World Hypertension Day

Report on the Celebration of World Hypertension Day 2015

Congratulations and thank you to all those who participated and shared in on the celebration of World Hypertension Day (WHD) held on May 17, 2015!

This year, the World Hypertension League (WHL) in close partnership with the International Society of Hypertension (ISH) promoted the theme of ‘Know Your Numbers’ with the goal of increasing awareness of high blood pressure and the risk for hypertension-related non-communicable diseases (NCDs). To help achieve this, WHL members and partners were encouraged to participate in WHD via blood pressure screenings, calls to actions, community events, media releases, and awareness campaigns worldwide (1).

One of the most noteworthy achievements was the blood pressure screening effort with a goal on 1 Million screenings for WHD 2015. It is with great joy to report that we not only attained this lofty goal but far surpassed it by reaching a current tally of 2,446,193. Amongst the many nations celebrating and reporting were Argentina, Bangladesh, Brazil, Bulgaria, Cameroon, Canada, China, India, Indonesia, Malaysia, Nigeria, Pakistan, Singapore, South Africa, Sudan, Thailand, Vietnam, and the United States, with likely some still to report. Alongside the screenings, many provided awareness on lifestyle modification and dietary salt reduction to help reduce the risk for stroke, cardiovascular disease, and kidney disease in their communities, through their healthcare providers, and media releases.

Not to be outdone, the Regional WHL India Office under the Director Dr. Venkata Ram in Hyderabad, India, the Regional WHL Sub-Saharan Africa – Director Dr. Daniel Lemogoum in Cameroon, and the Regional WHL South America Office – Director Dr. Marcelo Orias in Argentina were all launched on WHD 2015. Meanwhile, the Regional WHL China Office – Director Dr. Xin-Hua Zhang in Beijing, China celebrated their 1 year anniversary on WHD 2015.

To further the promotion of and celebration of the event, the WHL announced the recipients of the 2015 Excellence and Notable Achievement Awards on WHD 2015 (Table). It is with honor and enthusiasm to confer Excellence Awards to Professor Liu Lisheng, MD in Beijing (Distinguished Service & Hypertension Prevention and Control at the Population Level), Dr. Larry Appel, MD, MPH at Johns Hopkins University in Maryland (Dietary Salt Reduction at the Population Level), and Hypertension Canada (Hypertension Prevention and Control at the Population Level).

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Celebration WHD 2015 continued

We also announced 18 Notable Achievement Awardees in three categories, namely: hypertension prevention and control, dietary salt reduction, and rising star (Table). A full report on the awardees will be released in the coming months. We salute each and every one of you.

The WHL is certain there are many more successes from WHD too numerous to report at this time. Photographs, stories, and future plans continue to pour in. For example, we applaud the American Society of Hypertension and Hypertension Canada in joining together to have the Niagara Falls, an international landmark at the border the two countries share, lit for one night on WHD 2015. Last but not least, we extend our congratulations and heartfelt thanks to Juliet Regine in Kensington, Maryland, USA who was named the Grand Champion of the WHD Inaugural student art competition. Well done! This year’s event was truly memorable and we are currently planning to draft more detailed reports for posting on our websites, in newsletters, and perhaps for publication in the Journal of Clinical Hypertension. These successes and stories have provided us with many ‘Lessons Learned’ that will serve as the platform for WHD 2016. We are already looking forward to it!

For more information on WHD 2015, Please e-mail either kimbreeredburn@gmail.com or CEO@whleague.org.

Dr. Mark Niebylski
CEO, WHL

Reference:

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<td><strong>Distinguished Service &amp; Excellence in Hypertension Prevention and Control at the Population Level</strong></td>
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<td><strong>Excellence in Dietary Salt Reduction at the Population Level</strong></td>
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<td>o Dr. Lawrence Appel, MD, MPH, Baltimore, Maryland, USA</td>
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<td><strong>Excellence in Hypertension Prevention and Control at the Population Level</strong></td>
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<td>o Erika Pisch, Berlin, Germany</td>
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<td>o Dr. Gabriel Waisman, Buenos Aires, Argentina</td>
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<td>o High Blood Pressure Research Council of Australia, Tuggerah, NSW, Australia</td>
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<td>o Dr. Janusz Kaczorowski, Montreal, QC, Canada</td>
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<td>o Dr. Mohammad Ishaq, Karachi, Pakistan</td>
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<td>o Dr. Omer Msalam, Tripoli, Libya</td>
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<td>o Professor YK Seedat, Durban, South Africa</td>
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<td><strong>Notable Achievement in Dietary Salt Reduction at the Population Level</strong></td>
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<td>o Bill Jeffery, Ottawa, Ontario, Canada</td>
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<td>o Dr. Daniel Piskorz, Rosario, Provincia de Santa Fé, Argentina</td>
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<td>o Eduardo Nilson, Brasilia, Brazil</td>
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<td>o Dr. Jacqui Webster, Sydney, NSW, Australia</td>
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<td>o Kevin Willis, Ottawa, Ontario, Canada</td>
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<td>o Dr. Ricardo Correa-Rotter, Federal District Mexico City, Mexico</td>
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<td>o Victoria Targett, Letchworth, Hertfordshire, UK</td>
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<td><strong>Rising Star Award in Promotion of Public Health for Cardiovascular Disease Risk and Hypertension Prevention &amp; Control</strong></td>
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<td>o Dr. Tej Khalsa, Calgary, Alberta, Canada</td>
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<td>o Rolande Landry, Dalhousie, New Brunswick, Canada</td>
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<td>o Professor James Sharman, Hobart, Tasmania, Australia</td>
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President’s Column

This is a short note to thank all who have contributed to the World Hypertension League during my Presidency 2013-2015. A special note of thanks goes to the executive who were all very active and working hard for the WHL on a daily basis, to the Board who have worked to represent the regional needs for hypertension prevention and control, to Council members who are working to reconfigure hypertension organizations to assist hypertension prevention and control, to the new regional office directors and especially Drs. Liu and Zhang from China who are leading the effort for focused regional activities. I note the strong support and collaboration from the International Society of Hypertension and thank Dr. Rhian Touyz (President) and Dr. Ernesto Schifrin (Past President). Dr. Michael Weber Editor of the Journal of Clinical Hypertension has worked very hard to increase the profile of the WHL’s journal and to ensure the transformation of the journal to address global needs for hypertension prevention and control. Our new President Dan Lackland will turn over the reins of the newsletter to Lawrie Beilin and has been very active in bring the WHL forward. Dr. Mark Niebylski CEO and Kimbree Redburn (Population Health and Economic Specialist) of the WHL have been essential parts of all WHL activities. I also thank Erika Pisch who after many years of supporting the WHL newsletter is turning over the reins to Kimbree Redburn. I do thank also the WHO and our partner organizations for collaborating to aid hypertension prevention and control.

Norm Campbell
President, WHL

Note from the Editor

Clearly this has been an exciting and productive time for the WHL family and centered around World Hypertension Day. It is super to see the numbers of blood pressure measurements exceeding all expectations with global participation. The impressive history of WHL has established a strong base to build on and the established collaborations with partners and society members create a high level of optimism for the future. In this issue of the Newsletter, the global reports show significant impact on high blood pressure in the world. Indeed a great time to be a part of the WHL enterprise.

Daniel T. Lackland
Editor, WHL Newsletter

World Hypertension Day 2015 in Pictures

Our Member Societies around the world helped to celebrate World Hypertension Day 2015 and made this event an extreme success! We thank them and would like to take time to recognize them through some of the images that were sent in reflecting the celebrations for WHD 2015!!!!

WHD Efforts in Argentina
Total Screened: 3,789 People

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World Hypertension Day 2015 Continued

WHD Efforts in Bulgaria
Total Screened: 1,805 People

WHD Efforts in Cameroon
Total Screened: 1,085 People

WHD Efforts in Canada
Total Screened: 627,842 People

WHD Efforts in China
Total Screened: 900,458 People

WHD Efforts in India
Total Screened: 4,655 People

WHD Efforts in Indonesia
Participated in Educational Activities

WHD Efforts in Malaysia
Total Screened: 240 People

Continued on page 5
World Hypertension Day 2015 Continued

WHD Efforts in Bangladesh
Participated in Educational Activities

WHD Efforts in Nigeria
Participated in Educational Activities

WHD Efforts in Thailand
Total Screened: 323 People

WHD Efforts in Vietnam
Participated in Educational Activities

WHD Efforts in The United States also
Total Screened: 217,360 People
Also as a joint effort ASH and Hypertension Canada lit Niagara Falls Red and Blue (Pictured) for Hypertension Awareness

The World Hypertension League thanks all those who participated in screening and educating the people across the world! It is due to the great efforts of our members that World Hypertension Day 2015 was a success!

An Abbreviated History of the WHL

The World Hypertension League (WHL) is an amazing organization that has saved countless lives and prevented numerous cardiovascular complications through its programs for the prevention and control of hypertension in populations. Although individual subjects who benefitted from WHL actions cannot be identified, a positive response “a priori” can be expected. The WHL accomplished these goals by educating the public on the dangers of hypertension and the importance of preventing hypertension from developing. Furthermore, the WHL coordinated the educational programs of national societies in order that successful programs could be exchanged among countries.

How did the WHL begin?

Around 1975 three European scientists: Drs. Franz Gross (Germany), Cesare Bartorelli (Italy) and Tom Strasser (Geneva/WHO) began informal discussions regarding establishing an organization that would develop programs for the prevention and control of hypertension in populations. Following several meetings and multiple informal discussions with other hypertension experts, a final draft of the statutes was accepted and the WHL was registered as a non-profit international organization in Geneva, Switzerland on January 4, 1984.

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An Abbreviated History of the WHL Continued

The WHL became a division of the ISH and has official relationships with the WHO. An administration was set up with a President, Board, and other officers. WHL membership increased rapidly. Membership was not for individuals, but for national organizations and societies engaged in the control of hypertension in populations.

Different educational programs were more effective in certain countries, thus requiring different media to be employed. For example, in the early 2000’s, over 95% of Brazilian households had televisions; therefore, to have a successful educational program on hypertension in Brazil required the development of a hypertension curriculum that uses television. Although the WHL was listed as a division of the ISH initially the two organizations had different functions - the ISH focusing on hypertension research while the WHL focused on control of hypertension in populations. But over the years the activities overlapped, and the two organizations collaborate where possible to achieve common objectives of prevention and control of hypertension.

The WHL used a variety of media to educate the population about hypertension. Here are some of the highlighted programs:

**Newsletter**: A regularly published newsletter was founded in October 1988 and rapidly increased in circulation to 14,000 printed copies and, in addition, the Newsletter was translated into several different languages.

The Newsletter helped to spread the “gospel” of hypertension around the world. The Newsletter also kept its members informed about the advances in hypertension. Frequently, members from different countries would submit an abstract describing anti-hypertensive programs in their countries.

**WHL Website**: In 1996 a website was created with the support of the Medical College of Ohio (MCO), Toledo, USA. Many informative and educational documents were downloaded on the website and the information was available to the public. The use of the website was extensive and needed frequent upgrading.

**International Art Exhibit**: Three separate art exhibitions with a theme related to hypertension were held by the WHL. The art was displayed in several countries and the winners received their awards at the international conferences held by the WHL. The art was a successful way of presenting concepts of hypertension to the public. One example was art submitted by the Chinese on obesity and hypertension. The artists portrayed the importance of exercise in preventing obesity.

**World Hypertension Day**: This important worldwide activity was created by the WHL, and with the help of patent lawyers the WHL legally obtained an official trademark for World Hypertension Day (WHD).

The first landmark WHD was held on May 14, 2005. The main theme was: “Know Your Numbers!” WHD was a resounding success with 24 countries participating. Many of the other members participated but did not submit a report. A 93 page booklet was printed and distributed to members. World Hypertension Day has been a yearly event.

**Booklets and Brochures**: were printed and distributed to the membership. Some of the topics were the WHL Yearbook 1997 & 1999; booklet report of the WHL Council Conferences.

**Conferences**: The WHL organized numerous conferences on hypertension to disseminate the hypertension advances that are being pursued around the world. These conferences involved satellite symposia, national, regional and international meetings. The WHL encouraged council members to present abstracts and exchange ideas regarding their hypertension programs. A few examples of the location and titles of the main topic of WHL conferences are: Montreal, Canada (hypertension and congestive heart failure), Buenos Aires, Argentina (hypertension in the elderly), Prague, Czech Republic (hypertension and obesity).

At least once every two years the council meets in a member country.
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An Abbreviated History of the WHL Continued

Council members from all over the world participate in governance, as well as in hypertension activities.

Patrick Mulrow.
Past Secretary General WHL (1995-2005)

The WHL continues to be highly effective and to play an important role in the control of hypertension in populations.

All of this was accomplished by a handful of volunteers and on a limited budget.

WHL News


During four days in June visitors to the ESH XXV Meeting in Milan could enjoy a wide variety of presentations related to hypertension and cardiovascular protection. I will try to give just a few examples from the rich program that was attended by approximately 4000 physicians from different specialties.

One major feature was the ongoing debate on the value of renal denervation in resistant hypertension. Ever since the publication of the SIMPLICITY-3 study this intervention has faced critical remarks and less interest. There are however new ways to denervate kidneys and also other technical approaches for managing hypertension (according to Professor Roland Schmieder, Erlangen, Germany), and several ongoing studies, some including major clinical end-point.

Other variants of technical interventions are, for example based on baro-receptor stimulation, or even stimulation of the central nervous system. These new interventions are costly and can help only a minority of patients and not the great reached by public health interventions. None the less it may be useful to develop technical interventions for selected patients with resistant hypertension.

A special interest is always focused on presentations of reviews on treatment by antihypertensive drugs. Professor Alberto Zanchetti, Milan, Italy, gave an update on the state of the art of antihypertensive treatment, referring to some recent publications based on meta-analyses [1]. It was concluded that the results of all available evidence from head-to-head drug class comparisons do not allow the formulation of a fixed paradigm of drug choice valuable for all hypertensive patients, but the differences found may suggest specific choices in specific conditions, or preferable combinations of drugs. In other words, it should be possible to tailor the right drug combination to the needs of the individual patient when co-morbidities and drug tolerance are also taken into account. This also supports the need of many different antihypertensive drugs when selection is needed for a tailored combination therapy to the individual patient. One shoe does not fit all!

In one session the new concept of Early Vascular Aging (EVA) was discussed. Professor Stephane Laurent, Paris, France, gave an overview and pointed out that the core of EVA is arterial stiffness as measured by aortic pulse wave velocity (aPWV). This can be achieved by use of different devices for both a direct and indirect measurement (by use of pulse wave analysis) in the brachial artery. It has been shown that aPWV is an independent risk marker of future cardiovascular events as well as total mortality. In France, the ongoing SPARTE study in patients with essential hypertension tries to examine whether an intervention strategy based on targeting of arterial stiffness (aPWV) is more rational and successful than an intervention strategy based on what is recommended in current guidelines.

A hot issue is the goal for blood pressure in hypertensive patients with microalbuminuria. This was debated between Professor George Bakris, Chicago, USA, advocating a more conservative approach with a goal <140/90 mmHg, and Professor Josep Redon, Valencia, Spain, proposing a more ambitious blood pressure goal <130/80 mmHg for these patients.

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EHS Meeting Continued

Even if it is logical to think that risk patients should benefit from a more vigorous blood pressure control the simple fact is that evidence is to a large extent lacking.

Only in patients with macro albuminuria (nephropathy) is there trial-based evidence to recommend a blood pressure goal of <130/80 mmHg. On the other hand, in these patients the risk of concomitant ischemic heart disease (IHD) is high and thus a more cautious attitude should be applied not to risk any coronary hypoperfusion in these patients at high risk if blood pressure is drastically lowered. In the end there is a balance to be kept between protecting the kidney and avoiding compromising the coronary circulation.

The debate on salt intake continues and was sparked by the recent proposal of a U-shaped curve between salt intake and cardiovascular risk based on data from Professor Salim Yusuf, Hamilton, Canada, and the PURE study. Critical remarks have cast some doubt on the methodology used in this study based on spot urine evaluation of sodium intake [2]. The position of the World Hypertension League (WHL) is that high dietary salt is a leading risk for death and disability largely by causing increased blood pressure. Other associated health risks include gastric and renal cell cancers, osteoporosis, renal stones, and increased disease activity in multiple sclerosis, headache, increased body fat and Meniere's disease. The WHL plans to continue to work with multiple governmental and non-governmental organizations to promote dietary salt reduction towards the World Health Organization (WHO) recommendations.

A new feature was introduced as the EUROHYPERTENSION APP, an ESH developed application for smartphones. This is a powerful instrument to check blood pressure at a population level and to improve hypertension management.

The EUROHYPERTENSION APP allows storing blood pressure, heart rate and body weight values, which can be shown in a graphic format over time. It is also a powerful educational instrument, and an entire section at the ESH Meeting was dedicated to updated information about causes, symptoms, consequences and treatment of hypertension, as recommended by the European Society of Hypertension. EUROHYPERTENSION APP is also equipped with a number of practical functions, including information on global cardiovascular risk calculation, or location of the ESH Excellence Centers in Europe. This new APP is available at http://www.eshonline.org/guidelines/blood-pressure-monitoring/ In one abstract from Ireland (Berhard Silke et al) it was mentioned that smoking impairs the effect of antihypertensive drug treatment [4]. The authors concluded that smoking is not only an important cardiovascular risk factor in hypertensive patients but also reduces the response to anti-hypertensive treatment, independent of age, gender and body mass index. Therefore, smoking cessation can achieve not only reduced cardiovascular risk but may also improve blood pressure control in hypertensive patients. This is an important message and shows that smoking cessation is adjuvant to an appropriate blood pressure control in risk patients.

Peter M Nilsson, MD, PhD
Professor of Clinical Cardiovascular Research
Lund University, Lund, Sweden

References:
New WHL Board Members

The WHL is pleased to welcome two new WHL Board members in 2015 who will serve on the WHL Board for the next three years.

Dr. Bader Almustafa
First Board Term: Feb. 2015-Feb. 2018
Saudi Arabia

Dr. Dorairaj Prabhakaran
First Board Term: March 2015-March 2018
India

People

The Australian Council for High Blood Pressure Research (HBPRCA) has update it's website:

http://www.admin@yoursecretariat.com.au
Mission
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).

Executive Officers:
Dr. Norman Campbell (Calgary, Canada), President
Dr. Daniel T. Lackland (Charleston, USA) President-Elect & WHL Newsletter Editor
Dr. Liu Lisheng (Beijing, China), Past President
Dr. Xin-Hua Zhang (Beijing, China), Secretary General
Dr. Peter Nilsson (Malmö, Sweden), Treasurer

Board Members:
Dr. Krassimira Hristova (Sofia, Bulgaria)
Dr. Daniel Lemogoum (Douala, Cameroon)
Dr. Marcelo Orias (Cordoba, Argentina)
Dr. Anita Rieder (Vienna, Austria)
Dr. Bader Almustafa (Saudi Arabia)
Dr. Dorairaj Prabhakaran (Delhi, India)

Interim Board Member:
Dr. Mark Gelfer (Vancouver, BC, Canada)

Special Advisor to the Board:
Dr. Darwin Labarthe (Chicago, USA)

ISH Representation:
Dr. Ernesto Schiffrin (Montreal, Canada)
Dr. Rhian Touyz (Glasgow, UK)

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Calendar of Events

European Congress of the International Society for the Study of Hypertension in Pregnancy
September 24-26, 2015
Budapest, Hungary
Information: ISSHP c/o Prof. Louise Kenny
University College Cork
5th Floor, CUMH, Wilton, Cork, Ireland
Fax: (+353-21) 420-5025
E-mail: isshp@ucc.ie

12th PASCAR Congress and 5th All African Conference on Heart Disease, Stroke, and Diabetes
October 3-7, 2015
Balaclava Fort, Mauritius
Information: Bongani Mayosi
President of PASCAR
PO Box 26716, Monument Park
South Africa 0105
E-mail: bongani.mayosi@uct.ac.za
Website: www.pascar.org

The Japanese Society of Hypertension 38th Annual Scientific Meeting
October 9-11, 2015
Information: 38jsh2015@congre.co.jp
Website: http://www.congre.co.jp/38jsh/index.html (in Japanese)

7th World Health Summit
October 11-13, 2015
Berlin, Germany
Information: Tobias Gerber
Media & Communication Manager
WHS Foundation GmbH, Charitéplatz 1
10117 Berlin, Germany
E-mail: tobias.gerber@charite.de
Website: http://www.worldhealthsummit.org

2015 Canadian Hypertension Congress
October 22-24, 2015
Toronto, Ontario, Canada
Information: Dr. Ross Feldman
Congress Chair, CHC 2015
3780 14th Avenue, Suite 211
Markham, Ontario, L3R 9Y5, Canada
Website: https://www.hypertension.ca/en/chc