Hypertension is a very common disease in South Africa. Using cut-off levels of > 160 mmHg for systolic and > 95 mmHg for diastolic blood pressure, epidemiological studies have shown that the prevalence of hypertension in the urban black and "mixed" populations is about 30%, in whites it is 17% and in Indians 14%. There are about 8 million hypertensives out of a population of 40 million. Coronary heart disease (CHD) is by far the most important circulatory system-related and overall cause of death among whites and Asians. For all deaths, cerebrovascular disease is the most common cause of deaths among the "mixed" group (55.1/100,000). Blacks have a minimal rate, namely 5.3/100,000. The disease has the highest death rate among the "mixed" group (80.6) followed by whites, Asians and then blacks with decreasing rates of 73.6, 62.5 and 36.5/100,000, respectively.

The Hypertension Society of Southern Africa was formed in 1980 and had its first congress on the 30th - 31st of October 1980 in Johannesburg. The constitution of the society strongly endorses internationally recognized human rights standards, particularly in medical practice and research, as set out in the Declaration of Tokyo, 1975 and the Declaration of Helsinki, 1964. The society is committed to all aspects of health and human welfare and in particular to the prevention and treatment of hypertension within just and peaceful society. The society is open to medical and paramedical personnel residing in Southern Africa. The society holds a congress once every two years and the venue is usually in

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On June 28, the World Hypertension League held the 17th Meeting of its Council in conjunction with a workshop on hypertension and congestive heart failure in Montreal, Canada. The council was attended by over 40 representatives of WHL member organizations. A detailed report on the council will be published in the next Newsletter. At the workshop, presentations on selected topics were given. The abstracts of the presentations were published in the WHL Yearbook. Two of the abstracts were received too late to be included in the WHL Yearbook and, therefore, are published in this issue of the Newsletter.

Treatment of Isolated Systolic Hypertension (ISH) in the Elderly: The Syst-Eur Trial

In 1989 the double-blind placebo-controlled Syst-Eur (Systolic Hypertension Europe) trial was initiated in order to investigate whether active treatment would reduce the cardiovascular complications of ISH. Fatal and nonfatal

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  INTERSALT Study
  WHL News
  People
  Calendar
a major center in South Africa. Internationally recognized researchers are invited. In addition to the major congress, scientific meetings are held in regional areas. The 10th congress, Hypertension Indaba, was held at Cape Town on the 4–7th December 1996. Indaba 1894, is a Zulu word meaning, affair, conference, parley, topic, matter, business, a communication or transaction of affairs.

The society has published guidelines for the treatment of hypertension. The guidelines are relevant for developing countries in terms of cost effectiveness. The guidelines are simplified and practical for nurses and pharmacists, as well as medical doctors who treat hypertension, particularly in rural environments where there is a marked shortage of doctors. The South African Ministry of Health has designated hypertension as one of the priority diseases which need to be detected and treated.

There has been no other country besides South Africa in which races have been segregated so distinctly and in which socio-economic differences have rested so clearly on colour. Since 1994 major constitutional changes have taken place and this is changing the lifestyle of the population. The differences in disease patterns in South Africa are mainly due to the varying patterns in the racial groups regarding their lifestyle and socio-economic status. The inequalities in the health structure are being addressed with an emphasis on primary health care. The control of hypertension and other risk factors leading to CHD, such as cigarette smoking and hyperlipidaemia, remain major challenges for the community at large. Other diseases such as the HIV/AIDS epidemic and tuberculosis will compete for a greater share of the limited health budget.

References


Y. K. Seedat
Past President
Presently executive member, Hypertension Society of Southern Africa
Representative of Hypertension Society of Southern Africa to World Hypertension League

Treatment of Isolated Systolic Hypertension continued

stroke combined constituted the primary endpoint. Eligible patients were at least 60 years old. At 3 run-in visits 1 month apart their sitting SBP on single-blind placebo treatment averaged 160–219 mmHg with a DBP lower than 99 mmHg. After stratification for sex and the presence of cardiovascular complications, 4,695 patients were randomized. Active treatment consisted of nitrendipine (10–40 mg/day), enalapril (5–20 mg/day), and/or hydrochlorothiazide (12.5–25 mg/day), titrated or combined to reduce the sitting SBP by 20 mmHg at least to a level below 150 mmHg. Matching placebo tablets were employed similarly. Patients withdrawing from double-blind treatment were followed further. The logrank statistic was used to compare the incidence of stroke according to an intention-to-treat principle. At randomization, age, percentage of women, and sitting BP amounted to 70.2 (SD = 6.7), 66.2% and 173.9 (10.1)/85.5 (5.9) mmHg in the placebo group (n = 2297) and to 70.3 (6.7), 67.5% and 173.8 (9.9)/85.5 (5.8) mmHg in the active treatment group (n = 2398). The between-group differences in BP averaged 10.1/5.4 at 2 years and 10.4/7.3 mmHg after 4 years. On February 14, 1997, at the 2nd of 5 planned (interim) analyses, the Ethics Committee resolved that the trial should end because it had achieved its primary endpoint in terms of stroke reduction (~51%; p<0.001). In persons aged 60 years and over with ISH, stepwise antihypertensive drug treatment starting with the dihydropyridine nitrendipine reduces the incidence of stroke significantly.
High blood pressure is a major risk factor for coronary heart disease and the major risk factor for stroke. As some 80% of the population is at excess risk related to their blood pressure levels, population-wide approaches are needed to stem the rise of blood pressure with age, reduce average blood pressure levels in the population, lower the prevalence of high-normal and high blood pressure, and frank hypertension, in middle age and at older ages, and hence reduce the risk of associated cardiovascular disease.

INTERSALT is a multi-centre international cooperative study of the relationships of urinary electrolyte excretion and other factors to blood pressure. It was carried out among over 10,000 individuals in 52 population samples and 32 countries worldwide. Standardised data were obtained according to strict protocol on blood pressure, measured sitting using the random zero sphygmomanometer, and on 24-hour urinary excretion of sodium, potassium, calcium, magnesium, creatinine, urea and urinary nitrogen. Height and weight were measured, and seven-day alcohol intake was assessed by questionnaire. Repeat measures of blood pressure, and repeat 24-hour urine collections, were obtained from a random 80% of individuals to assess and allow for the 'regression dilution' problem.

Analyses were done both across the 52 population samples and among the 10,074 individuals with complete data.

For 24-hour sodium excretion, the cross-population analyses indicated that, over a 30-year period from age 25 to age 55, 100 mmol/day lower sodium was associated with a change of blood pressure with age, over a 30-year period, that was less by 9–11 mmHg systolic and 5–6 mmHg diastolic.

Among individuals, in multiple regression analyses with correction for underestimation due to the regression dilution problem, 100 mmol/day lower sodium was associated with blood pressure lower by 3–6 mmHg systolic and 0–3 mmHg diastolic.

Highly significant positive associations with blood pressure of individuals were also found for body mass index and alcohol intake, and inverse associations for urinary potassium excretion and urinary nitrogen (as a marker of protein intake).
People continued

Chamontin and Secretary General is Dr. Xavier Girerd, Hôpital Broussais, 96 rue Didot, 5014 Paris, France.

As of April 1997, the **Uruguayan League against Arterial Hypertension** has a new Board: President is Dr. Carlos Schettini, Vice President Dr. Manuel Bianchi and Secretary Dr. Pablo Alonzo. The Board has been elected for a one-year term.

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At the last meeting of the **Finnish Hypertension League** in 1995, Professor Jaakko Tuomilehto was elected as new President. Secretary and Treasurer is Dr. Antti Jula, KELA, Peltolantie 3, 20720 Turku, Finland.

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The new representative of the **National Heart Foundation of Australia** to the World Hypertension League is Dr. Andrew Tonkin, Medical Director, 411 King Street, West Melbourne 3003, Australia.

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**Impressum**

The objectives of the WHL are to promote the detection, control and prevention of arterial hypertension in populations. The World Hypertension League (WHL) is a federation of leagues, societies and other national bodies devoted to this goal. Individual membership is not possible. The WHL is a division of the International Society of Hypertension (ISH), and is in official relations with the World Health Organization (WHO).

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**Calendar**

**First Annual Scientific Meeting of the Heart Failure Society of America**
September 21–24, 1997
Baltimore, MD, USA
*Information:* HFSA Meeting Secretariat
Univ. of Minnesota, Room 107, Radisson Hotel Metrodome, 615 Washington Avenue SE, Minneapolis, MN 55414, USA

**1st International Symposium on Angiotensin II Antagonism**
September 28–October 1, 1997
London, UK
*Information:* The Secretariat, Hampton Medical Conferences Ltd., 127 High Street Teddington, Middlesex TW11 8HH, UK

**70th Scientific Sessions of the American Heart Association**
November 9–12, 1997
Orlando, FL, USA
*Information:* AHA, Scientific and Corporate Meetings, 7272 Greenville Avenue, Dallas, TX 75231, USA

**4th European Conference of the International Union for Health Promotion and Education**
November 9–12, 1997
Jerusalem, Israel
*Information:* Conference Secretariat
Dan Knassim Ltd., IUHPE/EUROPO Box 1931, 52118 Ramat Gan, Israel

**First Asia-Pacific Congress on Hypertension**
November 29–December 3, 1997
Surat, India
*Information:* Dr. Shailendra Vijpeyee Chairman, Organizing Committee APCH 1997, Dept. of Pharmacology, Govt. Medical College Surat 395 001, Gujarat, India

**6th International Symposium on Hypertension in the Community: Screening, Investigation and Therapy**
February 8–11, 1998
Geneva, Switzerland
*Information:* Conference Secretariat, PO Box 50006, Tel Aviv 61500, Israel
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