Obituary

The World Hypertension League would probably not exist and certainly would not be the same, were it not for Tom Strasser. Together with Franz Gross and several other friends, he founded the World Hypertension League in 1983 and was its secretary general until 1995. Even after his retirement from this position, he maintained a strong interest in the organization and was an advisor for international liaison activities of the board. In his last editorial in February 2000, he wrote about “The gap in hypertension control”, discussing the difference between the achieved and the achievable. He asked several pertinent questions such as, “The Gap – How wide, and still for how long? Why does our message of hypertension control not pass review? Are doctors not receptive enough, or is the message not clear? Is there a barrier between the patients and their doctors?” Advancing the control of high blood pressure in populations is the mission of the World Hypertension League and was also Tom’s life-long mission.

Tom was born on November 8, 1922, in Sombor, Yugoslavia. In 1945, he began his medical studies specialized in cardiology. He received his degree from the faculty of medicine in Belgrade and held a professorship of medicine at this university between 1963 and 1969 before he joined the cardiovascular disease unit of WHO in Geneva. Many of the important cooperative international studies on community control of hypertension and cardiovascular diseases were initiated by him. The Clofibrate studies, the Ancel Keys Seven-Country studies, and the MONICA studies are linked to his name.

Under his guidance, the World Hypertension League developed from a European core to a truly international organization with 81 member leagues and a newsletter distributed to many individual scientists and practicing physicians. Mailings are sent worldwide to 138 countries and reach a readership of 14,500. Many of the World Hypertension League's activities, such as the council meetings, the hypertension yearbook, the international art competition, the hypertension management and audit project, the educational activities, world hypertension conferences, etc., go back to his initiatives.

Tom died peacefully on March 9, 2001 resisting for nearly 15 years a relentless multiple myeloma. He was very much aware of his disease. He talked to close friends about it, but never allowed his disease to influence his enthusiasm, optimism, and penchant for hard work. He was active up to the very last weeks of his life writing, reading, and enjoying his family with three grandchildren.

Tom was an exceptionally educated man with broad interests in history, literature, fine arts, and music. He spoke Serbian, Hungarian, German, French, and English fluently.

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Obituary continued

Tom quickly learned the essentials of any language he needed. Tom was a hard-working, rather quiet man, generous and tolerant, but of firm character and uncompromising spirit.

The World Hypertension League loses one of its founders whose spirit and ideas were essential catalysts for the development of our organization. I personally lost a dear friend. The WHL Tom Strasser Lecture will be a time to remember Tom and the lessons that he proselytized.

Detlev Ganten
Berlin-Buch, Germany

New WHL Members

The WHL is pleased to welcome two new members who recently joined the World Hypertension League:

The Algerian Society of Hypertension (SAHA), Dr. Salim Ben Khedda, Secretary, Cardiology Division CHU Mustapha, BP 442, 16035 Hydra, Algeria.
Phone: (+213) 21 235 186
Fax: (+213) 21 283 151
E-mail: Sahahta@hotmail.com

The Iranian Heart Foundation, Dr. Nizal Sarraf-Zadegan, Vice President & Secretary General, Isfahan Cardiovascular Research Center, PO Box 81465-1148, Isfahan, Tehran, Iran.
Phone: (+98) 31 460 607
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The total number of WHL members has thus increased to 81.

WHL News

African Heart Network launched in Nigeria

The African Heart Network (AHN), a coalition of heart foundations in Africa was launched during an inaugural meeting in Lagos, Nigeria, from March 7–9, 2001.

At AHN’s inaugural meeting, the first General Assembly, the following people were elected to the AHN Council: Professor Oladipo O. Akinkugbe, Nigeria (President), Mr. Robert de Souza, South Africa (Vice President), Dr. Kingsley K. Akinroye, Nigeria (Secretary, Treasurer) and Professor Kwabena Frimpong-Boateng, Ghana (Council Member).

The AHN aims are: (i) to reduce and prevent heart disease through education and health programs, (ii) to promote healthy lifestyles and (iii) to reduce risk factors for heart disease in Africa.

The objectives are to encourage: (1) development and implementation of policies which promote cardiovascular health for continental organizations, particularly the Organization of African Unity and other international organizations, e.g., health, agricultural, food and consumer national organizations. (2) AHN members to work toward this aim at a national and international level by exchanging information and providing mutual support.

Participants were from the Heart Foundations of Ghana, Nigeria and South Africa and a representatives each from the World Heart Federation and Pan-African Society of Cardiology.

The highlight of the meeting was promotion of a tobacco database, tobacco bill and community control of hypertension in Africa. The AHN Council has agreed to initially focus on hypertension, tobacco issues and nutrition. The next General Assembly and workshop will be held in May 2002 in Cape Town, South Africa.

For further information, please contact:
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Ikoyi, Lagos, Nigeria
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E-mail: nigerianheartfoundation@hypertia.com
As an addition to the article by Claude Lenfant 'Message of the new President' we would like to point out some findings from the EUROASPIRE II survey in the area of Münster, Germany.

EUROASPIRE II (European Action on Secondary Prevention by Intervention to Reduce Events) is a cross-sectional study that was conducted in 15 European countries in 1999/2000. The aim was to evaluate the practice of preventive cardiology in patients with established coronary heart disease and to determine whether the European recommendations on secondary prevention of coronary disease are being followed. In the Münster region, 684 medical records were reviewed and 402 consecutive patients >71 years of age were examined and interviewed.

Sixty-six percent of all patients were hypertensive (systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg) and 31% had substantially elevated blood pressure values ≥ 160/95 mmHg. Blood pressure values were even higher than 180/105 mmHg in 9% of the patients. Among all the hypertensives only 36% of the patients were treated and controlled, whereas 7% were not treated and 57% were treated, but not controlled. Antihypertensive drugs were widely used: 89% of all patients were taking antihypertensive drugs for different reasons (not necessarily hypertension). B-blockers (68%), ACE-inhibitors (45%) and diuretics (33%) were the most commonly used substances. Additionally, 86% of the patients took aspirin and 68% used lipid lowering medication, mostly statins.

Other classical cardiovascular risk factors were also highly prevalent in this study population: 17% were still or again active smokers, 66% showed elevated total serum cholesterol levels (≥ 5.0 mmol/L), 31% were obese (BMI ≥ 30 kg/m²) and 37% had elevated fasting blood glucose (≥ 6 mmol/L) or reported diagnosis of diabetes mellitus.

In the Münster region, hypertension is a major cause of concern since 66% of all patients from this area are hypertensive. This was the highest prevalence of all 15 study areas. Although this region had greater than average hypertensive medication use, treatment and control were particularly insufficient in this region.

At the European level, control of blood pressure was slightly better. Fifty-four percent of the patients from all 15 countries were hypertensive and 45% among those being treated achieved blood pressure values less than 140/90 mmHg. The prevalence of other classical cardiovascular risk factors and the use of prophylactic medication were very similar to those of the Münster region.

EUROASPIRE II is a replication of the EUROASPIRE I study conducted in 1995/96 in nine European countries. When results of both surveys from these countries are compared, risk factor levels of coronary patients remained merely unchanged despite the significant increase in prophylactic drug therapy. Only the prevalence of hypercholesteremia decreased substantially from 86% to 59%, reflecting the threefold increase in the use of statins. No improvement was observed in blood pressure management. In the Münster region, the prevalence of hypertension even increased by 7.9%.

According to population trends across Europe, the proportion of obese patients rose from 25% to 33%.

In conclusion, preventive cardiology in Europe did not improve over the last five years. There is still a high prevalence of adverse lifestyles, modifiable risk factors and inadequate drug therapies. The European recommendations on secondary prevention of coronary disease are still not implemented in practice.

The EUROASPIRE results are a call to action for physicians, cardiologists and all health professionals caring for coronary patients. These data clearly underline the need for better control of cardiovascular risk factors and for new strategies in secondary prevention.

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References
People

The fax number of the Turkish Association for Hypertension Control has changed:
Fax: (+90) 232 4224 777
E-mail: remzionder@superonline.com

The new address of the Senegal Heart and Hypertension Foundation is: Dr. Ousmane Dieye, PO Box 28134 Médina, Senegal.

Dr. Andrzej Wiecek was elected as President and Dr. Teresa Nieszporek as Secretary General of the Polish Society of Hypertension, Silesian University School of Medicine, Dept. of Nephrology, Endocrinology & Metabolic Diseases, Francuska st. 20-24, 40-027 Katowice, Poland.

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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

25th Scientific Meeting of the German Hypertension Society
November 28 – December 1, 2001
Bielefeld, Germany
Information: Prof. R.E. Kolloch,
Medizinische Klinik Krankenanstalten
Gilead, Akademisches Lehrkrankenhaus
der Universität Münster
Burgsteig 13, 33617 Bielefeld, Germany
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3rd Congress of the Asian-Pacific Society
of Atherosclerosis and Vascular Diseases
February 17–20, 2002
Cebu City, The Philippines
Information: Dr. Rody G. Sy
APSAVD, Unit 309, Amberland Plaza
Julia Vargas Street, Ortigas Complex
1605 Pasig City, The Philippines
Fax: (+632) 631 7970
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2nd International Congress on
Cardiovascular Disease
April 25–27, 2002
Kosice, Slovakia
Information: Dr. Daniel Pella,
FICC, 2nd Internal Clinic,
Safarick University, Trieda SNP 1
040-66 Kosice, Slovakia
Fax: (+421) 91 772 5118
E-mail: dpella@central.Medic.upjs.sk

17th Annual Scientific Meeting of the
American Society of Hypertension
May 15–19, 2002
New York, USA
Information: American Society of Hypertension (ASH), 5 15 Madison Avenue,
Room 1212
New York, NY 10022, USA
Fax: (+1) 212 644 0658
Web Site: www.ash-us.org

19th Scientific Meeting of the
International Society of Hypertension
and the 12th European Meeting
of the European Society of Hypertension
June 23–28, 2002
Prague, Czech Republic
Information: ISH 2002, Meeting Secretariat
Guarant Ltd, Opletalova 22, 110 00 Prague 1
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E-mail: ISH2002@guarant.cz