Editorial

Hypertension in Blacks – Is it really different?

Overview: Hypertension in blacks has long been recognized as occurring earlier in life, being more severe, and having closer links to pressure-related target-organ injury such as left ventricular hypertrophy, chronic kidney disease, and heart failure than in white populations. However, these characterizations apply to the group which is highly heterogeneous rather than the distinctly unique individual. The extrapolation of group tendencies of hypertension in blacks to the black individual has long influenced the approach to therapy for blacks with hypertension. The imprecision and minimal relevance of this approach to optimal therapeutic selections for individual black patients will subsequently be discussed.

Physiological Correlates of Hypertension in Blacks: Physiological parameters in Blacks with hypertension have been frequently contrasted with white hypertensives. These contrasts have provided information consistent with lower circulating renin levels, vasodilatory factors, as well as higher levels of endogenous vasoconstrictors such as endothelin. Perhaps the signature physiological characterization of blacks with hypertension has been plasma volume expansion closely followed by salt sensitivity. However, despite the plethora of differences in physiological parameters and the published literature between blacks and whites with hypertension, these differences are quantitative rather than qualitative. Interestingly, there is little empirical data to support the often repeated notion that blacks are plasma volume expanded – in fact, the majority of blacks with hypertension.

WHL News

Report on The International Conference for Arterial Hypertension and Cardiovascular Disease, May 10–12, 2003 in Brussels, Belgium

In Sub-Saharan Africa the most rapidly rising CVD is hypertension, affecting over 20 million people. Many of the leaders in hypertension in Africa attended the conference and specific outcomes were accomplished: (1) guidelines for hypertension prevention and treatment, (2) development of principles for training programs in hypertension in Africa and (3) organization of an International Forum for Hypertension in Africa. Various worldwide organizations were involved in the conference. Dr. Lemogoum was the coordinator and organizing secretariat, and Drs. Degeyte and Block of Belgium were major organizers. The WHL was a sponsor and was invited to participate. Dr. Lenfant was co-chair of the scientific committee and gave opening remarks on behalf of the WHL. Dr. Mulrow was a member of the organizing committee and co-chaired a workshop on Epidemiology and Detection of Hypertension in Africa. Dr. Chockalingam lectured on Current Training Programs in Hypertension. The meeting was extremely successful and a follow-up meeting in Africa is planned for the near future.
Hypertension treatment guidelines we emphasized that the often held belief that treatment of hypertension in blacks is more difficult than in other groups is not valid14.

Target-Organ Protection: The observation of lower circulating renin levels in black compared to white hypertensives, in conjunction with the slighter BP response to renin-angiotensin-system (RAS) drugs, formed the basis of the belief that these same drugs would not provide target-organ protection in blacks. This speculation has resulted in the lesser use of these agents in high-risk blacks – persons with CVD and heart failure. Data from the African American Study of Kidney Disease15 (AASK) and the Study of Left Ventricular Dysfunction16 studies have convincingly proven the ability of RAS drugs to protect target-organs in blacks, even when they do not lower BP as well as comparative drugs15. In the AASK study, the exact pattern of kidney function preservation was observed in blacks with non-diabetic kidney disease as observed in studies of similar whites. That is, the angiotensinconverting enzyme (ACE) inhibitor provided the greatest protection of kidney function in the setting of proteinuria17.

Summary: Hypertension in blacks manifests quantitative differences at the level of group contrasts that do not, however, provide justification for different therapeutic decisions for individual black hypertensives. The recently released ISHIB hypertension treatment guidelines emphasizes the importance of prescribing indicated therapies for black hypertensives when medically indicated, even in the absence of data specific to blacks. Blood pressure control is an important, albeit not the only, route for target-organ protection in hypertensive blacks. The time has come to abandon the idea that lack of BP lowering efficacy and/or target-organ protection for specific drug classes can be attributed to black race. Rather, antihypertensive therapy (along with lifestyle modifications) should be prescribed for blacks based on individual characteristics – proteinuria, glomerular filtration rate – at adequate doses with the goal of attaining goal BP levels and optimizing target-organ protection.

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A complete reference list is available from the WHL website or editorial office.
Report from Member Leagues

The **Pakistan Hypertension League (PHL)** has life membership of 200 physicians and 50 non-physicians, as well as associate members. As its membership is derived from all branches of medicine it is thus a multi-speciality organization. A sizeable portion of the membership includes the lay public. Its mandate is to promote awareness about hypertension among the general population of Pakistan including updating of knowledge of physicians and specialists on a regular basis.

A quarterly newsletter is published by PHL and distributed throughout the country. It is designed to inform the membership about the activities of PHL and includes information about recent developments in the field of hypertension.

The PHL was founded in 1996. The PHL has six regional local chapters in all major cities of Pakistan. The PHL has an active program of education toward hypertension awareness in the general public and patients. The activities include holding of annual seminars in major cities in which interactive public awareness sessions have produced great enthusiasm in the general public. The education of physicians is imparted by scientific programs during these annual symposia which usually includes hypertension in relation to various medical specialties. The most popular events of PHL are workshops and local meetings in the clubs, mosques, schools, colleges, community halls and hospitals, where day camps are held and blood pressure is checked and relevant advice is given by senior physicians of the local PHL chapters. These sessions are well attended.

PHL is active in imparting to the physicians and general practitioners the recent advances in hypertension research and treatment. PHL has produced a consensus document concerning recognition and treatment of hypertension which has been tailored for local use. The document was generated by senior consultants from all specialties from all parts of the country. PHL has developed an algorithm for management of hypertension which has been prepared in a calendar form and is distributed free to the physicians.

A similar document and Algorithm have also been prepared by PHL for the paediatric population of Pakistan.

PHL is now well structured and is collecting data on hypertension at the national level via various day camps which are held by local chapters. A data base involving all of Pakistan is a goal that the PHL is now actively pursuing. The future program of PHL includes research units for basic and bio-chemical research in tertiary care centres. Increasing the number of workshops for physician training in all aspects of hypertension, with special emphasis on proper technique of blood pressure measurements and expansion of the activities and number of its local chapters, is being actively pursued.

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The **Bulgarian Hypertension League** was founded in 1992. It now has 1,432 members. The League is very active with respect to educational activities:

(1) Within a ten year period it has managed to organize 133 symposia. Most of them were carried out together with the Bulgarian National Academy of Medicine and the Bulgarian Academy of Science. (2) Thirty-six symposia were organized in the large towns of the country. (3) Six weekend schools from Friday to Sunday with an attendance of over 600 physicians were instructed in the prevention of cardiovascular risk. (4) Two congresses dedicated to the issues of arterial hypertension were organized.

In addition, the Bulgarian League of Hypertension prepared Guidelines for the prevention of arterial hypertension. The Bulgarian Hypertension League also took an active part in the preparation of the National Program for the prevention of Hypertension.

Currently, Prof. Choudomir Nachev, Director of a clinic in St. Anna University Hospital, is President of the Bulgarian Hypertension League. Dr. Veselka Gergova, member of the Cardiology clinics in the Internal Disease Department of the Medical University in Sofia, is the scientific secretary of the League.

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World Health Report 2002
WHO Technical Report No. 916
(Diet, nutrition and the prevention of chronic disease)

These WHO reports provide useful data on blood pressure related disease burden and are a helpful resource for public health practitioners. Both reports can be ordered from WHO or be printed out via: www.who.int (online publication catalogue).

People

Professor R.K. Khandaker was elected as chairman of the hypertension committee of the National Heart Foundation of Bangladesh:
Plot No. 7/2, Section-2, Mirpur, Dhaka-1216, Bangladesh.
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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

2003 Annual Meeting of the British Hypertension Society (BHS)
September 15–17, 2003
Cambridge, UK
Information: Mrs. Gerry McCarthy,
BHS
Fax: (+44) 20 8977 0055
E-mail: hmc@hamptonmedical.com

5th International Congress on Coronary Artery Disease
October 19–22, 2003
Florence, Italy
Information: Kenes, PO Box 50006
Tel Aviv 61500, Israel
Fax: (+972) 3 517 5674

76th Scientific Session of the American Heart Association (AHA)
November 9–11, 2003
Orlando, FL, USA
Information: Secretariat AHA
Fax: (+1) 214 706 5262
E-mail: sessions@heart.org

3rd Genova Meeting on Hypertension, Diabetes and Renal Disease
February 26–28, 2004
Genova, Italy
Information: Ms. Barbara Rossi,
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E-mail: rossi@aristea.com

20th Scientific Meeting of the International Society of Hypertension
February 15–19, 2004
Sao Paulo, Brazil
Information:
www.hypertension2004.com.br

3rd International Congress on Cardiovascular Diseases
November 25, 2004
Taipei, Taiwan
Information: Dr. C. E. Chiang,
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