Profile

The Portuguese League against Hypertension was established in April 1978 as a Working Group of the Portuguese Society of Cardiology, aiming to improve knowledge and awareness of hypertension among clinicians and other health care professionals. It functions mainly as a scientific advisory council to both the Society of Cardiology and the Heart Foundation for matters related to hypertension research, postgraduate training, health promotion and patient education. General policy statements and recommendations on detection, management and control have been issued, updated periodically and disseminated widely among family physicians and national health services.

The social goals of the League are realized in conjunction with the Portuguese Heart Foundation and the National Institute of Preventive Cardiology. Both institutions have contributed significantly to the high level of hypertension awareness and control in continental Portugal, the Azores and Madeira Islands.

The League is directed by its Secretariat (Board) and the General Assembly. Representatives are elected every 2 years by member delegates. Each body has representatives from the three medical regions of the country. Two regular meetings are held yearly, one scientific session and one seminar. In 1987, the first Iberian meeting was held at Salamanca, hosted by our Spanish colleagues. The membership stands currently at 150, comprising clinicians, cardiologists, internists, nephrologists, pharmacologists and other medical specialists.

WHL Council Conference 1991

The next WHL Council Conference will be held on September 29, 1991, in Barcelona, Spain. Preceding the meeting will be a conference of the Spanish League against Hypertension and a workshop on the economics of hypertension control on September 27 and 28. As discussed in an editorial by Dr. Amery (Newsletter 8/89), cost benefit and cost effectiveness are important and complex problems. The Workshop will bring together some invited speakers and the representatives of the WHL member organizations to discuss this topical issue. Ideas and conclusions developed in the workshop will then be discussed at the Council Conference. Later an In the Focus Statement on the Economics of Hypertension Control will be prepared and published by the WHL. The goal is to stimulate the introduction of economic considerations and of concepts of effectiveness, when formulating hypertension control policies. Further information on the Council Conference can be obtained from the WHL secretariat in Geneva.

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Corporate members are part of the Society of Cardiology, and laymen totalling almost 2000 are affiliated to the Heart Foundation. In the late 1960s and early 1970s, Profs. Nogueira da Costa and Fernando de Pádua invested major efforts in research programmes, outpatient clinics and special units, community intervention trials, and public and patient education on arterial hypertension. In 1977, a proposal for a national policy of cardiovascular disease prevention was drafted by Prof. Pádua and co-workers with the collaboration of W. B. Kannel, G. Rose and T. Strasser. This action plan urged the health authorities to divert some resources into community control programmes of other cardiovascular risk factors, such as high cholesterol intake and smoking. At present, Portugal is participating in two projects started by the WHO Regional Office for Europe: the Hypertension Management Audit Project, co-sponsored by the WHL, and CINDI-Portugal, a pilot programme for Countrywide Integrated Non-communicable Disease Intervention. Human resources have been enriched by a constant flow of newly bred generations of highly motivated hypertensiologists, thus creating a network that will further the League's goals. A number of publications are laying the foundation for future endeavours and the League's growth.

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References:

Letters to the Editor

Is hypertensionology a separate speciality?

My answer to that question is an unequivocal YES. Like cancer (oncology), diabetes, hypertensionology (or better: hypertensology) should be considered a separate speciality in medicine. There are many reasons for this. First, the incidence of hypertension (25% of the entire population) justifies it. Second, it is a major cause of accelerated atherosclerosis with all its sequelae, and it is also a major cause of left ventricular hypertrophy, of congestive heart failure and of progressive renal insufficiency. Third, because of the pioneering work of Irvine Page, hypertension has become a major component of biomedical research at the present time. Research is being conducted at all levels involved in the hypertensive processes: brain, heart, arteries, kidneys, adrenals, vascular smooth muscle, receptors, second messengers, electrolytes (sodium, potassium, calcium and magnesium)...

This fact points to a fourth reason why hypertension is obviously a multifactorial disease, as Page pointed out in his famous description of hypertension as a mosaic. At first, hypertension was part of cardiology, but because of the biochemical investigations involving the kidney, hypertension has been considered more recently, in most medical centres, part of nephrology, and in some medical centres, part of endocrinology. In reality, it has become more than nephrology, cardiology or endocrinology and more and more people are devoting their whole life either to full-time research on one of its aspects or to clinical hypertension with its multitude of patients. In addition, the teaching of hypertension is multidisciplinary and must be integrated as a unit and not in a "disjointed" way, as it is so often at the present time.

It is, therefore, my conviction that, in research and university teaching medical centres, hypertension should be considered a speciality. But in general practice, it should be an essential part of the training of family practitioners. Too many emotional, personal, family and socioeconomic factors are involved in the clinical expression and aggravation of hypertension to be neglected and often these factors are better handled by the family doctor than by the university specialists.
Hypertension constitutes a wonderful junction where molecular biology, biochemical and pharmacological research and clinical medicine meet. It also is a focal point for the integration of knowledge belonging to the observation and follow-up of patients and to the acquisition of fundamental knowledge at the tissue, cellular and molecular level and at the whole person.

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WHL Materials

International Consensus Conference on Indirect Ambulatory Blood Pressure Monitoring (ABPM)

The purpose of a meeting, held in Berlin, FRG, on March 1–3, 1990, was to elaborate guidelines for the standardization of equipment and for the evaluation of the 24-hour profile, as well as to work out indications for practical use of indirect automatic blood pressure measurement in the diagnostic work-up and treatment of hypertension. Twenty-six papers were presented under the headings: methods, statistics and standardization; clinical importance and indications; evaluation of pharmacotherapy; and prognostic importance of ABPM. Summaries of each of these subjects were drafted by working groups, discussed in a plenary session and accepted as statements of consensus by the participants of the meeting. Technical progress—and an increasing trend in the use of ABPM were noted. There was full agreement that because of the limited reliability of office blood pressure values, mainly due to the “alarm reaction”, better methods of assessing the “true” blood pressure of individuals are required. Much of the discussion was therefore focussed on the relationship between ABPM and intra-arterial values, office values, and home measurements.

The papers presented at this Symposium and, after undergoing some further editing, the consensus statements will be published. There is no doubt that ABPM is a valuable tool in research and in the evaluation of anti-hypertensive drugs. The modalities of using ABPM in clinical and general practice still have to be clarified.

WHL News

The 13th Scientific Meeting of the International Society of Hypertension (ISH) was held in Montreal, Canada, June 24–29, 1990. Over 5000 delegates attended presentations of more than 750 papers and posters as well as 27 satellite symposia. Prominent issues were the role of atrial natriuretic factor in hypertension as well as various aspects of treatment with known and new ACE-inhibitors. A number of papers stressed the importance of genetic influences in the development of hypertension and the opportunities molecular biology offers for a better understanding and future prevention of hypertension. Benefits of salt restriction and 24 h ambulatory blood pressure measurement were controversial discussion topics.

The first seminar on hypertension organized by a branch of the Henan Cardiovascular Disease Association was held in Pingdingshan (Henan province), People's Republic of China, May 21–24, 1990. The main topics discussed were: (1) the abnormality of renin-angiotensin-aldosterone system, angiotensin II, atrial natriuretic factor, and apoprotein in variant hypertension; (2) short or long term treatment with calcium antagonists, converting enzyme inhibitors and indapamide; (3) the treatment of severe hypertension. The Branch of the Chinese Hypertension League in Henan was founded on this occasion.

Poster from The Hypertension Clinic, St. Mary's Hospital, London W2, Great Britain, inscribed: “Voltaire 1760: ‘Doctors are men who prescribe drugs of which they know little, to cure diseases of which they know less, in human beings of which they know nothing’ — 1990: Isn't it time to take down the wall?”.
Scientific News

The Role of Package Inserts

Chris Van Haecht, Rovert Vaner Stichele and Marc Bogaert, Heymans Institute of Pharmacology, University of Gent, Belgium

In drug therapy of hypertension, non-compliance is a major problem. Some feel that package inserts with a long list of adverse drug reactions, as they are used in most countries, may increase non-compliance by frightening the patients or may even enhance the occurrence of these reactions by suggestion.

A recent study in Belgium analyzed this issue; 65% of patients on antihypertensive treatment read the inserts. The occurrence of potentially drug-related health problems was equal among those who read the inserts and those who did not. However, the readers attributed more of the complaints to the drugs. These results draw attention to the role of patient information about medication risks, a role that has to be further studied and an area where hypertension societies could take an active position.

Calendar

63rd Scientific Sessions of the American Heart Association
November 12-15, 1990
Dallas, Texas, USA
Information:
American Heart Association
7320 Greenville Ave
Dallas, Texas 75231, USA

14th Conference of the Scientific Section of the German League against Hypertension
November 29 – December 1, 1990
Ulm, Federal Republic of Germany
Information:
German League against Hypertension
Berliner Str. 46
6900 Heidelberg, FRG

International Symposium on Multiple Risk Factors in Cardiovascular Disease
December 10–12, 1990
Washington DC, USA
Information:
Giovanni Lorenzini Medical Foundation
Baylor College of Medicine
Room 826 E
One Baylor Plaza
Houston, Texas 77030, USA

Journées de l‘Hypertension Artérielle
Annual Scientific Meeting of the French Society of Hypertension
December 13–14, 1990
Paris, France
Information:
CONVERGENCES-HTA 90
120, ave Gambetta
75020 Paris, France

Preventive Cardiology in Africa
April 2–5, 1991
Addis Abeba, Ethiopia
Information:
Pan-African Society of Cardiology
P.O. Box 73824
Nairobi, Kenya, East Africa

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