WHL · NEWSLETTER

News from the World Hypertension League (WHL).
In Official Relations with the International Society of Hypertension and the World Health Organization

No. 168, June 2020

Note from the Editor

Dr. Dan Lackland

Traditionally the June Issue of the Newsletter is filled with the exciting event and activities reports associated with World Hypertension Day. This year, we must delay the celebrations and the Children's Art Contest due to the COVID-19 Pandemic.

In replacement – global contributions regarding the impact of the virus have been submitted by members of the WHL family. These words describe the great impact for all around the world but also provide a positive vision for the recovery side of the curve. It is with high enthusiasm that we announce the 2020 WHL Excellence awards with such highly accomplished awardees. Also included are the initial education focused sections with themes of valid blood pressure measurement and assessment, including a novel certification program.

This issue also reports with sadness the passing of two global hypertension pioneers, Professors Noman Kaplan and WHL Board member Jacob Plange-Rhule. Indeed, we will miss their company, but their vision and passion will continue to be a force for global hypertension control.

Dan Lackland

President's Column

Half of the year 2020 has passed, and COVID-19 is still a global public health threat. Colleagues from WHL and our partner organizations are working hard to explore the mechanism and solutions to reduce the harmful impact of COVID-19 on the circulatory system, especially for patients with preexisting cardiovascular disease or hypertension.

Improving prevention and control of hypertension at the population level globally remains our major concern, even more so during the global COVID-19 pandemic. Certificate courses for health care providers in different languages are being developed collaboratively by colleagues from WHL and partner organizations. The first available course is the measurement of blood pressure with correct procedure and validated devices. Other components as required by the HEARTS technical package will be following one by one during the next few years.

Thanks to all who contributed to the preparation of the training courses, and congratulations to all the WHL 2020 Excellence Awardees. We are proud of you!

Xin-Hua Zhang

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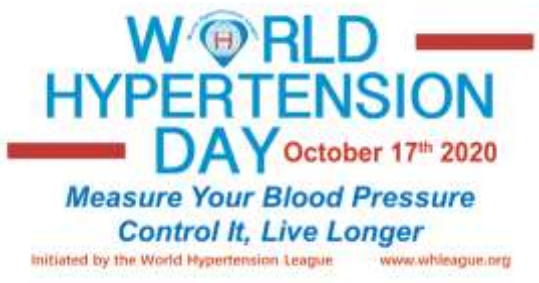
WORLD HYPERTENSION DAY 2020

Due to the global COVID-19 pandemic, World Hypertension Day 2020 has been postponed until October 17, 2020.

The expanded themes for World Hypertension Day 2020 are

Measure Your Blood Pressure, Control It, Live Longer

in order to promote validated device and accurate measurements with the goal to improve the control of Hypertension for longer and healthier lives, globally.



To access reporting forms for WHD participation click here.

2020 EXCELLENCE AWARD WINNERS

Detlev Ganten Excellence Award in Hypertension and Global Health Implementation

Victor Dzau, MD

President, National Academy of Medicine, Washington D.C.; President, National Academy of Medicine, Previously Chair: Institute of Medicine; President & CEO, Duke University Health System (until 06/2014)

Peter Sleight Excellence Award in Hypertension Clinical Research

Michael A. Weber, MD

Professor of Medicine, Division of Cardiovascular Medicine, State University of New York, Downstate Medical Center, Brooklyn, NY, USA

Claude Lenfant Excellence Award in Population Hypertension Control

Daniel W. Jones, MD, MACP, FAHA

Sanderson Chair in Obesity, Metabolic Diseases and Nutrition, Director, Clinical and Population Science, Mississippi Center for Obesity Research, Professor of Medicine and Physiology, University of Mississippi Medical Center

Liu Lisheng Excellence Award in Population Cardiovascular Risk Factor Control

Yingqing Feng, MD

Department of Cardiology at Guangdong Provincial People's Hospital, Guangdong Cardiovascular Disease Research Institute

Norman Campbell Excellence Award in Population Hypertension Prevention and Control - Sonya Angell, MD, MPH

Director of the California Department of Public Health (CDPH); Former Deputy Commissioner, New York City Department of Health and Mental Hygiene, Div. of Prevention and Primary Care; Founding Director, NYC Department of Health and Mental Hygiene, Cardiovascular Disease Prevention & Control Program; Senior Advisor, Global Noncommunicable Diseases, U.S. Centers for Disease Control & Prevention (CDC)

Daniel Lackland Excellence in Diplomacy and Advocacy for Population Hypertension Risk Reduction

David Wood, MB ChB, MSc, FRCP, FRCPE, FFPHM, FESC

Adjunct Professor of Preventive Cardiology, Director of Science, Strategy and International Relations, National Institute for Prevention and Cardiovascular Health, National Univ. of Ireland, Galway; Emeritus Professor of Cardiology, Imperial College London; Past President World Heart Federation 2019-20

Graham MacGregor Excellence Award in Dietary Salt Reduction at the Population Level - Nancy R. Cook, ScD

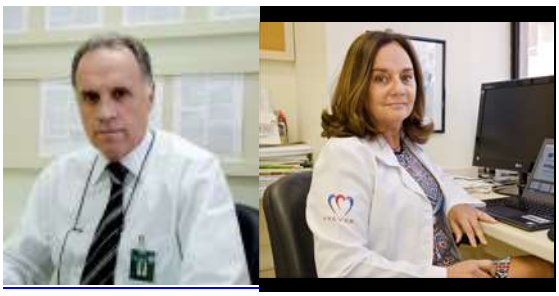
Professor, Department of Epidemiology, Department of Epidemiology, Brigham & Women's Hospital, Division of Preventive Medicine, Boston, MA, USA

WHL Organizational Awards

Excellence Award in Hypertension Clinical Research

PREVER Research Group (Brazil)

Dr. Flavio Fuchs and Dr. Sandra Fuchs



Hypertension Prevention in Pre-Hypertensive Individuals (PREVER)
Hospital de Clinicas de Porto Alegre, RS, Brazil

(See PREVER article on Page 4)

Excellence Award in Dietary Salt Reduction at the Population Level

South Korea National Plan to Reduce Sodium Intake

Dr. Lee, Eui-Kyung, Minister, Ministry of Food & Drug Safety (MFDS) (left)
Dr. Jeong, Eunkyeong, Director, Korea Centers for Disease Control & Prevention (KCDC) (right)

(see Program Summary on page 9)

Excellence Award in Population Hypertension Prevention and Control

Cuba Ministro de Salud Publica de Cuba

Dr. José Angel Portal Miranda

COVID-19 INSIGHTS FROM WHL LEADERSHIP

COVID-19 in Eastern Europe

By Dr. Krasimira Hristova, MD,PhD, FESC
Associate Professor of Cardiology, Univ. National Heart Hospital, Dept. of Noninvasive Functional Diagnostic and Imaging, Head of Outpatients Clinic, Sofia, Bulgaria

At the moment the number of infected with coronavirus in Eastern European countries, except Russia and former Soviet countries in Asia, remain still much lower than in other European countries. Even the worst affected Central and Eastern European countries have infection and death rates per million inhabitants much lower than Western European nations, and in some the statistics are truly remarkable: Slovakia has recorded just 1,427 confirmed cases and 27 deaths. Here comes the

concern that care homes are vulnerable and could quickly lead to the rise of numbers.

Hungary's government and the mayor of Budapest have been locked in a blame game over one care home in the city, which has recorded 223 residents and 19 workers as infected, about 10% of the country's total coronavirus cases.

Bulgaria has 2235 reported cases of COVID-19 within its borders and 110 reported fatalities with COVID-19. Variations in counting of COVID-19 deaths, different testing strategies and lockdown policies make international comparisons a minefield. The Czech Republic and Slovakia began their lockdowns before they had recorded any Covid-19 deaths.

Many of the countries like Greece, Romania, Bulgaria which also implemented an early and strict lockdown to avoid strain on its austerity-hit health system and coronavirus figures so far have remained impressively low. Some of the countries, including Czech Republic and Slovakia, have comparatively well-funded healthcare systems. But Hungary, Romania and Bulgaria are on the edge; any increase in cases will tip the system over.

Officials across this region are aware that the possibility of a new surge of infections is always present. For this reason, many countries are contemplating easing their lockdowns but keeping strict border controls to keep out foreign visitors or, at minimum, quarantining all new arrivals. Actually the governments count everyone who dies of coronavirus, irrespective of whether they die in hospital, a care home or private residence, as well as recording deaths where COVID-19 was the main or contributing cause in comorbities patients – mainly with arterial hypertension, diabetes, chronic pulmonic diseases, cancer and chronic kidney diseases.

COVID-19 in Canada

By Dr. Raj Padwal, MD
Internal Medicine, Clinical Epidemiology and Clinical Pharmacology, Edmonton, Alberta, Canada

Canada, relative to other countries in the world, has been fortunate in that the number of cases of COVID-19 has not been high (less than 80,000 for a country with a population of 38 million). However, the pandemic has altered health care delivery in a major way in that the slow uptake of technology assisted care that was occurring before COVID-19 has dramatically accelerated. Indeed, many physicians who previously would not consider adopting virtual care into their practice have been pleasantly surprised at how implementing this practice paradigm has made care more efficient and patient centred. What was expected to take 10 years to adopt has occurred in the span of a few weeks and some of these changes are undoubtedly here to stay. Adoption of virtual care for hypertension underscores the need to ensure that home BP measurements are properly performed and properly relayed to providers, so that clinical efficiency and best practices are maximized.

Level of Impact of COVID 19 on Hypertension/Blood Pressure Control in Nigeria and other Sub-Saharan African Countries

By Dr. O.S. Ogah, President, Nigerian Cardiac Society *and* Prof. Mayowa Owolabi, Regional Director, Sub-Saharan Africa, World Hypertension League

The exact extent of the impact of the pandemic on hypertension/blood pressure control and prevention of complications/target organ damage in Nigeria and other sub-Saharan African countries is difficult to assess at the moment.

However, the pandemic has impacted hypertension detection, blood pressure control and prevention of complications/target organ damage control in the country because:

1. Many patients do not come to hospital for BP checks and drug refills because of fear of contracting the disease.

2. Those who want to come cannot because of lockdown and travel restrictions.

3. The pandemic has also affected the supply chain in the region. Most suppliers cannot bring new medications into the region. This has affected the cost of drugs and consumables. The high cost is often not affordable to most hypertensive patients.

4. Those with target organ damage such as stroke, heart failure or chronic kidney disease are worst hit.

OPPORTUNITIES AND LESSONS

1. Many tertiary hospitals in Nigeria now use telemedicine to reach out to patients.

2. The pandemic has opened a new opportunity for teaching and learning. For example, the Nigerian Cardiac Society has used webinars to reach out to healthcare providers as well as the public on COVID-19. Issues such as use of ACEI/ARBs for the treatment of hypertension during the COVID-19 pandemic were addressed (figure 1–4).

The Society has also used the opportunity to discuss and disseminate the recently released ISH guidelines on the management of hypertension (figure 5).

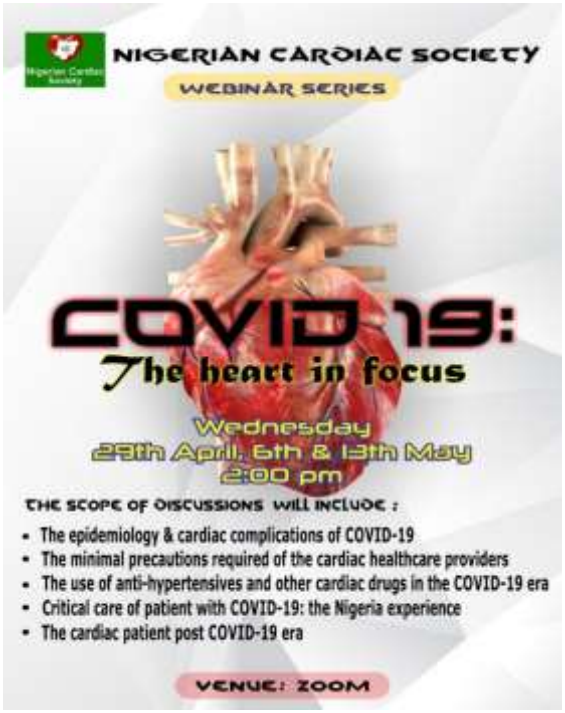


Figure 1 Announcement of the COVID 19 Seminar

Figure 5: Web seminar on the New ISH guidelines

COVID-19 STATEMENTS

WHL Statement of COVID here
ESH Statement on COVID here
ISH Statement on COVID here
ISN COVID Resources here
NCD Alliance COVID Guidance here

CHILDREN'S ART COMPETITION 2020

DEADLINE extended to October 1, 2020

The WHL Children's Art Competition is a key component of the 2020 World Hypertension Day awareness campaign. The theme of the artwork can be any aspect of hypertension: **blood pressure measurement, stroke and cardiovascular disease prevention, healthy lifestyle, healthy diets including salt reduction, high blood pressure risks, etc.**

2018 First Place Winners: Melina Florian & Karla Gallardo from Los Angeles, California

To download the Submission Form click **here.**

Excellence Awardees Articles

The Impact of COVID-19 on Hypertension/Blood Pressure Control

By Daniel W. Jones, MD, MACP, FAHA
Sanderson Chair in Obesity, Metabolic Diseases and Nutrition; Professor of Medicine & Physiology, Univ. of Mississippi Medical Center

Winner, 2020 Claude Lenfant Excellence Award in Population Hypertension Control

Most of what is known about the impact of COVID-19 on blood pressure control is anecdotal, thus far. There are certainly reasons for concern, as well opportunities. The first concern is that with health systems around the world highly focused on the management of COVID-19 and the necessary isolation, routine visits for chronic illnesses such as hypertension are being cancelled or postponed. A second concern has been misinformation about the blood pressure drug classes ACE inhibitors and

ARBs causing worse COVID-19 outcomes. Despite good information to the contrary from organizations like the American Heart Association, some patients have stopped those antihypertensive medications out of concern.

On a positive note, the current situation offers opportunities for a stronger focus on BP control using underutilized measures with proven value including home BP measurement and the use of telehealth. Both these interventions have been shown to improve BP control. While office visits are difficult, both can provide much benefit.

Urgency to Reduce the Global Burden of Hypertension

By Victor Dzau, MD

Winner, 2020 Detlev Ganten Award in Hypertension and Global Health Implementation

I am honored to receive the Detlev Ganten Excellence Award from the World Hypertension League. Hypertension is one of the most pressing public health challenges, and the biggest contributor to the global burden of disease. The global burden of hypertension has been growing steadily and there are no signs that this trend will reverse, given the projected growth of the global population, the rise of the aging population, and changes in lifestyle.

There is an urgency to reduce the global burden of hypertension, and this will only be achievable through concerted global action, including efforts such as those by the World Hypertension League. The World Hypertension League is committed to preventing hypertension globally. It is a privilege to receive an award from such an esteemed organization. Its efforts to optimize and advance prevention and control of hypertension through collaborative work with member organizations, governmental and non-governmental organizations and promotion of evidence-based best practices are critically important. This award is meaningful to me as I have known Detlev Ganten for over 40 years as a scientist, collaborator and friend. I am especially delighted to receive an award named in his honor.

Global Mission of Education, Advocacy and Research in Hypertension

By Michael A. Weber, MD

Winner, 2020 WHL Peter Sleight Excellence Award in Hypertension Clinical Research

It is a very special honor to receive a WHL Award linked to Peter Sleight's name. Professor Sleight's contributions to hypertension and heart disease have been exceptional, and I count myself fortunate that I had the opportunity of meeting and working with this distinguished scholar.

I also had the good fortune to be part of the hypertension field during a period of great progress, and with mentors like Gordon Stokes in Sydney and John Laragh in New York I was able to be part of understanding how the renin-angiotensin system was so critical a part of hypertension and other cardiovascular and renal conditions. Together with astronaut William Thornton and others I helped develop one of the first non-invasive devices for ambulatory BP monitoring and subsequently was actively involved when losartan became the first hypertension drug to be clinically developed using ambulatory monitoring for its primary BP endpoints. Most of all, I must acknowledge the many colleagues with whom I participated in clinical trials that allowed me to see at first hand so much that has transformed hypertension during recent years.

Finally, my sincere thanks to the leaders of the WHL who have allowed me to be part of their global mission of education, advocacy and research in hypertension.

PREVER Study: Synthesis of Main Findings

By Flávio Danni Fuchs and Sandra Costa Fuchs

Winners, WHL Organizational Excellence Award in Hypertension Clinical Research

In honor of Abrahão Afiune Neto and Hilton Chaves Junior who were outstanding PREVER investigators and died too young.

♥ In recognition of PREVER's exceptional group of investigators and research assistants, as well as the 1,385 trial participants, who make it possible to achieve the goals of the study. ♥

The PREVER study resulted from an initiative of the Brazilian Ministry of Health, which funded studies in areas of priority in Public Health in the last decade. In Brazil, the prevalence of hypertension is decreasing slowly in recent decades, being around 28%, currently among adults for the 140/90 mmHg criterium. The absolute number of individuals exposed to high blood pressure (BP), however, is extremely high, in the face of the large population living in Brazil (more than 212 million).

The PREVER study consisted of two randomized controlled trials: PREVER-prevention and PREVER-treatment. Twenty-one research centers, linked to academic institutions in 10 States, conducted the two trials in parallel.

I. PREVER-prevention randomized controlled trial

At the time of the study design, it was already demonstrated that individuals with prehypertension (BP between 120/80 and 139/89 mmHg) were at higher risk to develop hypertension over a short period of time. Besides this, individuals with BP within this range already exhibit evidence of target organ damage.

The trial randomized 730 participants to a fixed combination of chlorthalidone (12.5 mg) and amiloride (2.5 mg) or placebo, in a double blinded fashion. Participants were followed for 18 months. The incidence of hypertension was lowered by 44% in participants randomized to the diuretic group compared to the placebo group. During follow-up, an increase in left ventricular mass, estimated by electrocardiogram, was recorded in the placebo group but not in the participants treated with diuretics.

II. PREVER-treatment randomized controlled trial.

Angiotensin receptor blockers (ARBs) are preferred worldwide for the management of hypertension, including in Brazil. Several large randomized controlled trials, and their meta-analyses, have failed to demonstrate unequivocal effectiveness of ARBs for prevention of incident cardiovascular (CV) events. Prior to the PREVER-treatment trial, head to head comparisons of ARBs with diuretics for prevention of CV outcomes was lacking and even the comparison of their BP-lowering efficacy had been scarcely reported.

The PREVER-treatment trial randomized 655 participants with a systolic BP 140-159 mm Hg or diastolic BP 90-99 mm Hg following three months of a lifestyle change intervention to a diuretic-based strategy (chlorthalidone 12.5 mg and amiloride 2.5 mg) or to a losartan (50 mg)-based strategy, in a double-blinded fashion. Patients were followed for 18 months. Despite more frequent use of add-on BP agents, average systolic BP during the trial was 2.3 (95% CI: 1.2 to 3.3) mmHg higher in the group randomized to losartan compared to the group randomized to the diuretic combination pill.

Relevance of the PREVER findings for the control of hypertension

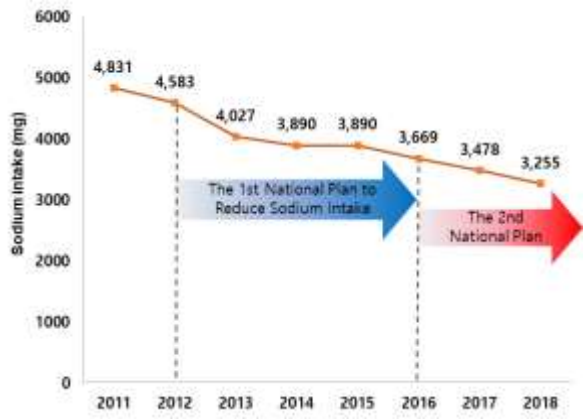
A strong body of evidence from observational studies and randomized controlled trials, with millions of participants, has demonstrated that high blood pressure is the main determinant of cardiovascular disease and reduction in life expectancy. The PREVER trials underscore the value of early and effective antihypertensive drug therapy for reducing the burden of BP-related complications.

South Korea National Plan to Reduce Sodium Intake

In 2010, South Korean's average sodium intake was 4,831mg, which was twice the WHO standard of 2,000mg. It was an alarming result to Koreans, health professionals as well as to government officials. Against this backdrop, in 2012 Korea implemented the "National Plan to Reduce Sodium Intake," renewing it every 5 years, with a goal of reducing population sodium consumption to 3,500mg by 2020, and we have been carrying out "The National Movement to Reduce Sodium Intake (NMRSI)" as well. As a result, Korea had reduced population sodium consumption by 19.5%, from 4,831mg in 2010 to 3,890mg in 2014, and successfully reached the goal in 2018, reducing sodium intake by 32.6%, to 3,255mg.

With an aim to raise national awareness on reducing sodium intake, the Ministry of Food and Drug Safety (MFDS) developed and distributed life cycle-specific education materials, encouraging

people to make and eat low-sodium meals by themselves. Also, the Ministry guided people to eat low-sodium meals at home, promoted videos that introduce various low-sodium recipes on social media platforms like YouTube and Facebook, created Card News that provide various information including recipes' Nutritional Facts, and further emphasized the importance of low-sodium consumption in an op-ed article.



In addition, we designated sodium as an unhealthy nutrient, and made processed foods carry nutritional labels, including sodium content, to create an environment for the public to choose low-sodium foods in person. Also, consultations were provided to companies for voluntary production and distribution of low-sodium products. The MFDS also conducted a fact-finding survey on 50 to 80 nutrients including sodium by reflecting on the current trend of food consumption, and disclosed its results for consumers and companies to utilize.

The MFDS is supporting group meal services (school lunch, congregate meals for seniors, etc.) and restaurants to develop lower sodium menu options to increase availability of low-sodium foods. Furthermore, "SamSam Foodservice" and "participating restaurants" which serve lower-sodium menus are designated and operated with the cooperation of local governments.

Meanwhile, the Korea Centers for Disease Control and Prevention (KCDC) conducts an annual health check-up and survey (KNHANES: The Korea National Health and Nutrition Examination Survey) to identify population sodium intake, and transparently discloses statistics on the main source products of sodium, sodium content by products, and the average sodium intake by age, which are important results for implementing public health and nutrition-related policies.

The Government of the Republic of Korea will continue to strengthen its sodium reduction programmes and education systems provided for consumers, and will conduct a study on the evaluation of health and nutrition levels. Ultimately, we will make significant contributions to the improvement of our people's health by reinforcing related systems.

Priorities for Hypertension Prevention and Management in the Coming 5 years – An International Viewpoint

By Dr. Darwin R. Labarthe, MD
Department of Preventive Medicine, Northwestern Univ. Feinberg School of Medicine, Chicago, USA

Winner, 2019 WHL Recognition of Excellence Award for Population Risk Factor Control

Receipt of this Award is a high and humbling honor – high in its bestowal by the World Hypertension League, humbling in heightened awareness of the gap between the status quo and our ultimate goal of complete global hypertension control.

By asking 3 strategic questions we may better imagine a future in which we have truly accomplished this goal:

(1) What is the practical upper limit of the *remedial approach* of primary prevention – detection, treatment, and control of existing blood pressure levels above optimum?

(2) What can be achieved through the *primordial approach* – population-wide prevention of excess blood pressure levels in the first place?

(3) What's the best *balance* in our long-range societal investment in these 2 approaches over the next 3 decades, to 2050?

I believe a deep and broad conversation about these 3 questions is an essential task, well within the coming 5 years, even while grappling with pandemic COVID-19. The outcome could be finally to overcome that other global pandemic, of major cardiovascular/cerebrovascular risk factors, especially hypertension.

EDUCATIONAL RESOURCES

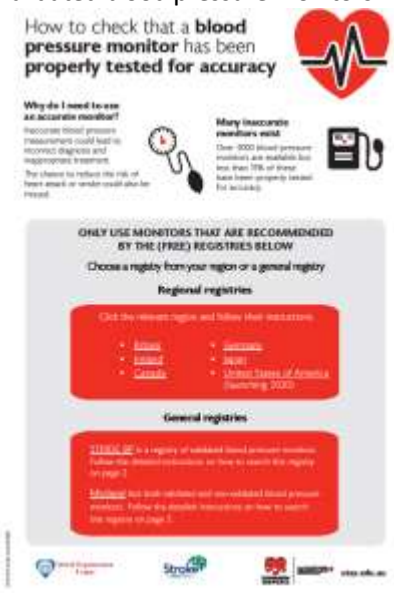
How to Check if a Blood Pressure Monitor has been Properly Tested for Accuracy

By Prof. James Sharman, WHL Envoy for the Lancet Commission on Hypertension

One of the key recommendations for accurate blood pressure measurement is ensuring that a validated monitor is used. This means that it has been rigorously tested for accuracy according to a standardized international protocol. If a monitor has not undergone such testing, it is more likely to be inaccurate and potentially lead to suboptimal medical care.

Unfortunately, many blood pressure monitors cleared for sale by regulatory authorities have not undergone rigorous validation testing. A recent market scan of monitors available for online purchase in Australia found there were 972 unique monitors, but only 7% were validated. This is probably a global issue because most of the non-validated devices were supplied by international e-commerce companies making worldwide deliveries.

In recognition of this problem, and the need to provide resources for consumers of blood pressure monitors, the WHL collaborated with investigators from the Lancet Commission on Hypertension Group to develop this tool for checking the validation status of blood pressure monitors. The tool is designed for use by the general public, health professionals and policy makers to promote the uptake and use of validated blood pressure monitors.



STRIDE BP: An International Activity in Support of Blood Pressure Measurement Accuracy

By Gianfranco Parati, MD, FESC, WHL Secretary General, Milan, Italy

Proper diagnosis and management of hypertension depend on the accuracy of blood pressure (BP) measurement. However, in spite of significant efforts by the medical community worldwide over several decades to achieve accurate BP measurement, limited awareness of guidelines, poor methodology and the use of inaccurate devices remain largely unresolved public health issues, which are often responsible for the misdiagnosis and mismanagement of hypertensive patients.

To overcome the negative effects of inaccurate BP measurement on the management of hypertension, STRIDE BP (www.stridebp.org), an international non-profit organization, was founded by international experts in BP measurement in 2018 to provide a forum for the dissemination of expert information to health care providers and the public on the accuracy of BP measuring devices, and the use of the most appropriate measurement technique.

STRIDE BP has been established within the context of the Hypertension Centre STRIDE-7 at the Athens University in Greece, a non-profit research and educational organization founded in 1992 by the European Economic Community STRIDE (Science and Technology for Regional Innovation and Development in Europe) program, and is governed by an Executive Management Board (including BP measurement experts such as George Stergiou, Eoin O'Brien, Martin Myers, Paolo Palatini and Gianfranco Parati) and a Scientific Advisory Board composed of 24 experts from 15 countries all of whom are acknowledged authorities in cardiovascular medicine, hypertension and BP measurement. STRIDE BP is affiliated with the European Society of Hypertension, the International Society of Hypertension and the World Hypertension League, which disseminate STRIDE BP initiatives on their respective websites.

STRIDE BP is committed to improving global BP measurement both by providing scientific guidance on BP measurement technology and devices, and by providing accredited online education on BP measurement methodology and practice tools for clinical use. At the present stage it provides recommendations on accurate devices for office, ambulatory and home blood pressure measurement in adults, children and during pregnancy. These validated devices are listed on the STRIDE BP website. Final aim of STRIDE-BP activities is to promote improvement of BP management and control globally, and this is done also in close cooperation with WHL.

Online Certification Course for Measuring Blood Pressure with an Automated Blood Pressure Device

By Norman Campbell CM, MD, DSc (hon) FRCPC
Professor Emeritus, the University of Calgary

Detection, diagnosis and treatment of hypertension require accurate blood pressure assessment. However, in clinical practice, lack of training in or nonadherence to measurement recommendations, lack of patient preparation, unsuitable environments where blood pressure is measured, and inaccurate and inappropriate equipment are widespread and commonly lead to inaccurate blood pressure readings. This has led to calls to require regular training and certification for people assessing blood pressure.

Hence, the Pan American Health Organization in collaboration with the World Hypertension League, Lancet Commission on Hypertension Group and Hypertension Canada has developed a free brief training and certification course in blood pressure measurement.

The release of the online certification course is timed to help support World Hypertension Day 2020 and will be available in English, Spanish, Portuguese, French and Chinese.

This year World Hypertension Day has been delayed to October 17 th due to the COVID-19 pandemic. **Stay tuned for the link to the course in the next newsletter.**

Million Hearts® releases its new Hypertension Control Change Package (HCCP)

The 2020 HCCP provides new tools and resources for hypertension management that outpatient clinical settings can implement as they seek optimal hypertension control. The HCCP highlights the work of 20 Hypertension Control Champions and features new sections on self-measured blood pressure (SMBP) monitoring and chronic kidney disease.

Check out the HCCP

NEW COMPREHENSIVE AHA HYPERTENSION GUIDE

American Heart Association Lifelong Learning announces an extensive curriculum for the management of clinical hypertension, available here.

REGIONAL NEWS

World Hypertension Action Group

By John Kenerson MD, FACC
Envoy for Global Faith-Based Hypertension Control Initiative; President, Co-founder Colleagues In Care; Director, World Hypertension Action Group (WHAG)

If you had a blank piece of paper, how would you design a system to address the hypertension needs of low-income communities differently? CIC/WHAG has taken the creative listening in dialogue approach, with important input from a wide spectrum of Faith-Based and secular low-revenue venues.

Knowledge sharing is of critical importance. A novel and innovative multi-level educational e-resource has been developed, starting with the volunteers and Community Health Workers basic level, but with the option to go in much more depth into the source reference documents. The first introductory series of seven modules including the essentials of situational analyses, BP screening and accurate measurement, and a very comprehensive education module on what we need to know and teach is being rolled out.

Blood Pressure Screening at original public health clinic in Baptiste, Haiti

Series Two on management, and Series Three on hypertension and advanced clinical conditions are both seven modules in electronic book form, and will be described in future newsletters.

Sub-Saharan Hypertension Screening Activities - SIREN

Community Based HTN Screening Activities Stroke Investigative Research and Education Network

By Ezinne Uvere

The SIREN team with collaborations from the United States of America (USA), has since its inception in 2013 remained resolute in translating its research findings to impact its surrounding communities in sub-Saharan Africa (SSA). With hypertension identified as the topmost risk factor to stroke, as evidenced by scientific publications and recently by one of its landmark papers [(1)], concerted efforts have been put in place to reduce the prevalence of hypertension among adults across African setting.

Under its Community Engagement initiative, the project provided free medical health including blood pressure screening for over 10,000 adults (>18 years) across 15 sites in Nigeria and Ghana respectively [(2)]. As part of advocacy efforts to get the buy-in of political stakeholders towards stroke prevention, the SIREN project in collaboration with the Translating Research Evidence into Policy and Practice (TREPP) Project, have continued to provide blood pressure screening for government legislators in Oyo state, Nigeria.

To mark World Stroke Day in 2019, the SIREN project in partnership with the Anambra State Government of Nigeria, provided blood pressure and other medical screening for over 1000 adults in Otuocha, Aguleri LGA of Anambra State [(3)]. Under its pilot projects – NUDGES – designed to demonstrate task-shifting feasibility, over thirty-five adults had free blood pressure screening, out of which seventeen (17) adults were empowered by the project with automated (Omron-branded) blood pressure monitors to encourage home monitoring of blood pressure [(4)]. Additionally, its SISS project successfully screened 160 adults – 80 adults at Ibarapa and Ibadan North LGA's respectively for hypertension.

Overall, these efforts have left a remarkable impact and imprint across these communities who are now more than ever, aware of the importance of early screening for stroke prevention. In continuum of these efforts, blood pressure and other health indices screening is still in force under its SIBS Genomics project with further expansion under its recently NIH awarded **A**frican **R**igorous **I**nnovative **S**troke **E**pidemiological **S**urveillance (ARISES) project covering urban and rural demographic surveillances sites in Nigeria with a population base of over 60,000 persons.

References:

Owolabi M. Sarfo F, Akinyemi R, Gebregziabher M, Akpa O, Akpalu A, Wahab K, Obiako R, Owolabi L, Ovbiagele B on behalf of SIREN Team as part of H3Africa Consortium. (2018). Dominant modifiable risk factors for stroke in Ghana and Nigeria (SIREN): a case-control study. *The Lancet Global Health, 2018 Apr;6(4):e436-e446.* https://www.ncbi.nlm.nih.gov/pubmed/29496511

Singh A, Jenkins C, Calys-Tagoe B, Arulogun OS, Sarfo S, Ovbiagele B, Akpalu A, Melikam S, Uvere E, Owolabi MO for the SIREN Team of Investigators (2017). Stroke Investigative Research and Education Network: Public Outreach and Engagement. *Journal of Community Med & Health Educ.,* 7:518 DOI: 10.4172/2161-0711.1000518. https://www.ncbi.nlm.nih.gov/pubmed/28868210

Wahab KW, Owolabi M, Akinyemi R, Jenkins C, Arulogun O, Akpa O, Gebregziabher M, Uvere E, Saulson R, Ovbiagele B. (2017). Short-term pilot feasibility study of a nurse-led intervention to improve blood pressure control after stroke in Nigeria. *J Neurol Sci.,* 377:116-120. *https://www.ncbi.nlm.nih.gov/pubmed/28477678*

https://www.pulse.ng/news/local/world-stroke-day-over-1000-screened-for-stroke-in-anambra/srbgpyn

IN MEMORIAM – Dr. Jacob Plange-Rhule

By Dr. Daniel T. Lackland, DrPH, FACE, FAHA

Professor Jacob Plange-Rhule, affectionately called P.K., was born in Winneba, Ghana on Saturday July 27, 1957, and received his education at the Kwame Nkrumah University of Science and Technology, obtaining a Bachelor of Science in Human Biology in 1981 and an MB ChB in 1984.

From 1987 to 1991, Professor Plange-Rhule studied at the University of Manchester in the United Kingdom and was awarded a PhD in Physiology. Soon after his study overseas, he returned home and was appointed a lecturer at the Department of Physiology, School of Medical Sciences, KNUST from 1992 to 2000. He became a Senior Lecturer and Associate Professor at the same department between 2000 to 2008. He taught Renal Physiology, Respiratory Physiology, Veterinary Medicine, and Gastrointestinal Physiology, among other courses. He also served as Head of Department at the School of Medical Sciences from October 2001 to September 2009, and also from 2011 to 2014.

Prof. Plange-Rhule served in various capacities in addition to Board of the WHL: He was the Vice-President, Ghana Medical Association, Member, National Task Force for Establishment of the Ghana College of Physicians and Surgeons; President of the Ghana Medical Association, Member, Ghana Aids Commission; Member of Ghana Prisons Service Council, Board of Trustees Ghana Medical Association Pension Fund; President, Ghana Kidney Association; Council of Ghana College of Physicians and Surgeons; Vice Rector, Ghana College of Physicians and Surgeons; Rector, Ghana College of Physicians and Surgeons. He was also a Fellow of the Royal College of Physicians, London; Fellow of the Ghana College of Physicians (FGCP), Ghana Postgraduate Medical College, Fellow of West African College of Physicians (FWACP) and of the West African Postgraduate Medical College. Internationally, Prof. Plange-Rhule was Advisor to the "Forum on Reducing Salt Intake in Populations", World Health Organization (WHO). He strongly supported the mission of the WHL and executed whatever was entrusted to him diligently.

Prof. Plange-Rhule passed away on April 10, 2020, in Accra, Ghana.

IN MEMORIAM - Dr. Norman Kaplan

See **full article** published in the *Journal of Hypertension* July 2020 issue and excerpts below.
By C. Venkata S. Ram, MD

A giant in the field of hypertension has departed.

The Guru, the Almanac, the Encyclopedia, and the Legend of hypertension – Dr. Norman M. Kaplan passed away on 5 April 2020 in Dallas, Texas, USA. He spent his entire professional career at the University of Texas Southwestern Medical School in Dallas, except for a year at the National Institutes of Health.

Norman's parents had a small grocery store in Dallas; and the son of a grocer went on to become a peerless global commander in the field of hypertension. A graduate of the University of Texas Southwestern Medical School in 1954, he trained at the same institution in Internal Medicine and Endocrinology. After a year of collaborative work at NIH with the renowned Dr Fred Bartter (of Bartter's syndrome), Norman joined the faculty of his alma mater, where he remained until 2015.

Norman's scientific contributions to the field of hypertension are extraordinary; although he lived for 90 calendar years, his impact on the field of hypertension will be felt for a long time. The majority of his contributions to the field of hypertension are well known and recorded. Therefore, I would like to draw attention and comment on some of his 'characteristic' but less widely publicized articles. Amazingly, he identified some of the precursors of aldosterone synthesis (Journal of Clinical

Investigation 1962; 41:715–724) and actually measured the aldosterone content of adrenal adenoma (Journal of Clinical Investigation 1967; 46:728–734). It is because of his insight that random sampling of urine for metanephrine to screen for pheochromocytoma became an acceptable substitute for the laborious 24-h urine collections (Archives of Internal Medicine 1977; 137:190–193).

It was he who further strengthened the Irvine Page 'Mosaic' theory of hypertension, by demonstrating persistent sympathetic activity in hypertension despite volume expansion and suppression of plasma renin activity (Annals of Internal Medicine 1970; 72:9–16). Norman was one of the earliest investigators to describe the metabolic syndrome (Archives of Internal Medicine 1989; 149:1514).

He was known for fearlessly and vigorously expressing his views on controversial topics without any hesitation. For example, he argued that it is the blood pressure, which is of paramount importance, not the level of plasma renin, and thus opposed measuring plasma renin activity for the selection of antihypertensive drugs in the classical commentary 'Renin profiles: the unfulfilled promises' (JAMA 1977; 288:611–613). He almost resolved the dilemma for the choice of diuretic in treatment by writing an eloquent commentary 'Chlorthalidone versus hydrochlorothiazide: a tale of tortoise and hare' (Hypertension 2011; 58:994–99).

To call Norman a prolific writer is an understatement; his numerous publications are literary gems in the modern medical literature. And of course, his famous book 'Clinical Hypertension' remains the most authoritative, beloved, and admired book in hypertension. Now in its 11th edition, it still remains number 1 and has been translated into 10 languages! The common thread throughout all his writings is – clarity, completeness, and scientific integrity.

Norman received countless honors from many countries in the world, too numerous to mention. Amongst his most prized honors were the Lifetime Achievement Award of the AHA – Council for High Blood Pressure Research and, ISH Stevo Julius Award for scientific communications and many, many more. He also served on several Joint National Committees for hypertension guidelines. A true humanist, Norman's enthusiasm, work ethics, loyalty, dependability, punctuality, and mannerisms were exemplary. He was an epitome of 'gentleness' and a shining example for the medical profession.

My first memory of Norman takes me back to 1975–1976 when I was a resident at Brown University, Providence, Rhode Island. I had to prepare for a noon conference on hypertension and read parts of Norman's book (the first edition). I needed to create a figure from his book and was unsure whether it was legal to copy something from a book without the author's permission. Nervously, I wrote a formal letter to Norman asking for his permission. Promptly, I received a handwritten reply 'sure and best wishes' with his signature! This simple gesture was the first and only step, which led to my association with him for over three decades. When I completed my Fellowship, he invited me to join him at the University of Texas South Western Medical School in 1977 and we worked together from then onwards.

I am blessed and fortunate to have worked with him for so many years. From him, I learnt the basics and advances in medical education, clinical research, and communication. In every study I did, Norman's input and footprints were of immense value. My career advanced with his advice and guidance. Norman had a creative capacity to guide his colleagues and staff in the right direction. Each of us followed the pathways drawn by Norman to fit our individual abilities. And we still continue to stay the course!

Good-bye, Norman. Rest in peace. Your legacy lives on.

CONNECTIONS OF NOTE

LINKS A global community for cardiovascular health

For more information, please go to **this link.**

2019 WHO Essential Medicines List (EML) for Hypertension Combination Therapy: Click here

NCD Alliance Newsletter click here

World Stroke Organization (WSO) Current Newsletter Click here

Int'l. Society of Hypertension (ISH) Current Newsletter, Click here

SCIENCE OF SALT WEEKLY – Publication of weekly Medline searches related to dietary sodium, **Click here**

KNOWLEDGE ACTION PORTAL (KAP) WHO's platform for NCD info, **Click here**

RESOLVE TO SAVE LIVES 90-second primer on HTN treatment protocols **click here;** 90-second primer on digital BP monitors: **click here**

ICCPR newly released policy statement on how to promote greater utilization of cardiac rehab: **click here**

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 in official relations with both the International Society of Hypertension (ISH), and the World Health Organization (WHO).

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The WHL Newsletter is published quarterly by the World Hypertension League (ISSN 2077-7434).

Calendar of Events

5th Global Summit on Circulatory Health
October 13-15, 2020
Washington DC
click here

AHA Hypertension Scientific Sessions
September 10-13, 2020
New Orleans, LA
click here

Canadian Hypertension Congress
September 24-26, 2020
Montreal, Quebec, Canada
click here

National Forum for Heart Disease and Stroke Prevention
October 15, 2020
click here

PreHT Conference 2020
October 15-18, 2020
Vilnius, Lithuania
click here

World Health Summit
October 25-27, 2020
Berlin, Germany
click here

ESO-WSO Joint Stroke Conference 2020
November 7-9, 2020
click here