Profile

The Polish Society of Hypertension

The Polish Society of Hypertension was founded in 1987 and has 360 members. Its primary objective is to disseminate the achievements of scientific research and recent advances in the field of hypertension and to encourage research in hypertension in Poland. The Society cooperates with different branches of the National Health Service aimed at the solution of various problems connected with hypertension. It is also involved in undergraduate and postgraduate teaching in hypertension control. A further task is the popularization of the programmes against hypertension in the community and the promotion of health education with regard to hypertension.

In order to achieve its purposes, the Society organizes symposia, conferences, lectures and annual meetings. The annual meetings are devoted to topics of hypertension control which are presented by internationally recognized specialists from different countries and Polish researchers. Their objective is the exchange of information concerning various aspects of hypertension and presentations of the achievements of Polish scientists. During the annual meeting, awards are presented to young investigators who have accomplished original investigations in the field of hypertensionology. Clinically oriented conferences intended for primary care physicians and general internists are also organized and supported by the Society. The objectives of these one-day programmes are to

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WHL News

From Hypertension Research to Control Policy

On the occasion of the 4th National Blood Pressure Conference of the German Hypertension League in Berlin, May 8 and 9, 1992 several international workshops and symposia are being planned. The German Hypertension League has invited the WHL to hold a symposium on the topic From Hypertension Research to Control Policy on May 7, 1992.

It is proposed to have an in-depth discussion on strategies for prevention and control of hypertension. The participants will include officers of the major hypertension societies and representatives of the member leagues of the WHL. WHL will use this opportunity to hold a full council conference on the evening of May 6. Further information is available from the Newsletter office or the WHL Secretariat.

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Profile continued
review recent advances in the diagnosis and treatment of hypertension.
The Polish Society of Hypertension is also arranging a special “National Day of Hypertension” to increase awareness of the problems of hypertension in the community. The mass media is involved in this campaign. Furthermore, a special programme of postgraduate teaching for nurses has been prepared and will be implemented in the near future. The Polish Society of Hypertension cooperates with the National Heart Institute and the Polish Society of Cardiology, thus expanding and intensifying activities in fulfilling the programme against hypertension in Poland.

Prof. W. Januszewicz
Past President of the Polish Society of Hypertension, Klinika nadcisnienia, Tetniczego i Cho Ro Naczyn, Banacha la, PL-02097 Warsaw Poland

Hypertension Summer School
Sponsored by the WHL
The WHL co-sponsored a one-week intensive learning experience last September in Heinsheim castle close to Heidelberg, Germany. Intensive teaching sessions were conducted by internationally renowned hypertension experts on topics such as the genetics and molecular epidemiology of polygenic diseases, neurotransmitter actions, and the use of molecular biology and transgenic animals in hypertension research. The summer school was attended by 26 students from 17 different countries, all recent M.D. or Ph.D. graduates pursuing a career in clinical and experimental high blood pressure research. The Hypertension Summer School will become a yearly institution, the next one taking place from September 13 to 18, 1992, near Paris, France. For further information, please contact the Newsletter office.

Update from India
On the occasion of the last WHL Council Conference, Prof. S. Padmavati from the All India Heart Foundation gave an update on hypertension control in India. Considerable effort has been invested in public health education through all available media, with an emphasis on non-pharmacological measures. These are generally well accepted by the population at large in India. In some areas, school health programmes encouraging good habits from an early age, such as abstinence from smoking, have been started. The All India Heart Foundation also provides refresher courses to general practitioners and internists on the drug treatment of hypertension. For further information on these activities, please contact Prof. S. Padmavati, President, All India Heart Foundation, 4874 (1st Floor) Ansari Rd. 24, Daryaganj, New Delhi 110002, India.

Obituary: Esther Török, 1929–1991
Esther Török, President of the Hypertension Committee of the Hungarian Society of Cardiology, Professor of Cardiology, Semmelweiss Medical University, Head of Department of Cardiology, Hungarian Institute of Cardiology, Budapest, Hungary, died suddenly, of a ruptured cerebral aneurysm, on December 10, 1991. Dr. Török graduated in medicine in 1953; joined the newly established Hungarian Institute of Cardiology in 1957 and became Professor of Cardiology in 1980. She was a devoted clinician and teacher.

Esther’s lifelong research interest was in hypertension. She belonged to the breed of clinical scientists who fully realized the importance of preventive and community medicine; she played a key role in the International Juvenile Hypertension Programme and in the WHO/WHL Hypertension Management Audit Project, and was instrumental in developing a programme for the community control of hypertension in Hungary.

She encouraged research and was as generous in supporting the work of junior colleagues publicly, as she was in helping them privately, at troubled moments in their lives.

Her death is a great loss to her family, friends, colleagues, and to Hungarian and international cardiology.

I. Gyárfás
Scientific News

Why Do Lean Hypertensives Have Higher Mortality Rates Than Other Hypertensives?

In the large Hypertension Detection and Follow-up Program (HDFP) a U-shaped relationship between mortality and body mass index was observed, as happened in several other prospective studies. Previously, some researchers had voiced their concern that this could point to a negative effect of weight reduction in hypertensive patients. However, results concerning one single risk factor from observational studies or multiple intervention trials should be extrapolated to clinical practice only after consideration of all evidence. Also careful analysis of the causes of deaths among the 11,000 participants of the HDFP study, who were followed for a mean of 8.3 years, showed, that the excess mortality among the lean hypertensives was due to a large overrepresentation in this group of patients with high-risk behaviour, such as excessive smoking and alcohol consumption. For example, in this group a twelvefold risk for cirrhotic death was observed, and a larger proportion of deaths occurred early in the follow-up. The researchers concluded that excess mortality in lean hypertensives is due to deleterious lifestyles contributing to both leanness and a higher risk of death. Other studies have further shown that the increased non-cardiovascular mortality amongst lean hypertensives could also be related to cancer mortality (2). Obesity does not protect from the consequences of hypertension, and weight loss is one of the most important means of lowering blood pressure. The WHL has provided practical guidelines for the management of overweight hypertensive patients (3); these can be requested from the Newsletter office.

References:

Facts That Convinced Me

The Lipid Issue in Hypertension

The main complication of hypertension is coronary heart disease (CHD). In Norwegian men, aged 30–64 years, the mortality rate of CHD is 8 times that of stroke. In the British Medical Research Council Hypertension Trial (1) the incidence of CHD in men treated with propranolol or bendrofluazide was 5 times higher than that in stroke victims. Although epidemiological studies have established hypertension as a definite coronary risk factor, in my view the most important cause of the development of CHD is elevated levels of blood lipids. Convincing for me was the following World War II experience. During this war, strict dietary restrictions in occupied Norway coincided with a marked fall of the mortality from cardiovascular disease, which before the war had been rising and did so again after 1945. In 1958 we conducted a first trial using dietary advice to lower the serum cholesterol level and demonstrated that this led to a lower mortality rate due to cardiovascular disease (2). This is shown in the top half of the figure. In a later study (3), we analyzed the effects of treating mild hypertension with hydrochlorthiazides in combination with propanolol or methyldopa where necessary as compared with no drug treatment. As shown in the bottom part of the figure, 10 years later this resulted in an increased mortality due to CHD, even though the overall death rate was unchanged.

Because of similar results in other studies, there is a growing suspicion that an adverse lipid effect might have outweighed the beneficial effect of blood pressure reduction (4). It is not known whether using antihypertensive drugs that are lipid neutral or have a favourable lipid profile will definitely prevent CHD. Only new trials with such drugs can resolve this question. In the meantime, however, there is a need for a reappraisal of conventional antihypertensiva.
sive therapy, especially one that goes beyond the simple criterion of blood pressure reduction and takes into account all identified CHD risk factors.

Paul Leren, MD, Professor of Medicine
Chairman, Oslo Study of Cardiovascular Disease
Oevrevollveien 8 B, 1342 Jar, Norway

Note by the Editorial Board: While fully endorsing Prof. Leren’s opinion on the importance of hyperlipidaemia as a coronary risk factor, the Editorial Board wishes to point out that thiazides applied in moderate doses do retain their value in antihypertensive therapy. The next Newsletter will feature a contribution by Dr. Moser on this issue.

References:

The author:
Paul Leren, born in 1921, studied medicine at Oslo University from 1941 to 1949. He later specialized in internal medicine and cardiology. He is professor of medicine at Oslo University. From 1987 to 1991 he was president of the Norwegian Society of Hypertension.

Calendar

WHL Council Conference
May 6, 1992
Berlin, Germany
Information: WHL Secretariat

WHL Satellite Symposium
“From Hypertension Research to Control Policy”
May 7, 1992
Berlin, Germany
Information: WHL Newsletter Office

4th German National High Blood Pressure Conference
May 8–9, 1992
Berlin, Germany
Information: German League against Hypertension
Berghemier Str. 88
6900 Heidelberg, Germany

Interamerican Congress of Cardiology
May 23–27, 1992
Orlando, Florida
Information: Registrar
875 Kings Highway, Suite 200
West Deptford, NJ 08096, USA

International Heart Health Conference: Bridging the Gap
May 24–28, 1992
Victoria, B. C., Canada
Information: Conference Secretariat
Venue West Ltd.
645 Water St., Vancouver, B. C.
Canada V6B 5C6

Seventh International Interdisciplinary Conference on Hypertension in Blacks
May 26–31, 1992
Atlanta, Georgia, USA
Information: International Society on Hypertension in Blacks
69 Butler St., S. E., Atlanta, GA 30303, USA

14th Scientific Meeting of the International Society of Hypertension
June 14–19, 1992
Madrid, Spain
Information: L. M. Ruilope
c/o Conghrisa CVelázquez, 90 -5º
28006 Madrid, Spain

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