award for young investigators was bestowed upon Dr. J. J. Mullins, Heidelberg, FRG, for eminent basic research; the Björn Folkow Award for integrated cardiovascular research (donated by Astra) was conferred upon Dr. J. Conway, Oxford, UK. For the publication of these and other matters the ESH will need to be associated with a hypertension journal.

A booklet containing the membership list and the by-laws will be published shortly. Suggestions for additional activities, requests for further information and applications for membership (to be supported by 2 ESH members) may be addressed to the Secretary of the ESH, Dr. Lars Lindholm, Värdcentralen 240, 10 Dalby, Sweden.

科学新闻

Is excessive blood pressure lowering dangerous in hypertensive patients?

Several studies [1–3] have been published showing in hypertensive patients a J-shaped relation between diastolic blood pressure level after treatment and the incidence of death from myocardial infarction.

Recently Alderman et al. suggested that a moderate reduction in diastolic pressure (7–17 mmHg) should perhaps be the goal of treatment for mild to moderate hypertensive patients. Before changes are made to the current recommendations for treating patients with mild to moderate hypertension [4], one should carefully evaluate the evidence available from all published studies. Indeed, none of the aforementioned studies [1–3] was properly controlled. At least two other studies [5, 6], one of which was double-blind [6], have reported a J-shaped relation between blood pressure level after treatment and mortality in both actively treated hypertensive patients and in control subjects. In most other studies on the J-relation [1–3], it cannot be ascertained how much of the blood pressure fall and reported changes in mortality were related to drug treatment, and how many of these observed "effects" were due to other factors. For instance, it is conceivable that in a number of patients a deficient coronary circulation and deteriorating left ventricular function may have contributed to the blood pressure fall. Such patients would also be predisposed to death from coronary heart disease, and this may at least partially explain the high degree of association noticed in some uncontrolled studies between a low diastolic pressure after treatment and coronary mortality [1–3]. Moreover, in the controlled study reported by the European Working Party on High Blood Pressure in the Elderly (EWPHE) [6], there was also an increased mortality in patients with the lowest blood pressure after treatment with placebo. In this study [6], the increased mortality in the patients with the lowest pressure, both those receiving placebo and those undergoing active treatment, was not associated with a greater fall in blood pressure following entry into the trial, nor with the presence of cardiovascular complications at randomisation. In contrast, in the EWPHE-trial [6] patients with the lowest

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treated pressure were characterised by decreases in body weight and haemoglobin level, suggesting some deterioration of general health as the cause of their high mortality, rather than an exaggerated drug-induced drop in blood pressure.

In conclusion, the evidence to suggest that in treated hypertensive patients the association between a large fall in blood pressure and an increased incidence of myocardial infarction is treatment induced stems mainly from uncontrolled studies and remains extremely weak. Treatment policies as outlined by the World Health Organization [a] should not be changed in the light of these findings [1-3]. Only a prospective randomised trial, aimed at producing differing degrees of fall in diastolic blood pressure can definitively answer the hypothesis proposed by Cruickshank and his associates [1-3].

Ian Staessen, Robert Fagard, Caiying Guo, Lutgarde Thijs, and Antoon Amery, University of Leuven, Belgium

References

WHL Materials

The Canadian Consensus Conference on Non-pharmacological Approaches to the Management of High Blood Pressure

In 1989, the Canadian Consensus Conference on Non-pharmacological Approaches to the Management of High Blood Pressure focussed on the seven most discussed approaches, which are weight, salt and alcohol reduction, physical exercise, calcium and potassium supplementation and stress management. A panel comprising experts from different disciplines of medicine and public health and members of the general public discussed the efficiency of these non-pharmacological approaches for the prevention and treatment of high blood pressure. Addressed to normotensive adults as well as to those with high blood pressure (defined as: SBP > 140, DBP > 90 mmHg), this consensus paper offers recommendations for health professionals including future studies, evidence and helpful references. A chapter on the combination of pharmacological and non-pharmacological measures rounds off this comprehensive report. The panel concluded that a healthy lifestyle is of value for the prevention of high blood pressure and for the minimisation of cardiovascular risk. Exclusive reliance on these measures as an initial therapy is recommended only for hypertensive patients with a diastolic blood pressure of less than 100 mmHg and no sign of complications. There is good evidence that certain non-pharmacological approaches (e.g. weight loss and sodium reduction) will add to the effectiveness of anti-hypertensive medication. In certain patients well controlled on medication, one can introduce non-pharmacological measures and then judiciously attempt to reduce the antihypertensive medication. Priorities to health professionals and their clients are as follows: 1. Smoking cessation and the adoption of measures to reduce total blood cholesterol must be encouraged. 2. Reduction of alcohol intake, dietary salt and weight. 3. These approaches should be decided by the client in partnership with the health professional.

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How should elderly hypertensive patients be treated?

The question of how to treat the elderly hypertensive patient gains increasing importance in many countries in the world. It is estimated that by 1990 two-thirds of those over the age of 65 in the USA will have a systolic blood pressure of 140 mmHg or more or a diastolic blood pressure of 90 mmHg or more. This book addresses the increasing need for medical care aimed specifically at the elderly patient, in particular, the prevention and treatment of cardiovascular diseases. The contributions stem from a satellite meeting in conjunction with the 12th Scientific Meeting of the International Society of Hypertension held in Kyoto, Japan, in May 1988. They provide a comprehensive update on studies evaluating the effects of antihypertensive drug treatment in the elderly.


Calendar

Workshop: Cardiopulmonary Prevention at the Workplace - The European Perspective
German National Blood Pressure Programme/Dutch Heart Foundation
May 2, 1990
Heidelberg, FRG
Information: Dr. H. W. Hense
GSF-Medis Research Centre
Dept. of Epidemiology
D-8042 Neuherberg/Munich, FRG

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

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

Fifth Scientific Meeting - The American Society of Hypertension (ASH)
May 17–20, 1990
New York, USA
Information: ASH Program Committee
Suite 2100, 515 Madison Avenue
New York, NY 10022, USA