Profile

The Italian League against Hypertension was founded in February 1973, and its first president was Professor C. Bartorelli, one of the "fathers" in the field of high blood pressure research. Thanks to his scientific prestige and managerial capacities, the League has grown during these years to become one of the best known medical institutions in our country. In 1989 he retired, and I was nominated president by the Council to continue and pursue the social and scientific goals of the League. One of the first decisions taken was to name a delegate of the League in each Italian region in order to intensify programmes and meetings throughout the country. They were chosen from the outstanding clinicians and researchers in the field of hypertension. Amongst the present major activities, one should mention (1) a campaign aimed at alerting the public to the problem of high blood pressure. This is being carried out in secondary schools with the support of the local authorities and in factories with the help of the unions. (2) Meetings are being held in several regions to provide physicians with up-to-date information on home blood pressure measurement. (3) A bimonthly bulletin called "Lettera dell'Ipertensione" devoted to current research in the detection, management, complications, and control of hypertension is being published, which also gives brief reviews of the most important recent articles from international journals. (4) In addition, the League translates the WHL Newsletter into Italian; the translated version is delivered to a large number of physicians and researchers.

WHL News

Videos Released on Blood Pressure Measurement

Standardized blood pressure measurement is crucial in the correct diagnosis and treatment of hypertension. Both professionals and patients who take their own blood pressure need to be instructed carefully on proper techniques and possible sources of errors.

Two videos on correct measurement of blood pressure have recently been released by WHL members. The British Hypertension Society prepared a video and booklet aimed primarily at professionals (1), while the German Hypertension League produced a film that is suitable for patients (2). These are available from the sources listed below. The WHL also published an In Focus Statement on the self-measurement of blood pressure in 1988 (3).

(1) Blood Pressure Measurement. Video cassette and 20 page booklet available from The British Medical Journal, BMA House, Tavistock Square, London WC1 9IR, UK.
(2) Taking Your Blood Pressure. A 30-min video cassette (in German) available from Deutsche Liga zur Bekämpfung des hohen Blutdruckes, Berliner Straße 46, 6900 Heidelberg, Germany.

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sicians in the country. (5) One further assignment, which the Italian League intends to undertake is the validation of automated and semi-automated blood pressure measuring devices with special reference to ambulatory systems. This is prompted by the increasing use of these machines and their ever growing number on the market. The standards and guidelines produced by the British Hypertension Society and by the American Association for the Advancement of Medical Instruments will be taken into consideration.

The League holds an annual assembly with a day of lectures by invited speakers. Last year it was held in Padova; this year’s meeting took place in Venice.

The Italian League against Hypertension is also one of the participants in the WHL International Art Competition.

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Scientific News

Results of SHEP Released

The results of a systolic hypertension in the elderly trial have been released recently (1). The Systolic Hypertension in the Elderly Program (SHEP) was a double-blind, randomized, placebo-controlled trial, the first one on the treatment for isolated systolic hypertension in persons 60 years of age and older. It began in 1984, and close to 5000 persons were treated and observed for a mean of 4.5 years.

A significant reduction in non-fatal strokes (37%), myocardial infarction (33%), and left ventricular failure (54%) were observed. However, the reduction in transient ischemic attacks (25%), cerebrovascular mortality (29%), coronary mortality (20%), cardiovascular mortality (20%), and total mortality (13%) were not significant. An important finding was the reduction by 36% ($p = 0.003$) of fatal and non-fatal strokes combined. Low dose treatment with diuretics as step 1 and with beta-blockers or reserpine as step 2 resulted in a reduction of systolic blood pressure to a mean of 143 mmHg in the treatment group compared with 155 mmHg in the placebo group. There was also a difference of 4 mmHg mean diastolic blood pressure between the two groups. Due to the low dose of the drugs used, side effects were minimized.

The results of SHEP as well as the findings of the earlier European trial (2) on systolic-diastolic hypertension clearly demonstrate that treatment of hypertension in the elderly is effective and has proven benefits in the prevention of cardiovascular complications. However, the editorial published in the JAMA together with the results raised the question whether the findings could be extrapolated to a less-healthy patient population in the USA. Indeed, only 1% of all the screened subjects were enrolled. For members of the WHL it may also be of particular importance to know whether these results could be extrapolated to populations of other continents. One also wonders whether therapy with other drugs such as calcium entry blocking agents or converting enzyme inhibitors could have the same or a different effect in the prevention of cardiovascular complications. Other trials on isolated systolic hypertension in the elderly such as the Syst-Chin in China and the Syst-Eur trial in Europe (3) may help to answer these questions.


WHL News continued

(3) WHL. In Focus Statement on Self-measurement of Blood Pressure available from the Newsletter office.
Facts That Convinced Me

Drop of CVD Rate in Australia

There are two important sets of facts relating hypertension to overall cardiovascular mortality. The first is that the risk of cardiovascular disease (CVD) and mortality rises progressively with increasing systolic or diastolic blood pressure levels. The second relates to my own community, Australia, and reveals that in 1980, 22% of men and 17% of women aged 25–64 years were hypertensive, that only 33% of these men and 61% of the women were currently undergoing treatment for raised blood pressure and that 45% of the men and 35% of the women receiving treatment had diastolic blood pressures of 95 mmHg or more.

The combination of these two sets of data justified and led to an extensive public education campaign aimed at more complete detection of hypertension in the community and better treatment of those cases which were found. By 1989, the situation had improved considerably. In that survey 16% of men and 10% of women had high blood pressure and the proportion on tablets whose blood pressure was not controlled had also fallen (39% of men, 19% of women). The age-adjusted death rates due to cardiovascular disease in the 30–64 year age group have fallen 58% for men and 65% for women between 1961 and 1988. Concerning the incidence of strokes, there was a 71% decrease among women and 68% in men. In that time, all-cause mortality had fallen by 39% (see figure).

These health statistics clearly indicate that public and professional education is justified to increase the detection of all cardiovascular risk factors and to achieve appropriate lifestyle changes in the community. Political influence and structural change should also be used to make alterations in lifestyle possible and attractive. I believe the type of change in cardiovascular disease patterns in Australia can also be achieved in other countries and can act as a stimulus and encouragement especially for those countries in which the prevalence of cardiovascular disease is rising.

Dr. R. L. Hodge
National Heart Foundation of Australia
P.O. Box 2, AUS - Woden A.C.T. 2606

The author:

Robert Hodge graduated in medicine from the University of Adelaide. For 8 years, until 1980, he headed the Commonwealth Government's Drug Regulatory Authority and then served as National Director of the Australian Heart Foundation until recently. His predominant interests now are in the preventative health area and in translating medical scientific information relevant to this topic into educational messages for the public.

Names and Notes

Dr. Jose Rodicio has stepped down as member of the WHL Executive Board because of his heavy work load in relation to the ISH Meeting in Madrid in 1992. The International Society of Hypertension (ISH), which delegates two of its Board members to the WHL Board, has nominated Dr. Hans Ibsen of Glostrup, Denmark, as the new representative. We thank Dr. Rodicio for his contributions and look forward to our joint efforts in hypertension control with Dr. Ibsen.

Dr. Robert Hodge has left the National Heart Foundation of Australia after serving as Director for 11 years (see above). Prof. John Shaw has been appointed the new director.

Ms. Daniela Jilg, the Editorial Assistant of the WHL Newsletter, has left Heidelberg. The Newsletter Office is now staffed by Ms. Erika Pisch.
WHL Materials

The Canadian Coalition for High Blood Pressure Prevention and Control has released a new edition of the High Blood Pressure Education Materials booklet. This lists all member organizations of the Canadian Coalition for High Blood Pressure Prevention and Control and also provides a list of resources for the public and for health care professionals. A detailed description of the available material and a list of the respective supplier is also included. The booklet can be ordered from the Canadian Coalition for High Blood Pressure Prevention and Control, 1785 Alta Vista Drive, Ottawa, Ontario K1G 3Y6, Canada.

The German Hypertension League has released a new leaflet describing the role of epidemiology in hypertension research (in German). This leaflet is available from the German League against Hypertension, Berliner Str. 46, Postfach 10 20 40, 6900 Heidelberg, Germany.

The All India Heart Foundation has published a series of booklets on hypertension and heart disease. These well written materials are intended primarily for lay people. A list is available from the Newsletter office or can be requested from the All India Heart Foundation, 4874 Ansari Road 24, Darya Ganj, New Delhi 110002, India.

Calendar

64th Scientific Sessions of the American Heart Association
November 11–14, 1991
Anaheim, USA
Information:
American Heart Association Scientific and Corporate Meetings
7320 Greenville Avenue
Dallas, TX 75231, USA

15th Conference of the Scientific Section of the German League against Hypertension
November 27–30, 1991
Bremen, Germany
Information:
German League against Hypertension
Berliner Straße 47,
6900 Heidelberg, Germany

Annual Scientific Meeting of the French Society of Hypertension
December 12–13, 1991
Paris, France
Information:
Convergences/HTA 91
120 avenue Gambetta
75020 Paris, France

30th EWPHE meeting:
Progress of the Syst-Eur trial
January 16–17, 1992
Brussels, Belgium
Information: Prof. Dr. A. Amery
U. Z. Gasthuisberg, Div. Hypertension
49, Herestraat
3000 Leuven, Belgium

4th International Symposium “Hypertension in the Community”
March 8–12, 1992
Jerusalem, Israel
Information:
P.O.B. 50006, Tel Aviv, Israel 61500

8th World Conference on Tobacco and Health
April 19–24, 1992
Buenos Aires, Argentina
Information:
Union Antitabaquica
Riobamba 1124
1116 Buenos Aires, Argentina

Impressum

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