A focused session on the current issues regarding dietary salt with effects on blood pressure levels and hypertension-related high blood pressure and hypertension was held during the 2014 joint conference of the European Society of Hypertension (ESH) and the International Society of Hypertension (ISH) in Athens, Greece. The program was co-sponsored by ISH and the World Hypertension League (WHL) and chaired by Professors Ernesto L. Schiffrin (McGill University, Montreal Canada) and Daniel T. Lackland (Medical University of South Carolina, Charleston USA).

The current global perspectives of salt intake and cardiovascular risk were presented by the session faculty including Dr. Norm Campbell (Libin Cardiovascular Institute of Alberta, Calgary), Dr. Graham MacGregor (Wolfson Institute of Preventive Medicine, London, UK), and Dr. Elizabeth Dunford (George Institute for Global Health, Australia).

continued on page 2
WHL-ISH Session on Salt in Athens continued

While there is no “debate” over the dangers of dietary salt as a cause of cardiovascular disease and stroke, there is a clear need for:

- health care professionals to take a more active role educating the public and patients of the risks of salt intake,
- high-quality science to provide evidence for design of interventions,
- Implementation of initiatives to reduce salt intake at the population level.

The issues of debate include the specific details of salt intake levels for specific populations. A key point of the session addressed the issue identifying the "controversy" of dietary salt with heart disease and stroke as a result of weak research methodology and/or commercial influence. The session reported that most of the effort to reduce dietary salt is not based on data from multiple randomized trials with hard outcomes but observational and epidemiological data. Further, with the large amount of salt intake throughout the world, there are few studies in populations consuming less than 2,300 mg of sodium per day.

In addition, recommendations of salt intake are confused with low-quality studies that include flawed and invalid measures of sodium consumption. Superficially, the use of spot urine analyses represents an inaccurate and inappropriate means of estimating sodium consumption. This methodology with single non-standardized blood pressure measurements can result in significant bias and imprecise risk estimates in population studies. The spot urine analysis was a limitation of the Prospective Urban Rural Epidemiology (PURE) study being cited as showing that most of the world eats much higher levels of sodium than those recommended by most international organizations. However, this is an example of a study that had failed to measure salt in an appropriate and valid manner with an inadequate formula to estimate salt intake.

Further, the extent of commercial interference on study design, implementation, and interpretation must be considered with salt intake and outcomes research. There are concerns that some academics have significant financial interests in the salt and food industries who have published in very prominent journals. However, when international and national organizations have done rigorous reviews of the literature, omitting low-quality data, conclusions clearly support lowering salt intake to prevent stroke and cardiac disease. The WHL has recently put out a call for the setting of research standards related to dietary salt, to try to promote the inclusion of valid measurements in high-quality science with reliable results. In addition, the WHL is putting together a global coalition of national and international organizations to oversee those standards.

The global impact of reduced salt intake is quite significant with a 2-g drop in the amount of salt consumed per day translating to a 20 percent reduction in cardiovascular events. Based on a 2010 Institute of Medicine (IOM) report, approximately 32 percent of hypertension cases are caused by high dietary salt - a number that translates into about 300 million people worldwide. Further, The Global Burden of Disease Study estimates over three million deaths, 61 million years of disability, and 57 million years of life lost were related to high dietary salt in 2010.

There have been significant global strides in implementing reductions in dietary salt, primarily tackling processed foods and launching public-education initiatives with 60 initiatives implemented during the past four years alone. These efforts have been successful with significant effects.
President’s Column

2014 was a year of change for the WHL

2014 was a year of change for the WHL with new bylaws, a move of the office to United States, hiring our inaugural Chief Executive Officer, adding a Treasurer position to the executive, more than doubling the number of member organizations we could communicate with, developing a new website (www.whleague.org), hosting the 2014 WHL council meeting, restructuring the WHL board to be more representative of global regions, renewing our official working relations with the WHO, opening a WHL regional office in China, and having regional meetings in China and Africa. In addition, the WHL developed travel, conflict of interest and publication policies, conducted and published a needs assessment of WHL member organizations, developed and published positions on 1) how to analyze and report blood pressure (BP) surveys, 2) reducing dietary salt and 3) the importance of utilizing automated BP measurement. An outline of strategic planning for hypertension prevention and control was also written by the WHL executive and published. Resources were developed to aid the set up and implementation of BP screenings in low resource settings. World Hypertension Day 2014 was a huge success with over 300,000 BP screenings. In addition the WHL launched an inaugural awards program to recognize individuals and organizations contributing to prevention and control of hypertension and to reductions in population dietary salt in 2014. Perhaps most important in 2014 was developing official relations with The Journal of Clinical Hypertension. The WHL annual report for 2014 will be available on our website in early 2015 (http://www.whleague.org).

In 2014, the WHL also had three board members end their terms. I express deep thanks to Dr. Arun Chockalingam for long years of service to the League as the Secretary General and to Dr. Veerappan V. Muthusamy and to Dr. Istemihan Tengiz for their dedicated service on the WHL board.

Looking forward to 2015

2015 is expected to be a more stable year for the League focusing on enhancing the new activities started in 2014 and developing a sustainable business plan. The WHL challenges the hypertension community to screen over 1 million people on World Hypertension Day on May 17, 2015. We look forward to receiving increased nominations for WHL awards. In 2014, we received many nominations for highly regarded individuals and organizations but in many cases the nominations were incomplete to the extent the award could not be provided. Please ensure complete nominations are sent in by February 15, 2015. We will field test the WHL BP screening resources and the position on analyzing hypertension surveys and develop enhanced versions for 2016. The conduct and indiscriminate publicity around very low quality research on dietary salt is challenging global public health efforts. In 2015, the WHL will therefore lead a coalition of international and national health organizations to develop recommended standards for conducting clinical and population research on dietary salt and will oversee systematic reviews of the evidence. It was very disappointing in 2014 to see a major International Health Organization fund raise from the processed food industry while hosting a contentious meeting on food policy. It is hoped that member organizations and individuals within the World Heart Federation will apply pressure for it to represent the best interests of the global population with regard to food policy and to discontinue fund raising from one of the key industries that is threatening global health and in particular an industry that is a key determinant of the incredibly high global hypertension prevalence. The WHL will strive to ensure it contributes positively to aiding the United Nations 2025 targets of reducing uncontrolled BP by 25 percent and dietary salt by 30 percent. Please visit the WHLeague.org for details of the above WHL activities. Especially member organizations please visit our members section to ensure your contact information is up to date.

Contact WHL: Kimbree.redburn@gmail.com; admin@whleague.org

Norm Campbell
President, WHL
WHL-ISH Session on Salt continued

For example, Finland, which has one of the longest-running public salt-reduction initiatives, lowered salt intake by 15 percent between 1979 and 2007, from 12.8 g to 9.0 g. Likewise, the UK reduced intake by 15 percent between 2001 and 2011, from 9.5 g to 8.1 g, saving an estimated 8,500 lives per year. The Session clearly identified the reduction of salt intake as a major global initiative for the reduction of cardiovascular disease and stroke, and an effort with great potential impact on world health.

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WHL News

Report from AHA Meeting, San Francisco

This meeting is the premier gathering of hypertension researchers from around the world who conduct state-of-the-art basic, clinical and population based investigations into the causes and consequences of chronically elevated arterial pressure, i.e. hypertension. A highlight of the conference was a pre-meeting workshop that brought together over a dozen experts who provided “A Review of the Leading Edge in Clinical and Experimental Hypertension”. Major topics that were discussed included: the role of salt in causing cardiovascular-related mortality and morbidity; brain dysfunction as both a cause and consequence of hypertension; the role of the microbiome in cardiovascular regulation; the genetics of hypertension; and, of course, the impact of recent epidemiological findings, and of published treatments guidelines, on current clinical management of hypertension. New findings at the main meeting were covered in 617 poster presentations (including 153 by trainees) and 101 podium talks chosen from submitted abstracts.

In addition, there were several special award talks from senior investigators that provided detailed overviews of their work in the field of hypertension. Special “How To” sessions dealt with developing the Individual Development Plans that are now required by the NIH and AHA for trainees; and advice on how to be an effective communicator and advocate for science and science funding.

Finally, a special highlight of the meeting was the Excellence in Hypertension Research Award session. The two winners of the award for 2014, Dr. Thomas Coffman from Duke University and Dr. Toshiro Fujita from the University of Tokyo, each presented talks that beautifully summarized the extensive series of path-breaking findings that lead to their selection as recipients of this highly prestigious award in the field of hypertension.

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JCH section

The Journal of Clinical Hypertension (JCH) maintained its exciting progress and continues to be regarded as one of the premier hypertension journals. Our impact factor continues to climb as the journal’s articles are cited progressively more often by authors aware of the important new data being published in our pages. Full downloads of our articles have reached exceptional levels: In 2013 we averaged an exceptional 50,000 article downloads each month, and this year the number will be even higher.

Consistent with our role as the Official Journal of the World Hypertension League, the last several months have seen us publish important research and commentaries from all over the globe. Besides the United States our contributions have come from Asia, Africa, the Middle East, Europe, Australia and Latin America. This strong and growing interest reflects the vital fact that hypertension is now acknowledged as one of the World’s leading causes of preventable and treatable illness and death.

The fact that high quality research is being carried out in so many countries comes as no surprise to me. As an academically-based hypertension specialist, I have had the good fortune to be invited to actively participate in hypertension meetings in a large number of countries around the World. I have always been highly impressed – even in places that might be labeled as “low income” – at the high level of knowledge and awareness of new ideas of the local experts. Thanks to the efforts of the WHL and related organizations this expertise is now being translated into broadening access to hypertension care for many patients in need. This important trend is being facilitated by the growing availability of low-cost drugs with cardiovascular, stroke and kidney benefits.

JCH is proud to be part of this vital mission of the WHL. Much still remains to be done, in particular advising government agencies and non-government organizations that make health policies. JCH is delighted to be a vehicle through which the WHL can influence public health issues such as dietary salt, which remains a major challenge throughout the world.

Please keep up to date with us. By using your Internet access to visit our homepage (see below), you can easily sign up to receive e-mails of table of contents alerts from JCH without cost.

Visit http://onlinelibrary.wiley.com/journals/10.1111/(ISSN)1751-7176/homepage/get_e-alerts-from-jch.htm for instructions on signing up or e-mail the editorial office so you can remain on top of the latest developments in hypertension.

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Note from the editor continued

We are most pleased to include the report from the official WHL journal, The Journal of Clinical Hypertension. This is a great resource for WHL members and everyone is highly encouraged to register to receive the journal and submit hypertension and risk factor related papers. Editor-In-Chief Michael Weber will contribute updates from JCH in the Newsletter.

As always we welcome and appreciate all correspondences and comments from our society members, and look forward to reports.

Finally, as we enter the holiday season, the World Hypertension League wishes all peace and prosperity for you and yours.

Dr. Daniel T. Lackland
Editor, WHL Newsletter
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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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