Dublin, September 1991, marked the inaugural meeting of the Nurses Hypertension Association (NHA). This organisation is intended to represent those nurses from the United Kingdom and the Republic of Ireland who are actively involved in the field of hypertension research. Initially, the NHA will meet in tandem with the British Hypertension Society (BHS), whose support we gratefully acknowledge. Three of our members have also been admitted as members of the BHS. In the long term, however, we wish to be a totally independent organisation and, if the association is successful, it is possible that we may one day extend our membership into continental Europe.

The NHA was formed because it was realised that an increasing amount of clinical research in the field of hypertension was actually being carried out by nurses but that they lacked any forum in which to discuss their findings and share their expertise. For this reason, the NHA will remain primarily a research-based association, although we may extend our role in the future.

The aim of the association is also to work towards the standardisation of case detection programmes, blood pressure measurement techniques and the management of hypertensive patients. There is ample evidence that the medical care of these patients could be improved. The term “rule of halves”, originally coined in the USA in 1962, still exists in our country. This states that of all hypertensive

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**WHL News**

Twentieth Anniversary of the US National High Blood Pressure Education Program

This year the US National High Blood Pressure Education Program celebrates its 20th anniversary. There have been many activities and several notable program accomplishments: In 1972 less than one-half of hypertensive patients were aware of their condition; today more than 75% know of their elevated blood pressure. Also, today more than 90% of the population is aware of a relationship between hypertension and stroke and heart disease, whereas in 1972 less than a quarter of the public knew of this relationship. The treatment rate of hypertension has also increased fourfold compared to two decades ago and the control rate in the US has risen to 57%. Most important of all, age-adjusted mortality for coronary heart disease and stroke decreased by 45% and 57% respectively over this time.

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people in the population, only about half are
diagnosed, of these only half will receive treat-
ment and amongst these treated cases, only half
have adequate BP control. This state of affairs
has been reported in a great many studies in the
UK and tragically remains true to this day. This
unfortunate situation is probably related to the
manner in which medicine is practiced in our
country, in that patients only attend their doctor
when they are unwell and doctors and nurses
only receive education in the management of
established diseases. The concept of well popu-
lation screening is relatively new and medical
resources are not yet geared towards it.

With the medical profession so heavily com-
mitted, this is an ideal opportunity for nurses to
take the initiative. If this is to be achieved,
nurses need adequate training and the NHA
considers the organisation of this training to be
one of its roles. A great deal of the patient man-
agement in the multicenter randomised control
trials is, in fact, carried out by nurses working
within research institutes. Again, training in
research methods for nurses is currently lacking
and the NHA is keen to contribute.

There are a great many studies, notably from the
USA, Canada and the UK which have shown
that well trained nurses can achieve equal or
even better patient management and BP control
than their medical colleagues. Furthermore, in
the UK it is more cost effective to employ a
nurse to detect and manage chronic diseases as
70% of a nurse’s salary, in primary health care,
is currently reimbursed by the Department of
Health.

The NHA has, therefore, a lot to achieve, hope-
fully with the support and encouragement of the
national hypertension societies and the WHL.
This includes the improvement of the quality of
medical care and the dissemination of scientific
information to a profession which has, for too
long, only tended to concern itself with the day-
to-day care of sick people.

Michèle Beevers, SRN
Chairperson, Nurses Hypertension Association
University Department of Medicine
Dudley Road Hospital
Birmingham, B18 7QH, United Kingdom

WHL News continued

One of the lessons learned in the 20 years of ex-
istence of the NHBPEP is that one has to have
focused and clear objectives of what it is that
the program should achieve. There will always
be more opportunities than resources. The pro-
gram should also be grounded in and driven by
clear scientific research and data. These facts
and data should be used to define the problem
that the program is trying to address. The above
achievements cannot be realized by just one
organization. Any blood pressure education
program must therefore be willing and able to
work through intermediaries. A broad network
must be established in order to accomplish all
the tasks on hand.

The World Hypertension League wants to take
this opportunity to congratulate the US National
High Blood Pressure Education Program on its
successful activities over the last 20 years,
which have served as a role model for many
similar activities in other countries around
the world. Any questions concerning the US
NHBPEP should be addressed to

Dr. Edward J. Roccella, Coordinator NHBPEP
National Heart, Lung, & Blood Institute
9000 Rockville Pike, Bldg. 31, Room 4A05
Bethesda, MD 20892, USA

WHL Newsletter Published
in Chinese

Thanks to the efforts
of the Chinese Hyp-
pertension League,
the WHL Newsletter
is now also published
in Chinese.

Requests for copies can be addressed to:

Prof. Liu Lisheng
Chinese Hypertension League
Cardiovascular Institute
Fu Wai Hospital
Beijing 100037
PRC

The WHL very much encourages translation of
the Newsletter. Currently, Italian and Spanish
versions are also available from the respective
member leagues.
Scientific News

Hypertension and Stroke

The *Lancet* recently published a series of brief reports on several aspects of stroke (1-13). Stroke is the third leading cause of death and an important cause of hospital admission and long-term disability in most industrialized populations. In many other populations its impact on health is increasing. There is also a tenfold difference in age-standardized mortality rates between countries with high rates and those with low rates. Moreover, the rates have changed dramatically over the last years (see figure). Whereas most countries experienced sharp declines – the most precipitous in Japan – others, such as Bulgaria and some of the eastern European countries, have experienced an increase in the stroke death rate for the past two decades. Changing risk factor levels are the most likely explanation for this. One of the most important risk factors for stroke is an elevated blood pressure, and the review of the observational and interventional trials shows that 40% of strokes can be prevented by adequate treatment of elevated blood pressure.

P. Sandercock and H. Willems (6) discuss medical treatment of patients with acute ischemic stroke and differentiate between simple treatments that can be given with little or no monitoring and complex treatments that are more costly and need monitoring when undertaken. There are several large studies going on currently, among them the International Stroke Trial and the National Study of Stroke in China to test the effect of antiplatelet drugs (aspirin).

There are also large trials studying the effects of heparin. P. Sandercock and H. Willems further review the 15 randomized trials examining the effect of hemodilution and conclude that no benefit is derived from this treatment (6). Two papers discuss intracerebral hemorrhage and subarachnoid hemorrhage (8,9), the latter being introduced by a sudden headache, often described as a blow on the head or an explosion inside and requiring immediate medical intervention. For both, adequate control of high blood pressure is the best primary prevention available. There have been numerous randomized trials that demonstrated that secondary prevention of stroke can be achieved by using antiplatelet drugs, the most commonly used one being aspirin.

D. T. Wade’s paper (12) offers some ideas on rehabilitation and gives some practical guidelines on prognostic indicators. According to this author the best single indicator is the presence of urinary incontinence shortly after a stroke, which identifies patients who are likely to die or to need long-term care. Goals for rehabilitation should be defined along areas of practical importance such as: Where will the patient need to live? Will he or she need help for essential daily tasks? What roles will the patient be fulfilling within his/her social setting? What will the patient be doing in his/her free time?

D. T. Wade and M. Dennis in the last paper of the series strongly argue for special stroke services to be set up within the hospital to manage patients wherever they are in the hospital.

References:
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WHL Materials

Calendar Booklet from Hungary

The Hungarian Institute of Health Promotion has published an amusing and highly educational calendar booklet with health-promoting messages aimed at 10 to 14 year old school children and distributed to schools in Hungary. The 60-page booklet provides a weekly day planner on one side and a cartoon with an important health related message opposite. There are sections on general health knowledge, nutrition, physical fitness, personal hygiene, mental health, smoking, alcohol, and other important topics. Free copies with the section titles translated into English can be obtained from Dr. Julia Kishegyi, Nemzeti Egészségvédelmi, Intézet, Andrássy ut 82, 1062 Budapest, Hungary.

Calendar

Pathogenesis and Therapy of Hypertension
November 12–13, 1992
Nitra, Southern Slovakia
Information: Czech and Slovak Working Group for Hypertension, Mickiewiczova 13
813 69 Bratislava, CSFR

Second Joint Meeting of the German League Against High Blood Pressure and the Swiss Association Against Hypertension
November 25–28, 1992
Zurich, Switzerland
Information: 2nd Joint Meeting c/o AKM Congress Service, Clarastr. 57
4005 Basel, Switzerland

International Conference on Nutrition
December 5–11, 1992
Rome, Italy
Information: FAO/WHO Conference Secretariat
Viala delle Terme di Caracalla
00100 Rome, Italy

XXXI Meeting of the European Working Party on Hypertension in the Elderly
January 16–17, 1993
Leuven, Belgium
Information: Hypertension Unit, U. Z. Gasthuisberg
Herestraat 49, 3000 Leuven, Belgium

5th Congress of the Pan African Society of Cardiology (PASCAR)
April 4–9, 1993
Yaoundé, Cameroon
Information: Prof. W.F.T. Muna
B.P. 5408, Hôpital Général de Yaoundé
Yaoundé, Cameroon

10th Scientific Meeting of the Inter-American Society of Hypertension
April 25–28, 1993
San Diego, California
Information: Dr. M. P. Printz
University of California San Diego, Dept. of Pharmacology, La Jolla, CA
92093-0636, USA

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