News from the World Hypertension League (WHL). A division of the International Society of Hypertension, and in official relations with the World Health Organization.

No. 42, August, and 43, October 1995

**WHL NEWSLETTER**

World Conference on Hypertension Control Proposes Agenda for the Coming Decade

Sixteenth Meeting of the WHL Council held in Ottawa

Dr. Patrick J. Mulrow, Dr. Peter Sleight, Dr. Detlev Ganten, Dr. George J. Fodor, and Dr. Kikuo Arakawa at the Meeting of the WHL Council (from the left to the right)

WHL News

16th WHL Council held in Ottawa

The sixteenth meeting of the WHL Council was held on the eve of the World Conference on Hypertension Control on June 21, 1995 in Ottawa. Forty-seven delegates represented more than 40 national and regional member organizations of the WHL.

New WHL President and Secretary General

Dr. Detlev Ganten, Berlin, served two terms as WHL President. New WHL President is Dr. Peter Sleight, Oxford. continued on page 2

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WHL Council Conference continued

Dr. Thomas Strasser, Geneva, one of the League's founders, for health reasons stepped down from the position of WHL Secretary General. He had served WHL for more than ten years. The Executive Board and the WHL Council thanked Dr. Strasser for his tireless efforts. Dr. Strasser accepted the proposal of the Executive Board to establish a "Thomas Strasser Lecture" which will be given by a prominent scientist at WHL meetings. Dr. Strasser will continue to be active for WHL as Adviser, International Liaison.

The Executive Board appointed Dr. Patrick J. Mulrow, Toledo, OH as new WHL Secretary General.

The Council reelected Dr. George J. Fodor, Ottawa, WHL Vice President for a second term. The Council approved both the Secretary General's and the Newsletter Editor's reports.

The most important part of the Council meeting was devoted to the reports of the Leagues and exchange of experience. Very lively discussions rapidly developed on, e.g., how to adapt national hypertension programs, proven to be effective in one country, to another, and how to better take care of specific problems in countries with economic constraints.

Dr. Adel Birbari, President of the Lebanese Hypertension League, is reporting to the WHL Council

A detailed report on the Council Conference, including the Secretary General's and WHL Newsletter Editor's report as well as reports from the member leagues, will be published and made available to the members later this year.

Dr. Peter Sleight

Dr. Peter Sleight, Professor Emeritus of Cardiovascular Medicine, was consultant physician to the united Oxford Hospitals from 1964–1994, and was Field Marshal Alexander Professor of Cardiovascular Medicine at the University of Oxford, UK.

Before that Dr. Sleight was working from 1972–1994 at universities around the world: as Bissinger Fellow at the University of California, as visiting Professor at the Universities of Sydney and Adelaide, Australia, and Pavia, Italy. He is President of the British Society of Hypertension and chairman of many national committees concerned with the prevention and treatment of cardiovascular diseases. Dr. Sleight was elected President of the WHL for the period from 1995 to 1998.

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Dr. Patrick J. Mulrow

Dr. Patrick J. Mulrow is a graduate of Cornell University Medical College. He completed his medicine residency training at the New York Hospital Cornell Medical Center, and a fellowship in Endocrinology and Metabolism at Stanford University.

He then joined the faculty at Yale University and became Professor of Medicine and Chief of the Endocrine Division. In 1975, Dr. Mulrow became Professor and Chairman of Medicine at the Medical College of Ohio, a position he held for nearly 20 years.

Dr. Mulrow has served on numerous national and international committees and journals. Presently he is past chairman of the American Heart Association Council for High Blood Pressure Research and a member of the Execut-
New WHL President and Secretary General continued

ive Committee, and a member of the Council of
the International Society of Hypertension and
the Board of the Interamerican Society of
Hypertension.
The WHL Executive Board appointed Dr.
Mulrow as WHL Secretary General for five
years.

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Greetings from the new President and
Secretary General

1995 marks the end of an era for the World
Hypertension League, but we hope that we will
be able to continue the very successful process
begun by our predecessors, Tom Strasser and
Detlev Ganten. We were both enormously
impressed with the state of health of the World
Hypertension League when we attended the
wonderful Ottawa meeting, under the auspices
of Dr. Arun Chockalingam and his very suc-
cessful team of governmental and non-govern-
mental collaborators. We have also been
impressed by the enormous enthusiasm for new
members wishing to join the World Hyperten-
sion League.

For our part as new team we will try to keep up
the momentum and the hope we will not make
too many mistakes! Fortunately we will be able
to continue to call on the advice of our past Presid-
ent and past Secretary General, so continuity
will not be lost.

We are sure you will join us in a hearty vote of
thanks for everything they have done, so unself-
ishly and so efficiently. Please don’t hesitate to
get in touch with either of us if you have points
to make or criticisms in the future.

Peter Sleight
Incoming President

Patrick J. Mulrow
Incoming Secretary
General

WHL News

New Members

The Executive Board admitted the following
national organizations into WHL membership:
- the Kenya Hypertension League
- the Korean Society of Hypertension
- the Pakistan Hypertension League
- the Russian Society of Hypertension
- the Yugoslav Hypertension League
The WHL welcomes the new members and
will do everything to make their membership a
fruitful experience.

WHL map: Countries shown in red have
member organizations in the WHL.

The WHL now has 69 regular and associate,
and 13 supporting members.

New Round of the WHL International
Art Competition Starts

The WHL International Art Competition
starts its third round. Due to the great suc-
cess of the two previous contests “Pictures
say more than words” with alltogether
nine participating national leagues, the
WHL Executive Board decided to call for a
new round of the competition. There are
two steps of the competition:
1. National WHL member organizations
first organize contests within their country
by asking art students to produce posters
concerned with the prevention of hyperten-
sion. A national jury selects the national
winners.
2. The posters of all national winners from
the participating leagues are sent to WHL.
We will invite an international jury to select
the three international winners. The win-
ning artists will be invited to the Awards
Ceremony scheduled to be held during the
16th Scientific Meeting of the International
Society of Hypertension, in June 1996, in
Glasgow, UK.

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Farewell to WHL

Persons of my age are familiar with the emotions one experiences when children, having grown up, leave the home. It is a mixture of gratification and regret, a sensation of joyful loss.

I have a similar feeling in responding to the Editor’s invitation to write a farewell message to WHL.

During its 12 years of existence WHL has reached majority, even maturity, as shown at the recent World Conference on Hypertension Control in Ottawa. From the initial seven, membership has increased to nearly seventy, and most of the members are actively committed to hypertension control. The WHL Newsletter is distributed in some 14 thousand copies. WHL symposia have tackled pragmatic issues: hypertension control in developing countries, patient education, economics, communication, auditing of care. Self measurement, weight control, exercise, alcohol, combinations of non-drug interventions have been in the focus of WHL’s statements for the practitioner and for the lay public.

So, what next? The time has come to put more emphasis on preventing hypertension. Newer insight into the epidemiology of hypertension – I am tempted to say, into the anthropology of blood pressure – shows how closely blood pressure depends on social determinants. Is it preposterous to say that primary prevention of hypertension belongs to the domain of social engineering, and that it is up to WHL to take the lead? It is easier to pay lip-service to primary prevention, than to tackle it; but, in the field, there seems to be real commitment to this goal.

In conclusion, without being overly optimistic: may WHL contribute as significantly to the prevention of hypertension as it did to the improvement of care.

All the best!

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WHL News continued

Dr. Detlev Ganten, Past President

Serving as President for an international organization such as WHL means taking on a lot of responsibility and commitment. I did this with great pleasure, knowing that I could rely on the help and advice of the Executive Board and the member organizations of our League.

During my presidency over the past six years, WHL has taken a very successful development: membership has increased very rapidly, now covering more than two thirds of the world population. WHL has initiated valuable programs and organized meetings on specific issues of hypertension control in populations. The Council Conferences offered the important opportunity of direct exchange of experience between our members.

We have established the WHL Newsletter as an important means of communication within and outside our League – with the language editions in Portuguese, Italian, and Chinese, it is circulated to about 50,000 opinion leaders and health care professionals worldwide. The International Art Competition has grown into a popular project. The recent World Conference on Hypertension Control, jointly organized with our Canadian friends, was without doubt one of the most successful WHL meetings so far.

WHL is not a basic research organization, but science has to be the basis of community programs. The application of research findings to public health action needs to be fostered especially in view of the new possibilities emerging from molecular medicine.

I am convinced that the new President, Dr. Peter Sleight, and the new Secretary General, Dr. Patrick J. Mulrow, will develop WHL into an even more important organization.

I would like to thank you all for the support I have experienced from you, and I would ask you to extend this support to the new President, Peter Sleight: he and WHL deserve it!
International Art Competition continued

Leagues interested in participating in the Contest should send a short note to the Editorial Office. You will receive a detailed project manual, material, and helpful hints on how to start the competition in your country.

World Conference on Hypertension Control

World Conference on Hypertension Control

The first World Conference on Hypertension Control was held in Ottawa, Canada, from June 21–24, 1995. The Conference was jointly organized by the World Hypertension League and the Canadian Coalition for High Blood Pressure Prevention and Control. It was co-sponsored by the Canadian Hypertension Society and Health Canada. The Conference was an outstanding success. It was attended by more than 500 participants from 67 countries. 153 oral and poster presentations were given during the three days focusing on key issues related to high blood pressure prevention programs in the community. The presentations will be published in the Journal of Human Hypertension and the Canadian Journal of Cardiology.

The experiences of the Conference were summed up by a panel of experts in a Declaration which was released at the closing session. It analyzes the current situation in hypertension control in the world and identifies a blueprint for action for the coming decade.

Statement Panel

Chairs:
Peter Sleight, Oxford, UK
Detlev Ganten, Berlin, Germany

Members:
Arun Chockalingam, Ottawa, Canada
Silas Dodu, Accra, Ghana
George Fodor, Ottawa, Canada
Edward Frohlich, New Orleans, LA, USA
Claude Lenfant, Bethesda, MD, USA
Marvin Moser, White Plains, NY, USA
Patrick Mulrow, Toledo, OH, USA
Srinath Reddy, New Delhi, India
Artur Ribeiro, Sao Paulo, Brazil
Thomas Strasser, Geneva, Switzerland

WHL is very interested to receive your feedback, and you are most welcome to send us your suggestions and proposals regarding the document.

HYPERTENSION CONTROL
IN THE WORLD:
AN AGENDA FOR THE COMING DECADE
(The 1995 WHL Ottawa Declaration)

The changing image of hypertension

As a public-health problem, hypertension is a complex concept. The higher the prevalence of cardiovascular, cerebrovascular and renal disease in a population, the greater is the importance of hypertension; conversely, the higher the blood pressure of a population, the higher is the prevalence of those diseases and the greater the public health burden they represent. Time trends in the prevalence of cardiovascular and cerebrovascular diseases convey an even greater importance to hypertension. In countries or societies where they show a rising prevalence (e.g. in the eastern part of Europe) the need for more vigorous public-health action against hypertension is particularly urgent (1).

For an individual the risk to health of a given blood pressure is heightened by the presence of other risk factors such as obesity, diabetes mellitus, excessive alcohol use and left ventricular hypertrophy. No doubt, epidemiological studies would demonstrate this association also at population level. Since faulty nutrition, smoking, alcohol misuse, and physical inactivity are primarily determined by societal factors, the fact that hypertension affects populations jointly with these risk factors emphasizes its societal character.

The distribution of blood pressure values differs considerably among various populations. For example, the ninetieth percentile of systolic blood pressure varies between 146 mmHg and 176 mmHg, resulting in wide differences in the proportion of people having "hypertension" in various parts of the world (2). With cooperative world-wide projects such as MONICA (2) and INTERSALT (3), the subject of high blood pressure/hypertension is moving towards anthropology and sociology, as shown by Epstein and Eckhoff in 1967 (4), and confirmed recently by new information in INTERSALT (5).

World-wide perspectives

Hypertension is ubiquitous, though the public health burden it represents, both absolutely and relatively, differs from country to country. Its

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ubiquity as a major public health problem is the justification for the present World Conference. There are many approaches to the prevention or reduction of the damage caused by hypertension in the world’s populations, and in most of them populations have roles to play. This conference has enabled WHL to obtain a truly global view of the approaches, difficulties and solutions associated with the control of hypertension, which should benefit all participants and societies. Indeed, this is the role of WHL, its raison d’être.

International experience is of great value for the establishment of national policies, as is the communication of national experience to international bodies such as the World Hypertension League. A review of selected national programs of hypertension control and cardiovascular disease prevention has shown the importance of mobilizing broad segments of society, including medical and lay organizations, acting in partnership (6, 7). Hypertension control programs must include provision for their own evaluation, with regard to process and outcome as well as to impact on the levels of blood pressure of the populations or communities for which the programs are designed (8, 9, 10). International communication and comparison of the impact of such programs should help to define the best approaches (11). Developing countries may need specific consideration in this regard; much can be achieved with modest means, if there is adequate societal support. Hypertension control measures should be firmly based in primary health care. Health education and, especially in the rural environment, even promotion of literacy can be powerful support measures (12).

**Tasks for WHL**

Priority on the agenda for hypertension control must go to primary prevention of hypertension, and of cardiovascular disease in general. The agenda is focused, in this respect, on the behavior of people, particularly of the young. In Australia, for example, higher-risk children show greater responses to lifestyle intervention programs (13). In the United States of America, primary prevention of hypertension has already been recognized (14). In developing countries, primary prevention may be the only practicable approach to hypertension control at the level of the population (15).

New partners must be sought for population-based approaches. For instance, because 80% of sodium intake in developed countries comes from processed food, the food industry should be requested to reduce gradually the sodium content of such food (16).

**Barriers** to the control of hypertension and to the prevention of cardiovascular disease need to be identified and overcome. Besides the economic barriers (17), non-adherence to both non-pharmacological and drug therapy calls for special attention (7, 18). Analysis of the impact of various guidelines and consensus papers, e.g. the reports of the US Joint National Committee, shows that they are very influential in promoting hypertension control (17). Obviously, the treatment of hypertension must remain at the heart of hypertension control. Research continues to produce better drugs.

The education of patients is a crucial issue; it is fundamental to train physicians and other workers in methods of educating patients. Communication with populations, whether in developing or developed countries, calls for efficient use of communication technology (19). In a developing country such as Brazil, television has been shown to be a potent medium for increasing awareness of hypertension among the population; it reaches 96% of the population and has an important role in the life of the family (20).

As funds are scarce, the economics of hypertension control needs particular attention. Cost-effective methods of hypertension control need to be promoted. Social endorsement of hypertension control needs to be strengthened. Much can be learned from the past on how to establish national leagues or societies for the control of hypertension as well as national control programs.

In this regard, the World Hypertension League has gained considerable experience in its first decade of existence. The prospect of affiliation with the League seems to act as an additional stimulus for the establishment of new national leagues or societies. Financial support from industry for their establishment is a useful health investment. Older national hypertension societies, even if mainly research-oriented, are increasingly involved in teaching and public health; this is the principal commitment of national leagues against hypertension.

Finally, the application of research findings to public health action needs to be fostered. Translating scientific knowledge into community action is a permanent task. This applies in particular to epidemiological studies of health-risk profiles of populations. Hypertension may

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Hypertension Control in the World continued

be used as a lever for reducing numerous health risks of populations.

An outline for action

The conclusions of the World Conference on Hypertension Control may be summed up as follows:

- The goals of the World Hypertension League should continue to be emphasized and supported.

- The establishment and building up of national leagues and societies in developing countries and in other countries with economic constraints needs particular attention.

- The commitment of national leagues and societies to the control and prevention of hypertension should be stimulated. National societies, concerned mainly with research into hypertension and the communication of research findings, might benefit from including in their programs practical aspects of hypertension control. Coalitions of national associations and leagues dedicated to hypertension prevention and control should be fostered, and should advance the concept of hypertension control as an important component of health promotion.

- Cooperative international projects, concerned, for example, with assessing the quality and impact of hypertension control programs, or promoting the education of patients are concrete approaches to the advancement of hypertension control. Through such programs and similar activities, the World Hypertension League complements the work of the International Society of Hypertension and the International Society and Federation of Cardiology, and of the World Health Organization.

By emphasizing that hypertension control programs should be continued with comprehensive cardiovascular and health risk reduction, the World Hypertension League can contribute to the improvement of general health in populations throughout the world.

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Hypertension Control in the World continued

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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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The WHL Newsletter is published bimonthly by the World Hypertension League.

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ISSN 1013-1639 Production and distribution: Georg Thieme Verlag Stuttgart New York

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21st International Joint Conference on Stroke and Cerebral Circulation
January 25–27, 1996
San Antonio, Texas

Information: AHA, Scientific and Corporate Meetings
7272 Greenville Avenue, Dallas, TX 75231, USA

International Workshop “Frontiers in Blood Pressure Measurement”
January 26–27, 1996
Bad Oeynhausen, Germany

Information: Dr. Sigrid Gleichmann
Heart & Diabetes Center North Rhine Westphalia, P.O. Box 10 03 61 32503 Bad Oeynhausen, Germany

23rd International Congress of Internal Medicine
February 1–6, 1996
Manila, Philippines

Information: June S. Aberilla
The Philippine Society of Hypertension, Unit 33, Facilities Centre 548 Shaw Boulevard City of Mandaluyong Metro Manila, Philippines

Asian-Pacific Congress on Vascular Disease Prevention
March 11–15, 1996
Singapore

Information: Neil Odell, Gardiner-Caldwell Communications Ltd., The Old Ribbon Mill, Pitt Street Macclesfield, Cheshire SK11 7PT, UK

16th Scientific Meeting of the International Society of Hypertension
June 23–27, 1996
Glasgow, UK

Information: ISH 1996 Meeting Secretariat, 55 New Cavendish Street, London W1M 7RE, UK