Report of the 17th WHL Council Meeting

This edition of the WHL Newsletter covers highlights of the 17th WHL Council Conference, held on June 28, 1997 in Montréal, Canada. It was attended by 45 representatives from WHL member organizations.

Summary of hypertension survey from abstracts received from the member leagues

Thirty-six hypertension societies/leagues from 35 countries submitted abstracts. Twenty-seven of the abstracts contained answers for all or part of the questionnaire that was sent to all league presidents by the President of the WHL, Dr. Peter Sleight. These data were collated and reviewed.

The questions pertained to:

- Blood pressure level used to define hypertension
- Prevalence of hypertension
- Percent of hypertensives who were aware of their diagnosis

Workshop on Congestive Heart Failure held on June 28, 1997 in Montréal

The 17th WHL Council Conference and Workshop on Hypertension and Congestive Heart Failure held in Montréal, Canada on June 28, 1997 was a huge success. We had representatives from 35 countries. It was a great opportunity for health professionals from various countries to compare problems and solutions to the epidemic of hypertension and its medical consequences.

Some of the highlights include:
A report of the WHL-WHO Patient Education Project (PEP) on hypertension education described results from Canada, China, Cuba, Ghana, Hungary, India, and Switzerland. A full report will follow regarding educating health professionals on the treatment of hypertension and its positive effect on blood pressure control in populations. The importance of nurses and other allied health professionals in educating patients was emphasized by Dr. Martha Hill, President of the American Heart Association.

Michèle Beevers of the United Kingdom and Scientific Secretary of the Nurses' Hypertension Association emphasized the importance of nurses in coordinating management of patients with congestive heart failure and hypertension. (See page three.)

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- Percent of hypertensive patients on treatment
- Percent of hypertensives controlled
- Which drugs were used for treatment

The blood pressure cut-off point varied among countries. The European countries tended to use the WHO/ISH recommendation of 160/95, while other countries used 140/90. Of the 26 countries reporting, 14 used 140/90 and 13 used 160/95. However, even when countries used 160/95 as a cut-off point for the diagnosis, 140/90 was used by some as an index of control.

The prevalence of hypertension varied considerably and was influenced by a number of factors. By far, the most important influence was age. Most countries reported a >50% prevalence of hypertension in the population >60 years of age. In many countries the rural population had a lower prevalence than the urban population. The rural population had less awareness of their diagnosis, and there was a lower rate of treatment and, hence, control. Ethnicity also had an influence on the prevalence of hypertension. The influence of gender on prevalence varied among countries, but fewer men were consistently on treatment than women. Of course, the blood pressure cut-off point has a significant influence on the prevalence of hypertension.

The percent of patients aware of their hypertension and those who are on treatment have increased considerably in those countries that have reported recurrent surveys over several years. The number controlled at below 140/90 is depressingly small. The range is between 3 and 46%; a mean of 21% are controlled.

The antihypertensive drugs used varied among countries, and were influenced, to some extent, by the wealth of the countries. The richer countries tended to use more calcium channel blockers and ACE inhibitors, while the poorer countries used diuretics, β-blockers, or other older drugs. Upon comparison with earlier years, the trend is for more calcium channel blockers and ACE inhibitors. This may be one situation where it is better to be a poorer nation, since the cheaper drugs, diuretics and β-blockers, have clearly been shown to be effective in reducing risks from hypertension, while the studies with the newer drugs have not been completed as of yet.

Workshop continued

Seven different countries described approaches to detecting and controlling hypertension and cardiac risk factors. It is clear that different approaches are needed in different countries. Those countries participating included: Estonia, Costa Rica, Italy, Japan, Sub-Saharan Africa – Cameroon (PASCAR), Turkey, USA (The National High Blood Pressure Education Program).

Lunch brought with it a demonstration of a healthy diet and was supplied by Campbell Soup Company. Intelligent Quisine is a newly developed health diet useful for patients with hypertension, diabetes, obesity, and hyperlipidemia. It is being test marketed in the US. Most of the members enjoyed the delicious and healthy lunch.

The afternoon session emphasized the importance of hypertension in the etiology of congestive heart failure, especially in the elderly. It is clear that vigorous control of even Stage I and II hypertension can prevent heart failure which is becoming a serious problem in the elderly.

The role of salt in hypertension was discussed in great detail by Dr. Derek Denton of Australia. The importance for regulating salt intake in food of populations for prevention of hypertension and congestive heart failure was emphasized by Dr. Paul Elliott of London, UK.

Methodology for determining the prevalence of hypertension and other risk factors in populations was discussed by Dr. Paul Whelton, with application of this methodology in Egypt by Dr. Mohsen Ibrahim. It was clear from the discussions that these population studies are complicated, difficult, and expensive, and in most countries limited studies are more feasible.

Many of our participants stayed on in Montréal to participate in the 4th International Conference on Preventive Cardiology jointly with the 37th Annual Meeting of the Council on Epidemiology and Prevention, American Heart Association.

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**WHL Council Meeting continued**

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Diuretics</td>
<td>26%</td>
</tr>
<tr>
<td>β-blockers</td>
<td>29%</td>
</tr>
<tr>
<td>Calcium channel blockers</td>
<td>28%</td>
</tr>
<tr>
<td>ACE inhibitors</td>
<td>23%</td>
</tr>
</tbody>
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In summary, these preliminary, and somewhat imprecise, data point out the considerable variation among the countries in the survey. Some of this variation is due to the different criteria used for defining hypertension, prevalence and control. Obviously, different countries have different questions to be answered by survey, but certain criteria need to be standardized, such as age, cut-off points, and definition of control.

**Suggestions for Improving the WHL Newsletter**

A questionnaire regarding the contents of the Newsletter will be developed and sent out together with one of the next Newsletter issues. The WHL Newsletter will increasingly emphasize scientific articles delivered by volunteers (Drs. Ibrahim, Lenfant, Sleight, Mulrow, Lisheng, and Nachev).

**Future Meetings planned by WHL member leagues/societies**

From June 7–11, 1998, the 17th Scientific Meeting of the International Society of Hypertension will be held in Amsterdam. This may be a good opportunity for the next Executive Board Meeting. Argentina was proposed as a possibility site (May 8–11, 1999) for the next Council Conference. A Council Conference may be held in conjunction with the XIIIth Scientific Meeting of the Inter-American Society of Hypertension and the VIth Congress of the Argentinean Society of Hypertension in Buenos Aires.

**Discussion of In-Focus Statement topic**

Congestive Heart Failure is a possible topic for a new In Focus Statement.

**Suggestions from members of the Council**

In a general discussion it was stressed that the WHL offers an important forum for exchange of information among member countries and societies. It was pointed out that population-based data should be interpreted with care and according to the local conditions. Prevention programs should be customized to the respective countries. The Executive Board will attempt to hold its meetings in conjunction with the meetings of our hypertension league members.

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**Workshop continued**

**The Role of Nurses in Management of Heart Failure**

Michele Beevers

Advances in the treatment of hypertension and acute myocardial infarction mean that there is an increasingly aging population, many of whom have enlarged and damaged left ventricles. The consequence of this is the rapidly increasing prevalence of congestive cardiac failure which is likely to prove a public health problem within the near future. There have been advances in the treatment of heart failure, but many studies have shown that the management of heart failure both in hospitals and the community is sub-optimal.

In particular, validated treatments (ACE inhibitors) are not being prescribed. There is a potential, therefore, for active participation by nurse practitioners in order to improve the treatment for heart failure. Nurses have been shown to be effective in the management of many chronic conditions, including hypertension and asthma.

One well conducted randomized controlled trial has demonstrated that a nurse-run multidisciplinary approach to the treatment of patients with heart failure can reduce re-admission rate to hospital and improve patient well-being. Furthermore, this method of managing patients was shown to be cost effective.

Nurses, therefore, should play an increasing role in assessment of patients with heart failure, with particular reference to the more subtle symptoms of fatigue and depression as well as breathlessness and ankle edema. Furthermore, nurses can play an important part in counseling patients about salt restriction and other lifestyle modifications. With suitable training nurses can also play a role in monitoring and adjusting drug therapy and ensuring that patient compliance with medication is maintained often by simplifying and rationalizing drug regimes.

**WHL News**

**New WHL Member**

The Executive Board admitted the following national organizations into WHL membership:

- the Hypertension Section of the Romanian Society of Cardiology
- the Hypertension Foundation of Moldova.
New members continued

The WHL welcomes the new members and will do everything to make their membership a fruitful experience.

People

The new President of the Portuguese League against Hypertension is Professor Jorge Polonia. The address of the League is: Dr. Rasiklal Ranchhod, WHL Liaison Officer, Campo Grande, 28, 4C, 17000 Lisbon, Portugal. Tel.: (+351) 1 1797-0685 Fax: (+351) 1-1793-1095

In May 1997, Professor Heikki Ruskoaho was elected as the new President of the Finnish Society of Hypertension. Secretary General is Dr. Silja Majalahme, Tampere University Hospital, Internal Medicine/Cardiology, PO Box 2000, 33521 Tampere, Finland. Tel.: (+358) 3-247-5111 Fax: (+358) 3-247-4157 e-mail: llsimas@uta.fi

Imprint

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

International Symposium on Health, Productivity and Development
November 24–25, 1997
Abidjan, Ivory Coast
Information: Programme PERBOR – Centre Medical AMI, Prof. P.E. Borges 01 B.P., 5946 Abidjan 01, Ivory Coast Fax: (+225) 44-77-57

23rd International Joint Conference on Stroke and Cerebral Circulation
February 5–7, 1998
Orlando, Fl, USA
Information: AHA, Scientific and Corporate Meetings, 7272 Greenville Avenue Dallas, TX 75231, USA

6th International Symposium on Hypertension in the Community
February 8–11, 1998
Geneva, Switzerland
Information: Conference Secretariat PO Box 50006, Tel Aviv 61500, Israel Fax: (+972) 3 517-5674, e-mail: hypertens@kenes.com

Cardiovascular Health: Coming Together for the 21st Century
February 19–21, 1998
San Francisco, CA, USA
Information: University of California Conference Secretariat, Office of Continuing Medical Education Box 074, San Francisco, CA 94143-0742, USA

3rd Scientific Meeting of the Hypertension in Diabetes EASD Study Group
April 24–25, 1998
Budapest, Hungary
Information: Dr. Peter Sawicki Heinrich-Heine-University, Dept. of Metabolic Diseases, PO Box 10 1007, 40001 Düsseldorf, Germany

17th Scientific Meeting of the International Society of Hypertension
June 7–11, 1998
Amsterdam, The Netherlands
Information: Congress Secretariat RAI-OBA, PO Box 77777, 1070 MS Amsterdam, The Netherlands Fax: (+31) 20-646-4469