

WHL • NEWSLETTER

News from the World Hypertension League (WHL)
In Official Relations with the International Society of Hypertension and the
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Note from the Editor



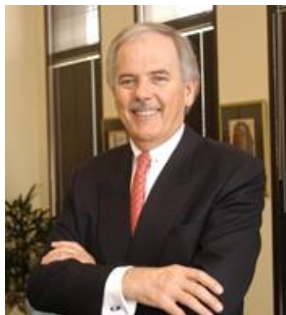
Dr. Daniel T. Lackland

With this last issue of the **Newsletter** for the year, it is a great pleasure to showcase the global accomplishments from the WHL family. The words from the WHL Excellence Awardees inspire the continuation of global hypertension control efforts. The Hypertension on the

Ground section includes the impact of Colleagues in Care and the COSEHQ Program. As well, the influence of the many activities from the member societies and partners show the upward trajectory for success. Most important, we look forward to your participation in the World Hypertension Congress in Chennai, India, in person or virtually. As well – please continue plans for the Children’s Art Program and nominations for the WHL Excellence awards. And most important, wishing a wonderful Season of Peace for you and yours from the **WHL Newsletter**.

Dan WHL Newsletter Editor-in-Chief

President’s Column



Dr. Paul K. Whelton

Dear Colleagues,
Our World Hypertension Congress is fast approaching and I am looking forward to seeing you in Chennai. If you have not done so already, please register as soon as possible. Of course, it would be best if you could participate

in person but if that’s not possible, please join us virtually. Since my last note, I had the pleasure of participating in the International Society of Hypertension (ISH) meeting in Cartagena, the World Stroke Organization (WSO) meeting in Abu Dhabi, and Hypertension Australia in Sydney. All three meetings were superb and provided a wonderful opportunity to renew friendships. Reports from the ISH and WSO meetings are provided elsewhere in the Newsletter. Congratulations to our WHL Treasurer, Professor Schlaich, who is concurrently President of Hypertension Australia. He and his colleagues organized an excellent three-day scientific and social program in Sydney. Professor Schlaich was also a wonderful host during a subsequent visit to Perth and the Royal Perth Hospital. This month, I will participate in the French Society of Hypertension 44th Arterial Hypertension Congress in Paris.

I recently led a systematic review and meta-analysis that explored the value of targeting a systolic blood pressure (SBP) of <130 mm Hg and 120 mm Hg during antihypertensive therapy (Hypertension. 2024;81:2329-2339). The evidence for targeting an SBP of <130 mm Hg versus ≥130 mm Hg was strong, with significant reductions in both major adverse cardiovascular events (MACE) and all-cause mortality. In addition, adverse treatment effects were infrequent. There was also evidence for the

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benefit of targeting an SBP of 120 mm Hg versus 140 mm Hg. This was based on data from only four trials, albeit the overall sample size was 26,882. Subsequent to the publication of our meta-analysis, an additional trial conducted in 12,821 Chinese adults with hypertension and diabetes mellitus reported 21% fewer CVD events in those who were randomized to an SBP target of 120 mm Hg versus 140 mm Hg (Bi Y et al. *New Engl J Med.* 2024. DOI: 10.1056/NEJMoa2412006). Two additional large, event-based trials of randomizing to an SBP of <120 mm Hg versus <140 mm Hg are being conducted in Brazilian adults with hypertension and diabetes, and hypertension and prior stroke. Results from these two trials are eagerly awaited. For now, clinical trials and meta-analyses provide strong support for the “lower BP is better” approach during antihypertensive treatment, with the caveats that 1) the incremental (absolute) benefits of additional BP lowering gradually diminish as lower BPs are attained, 2) achieving high rates of control (e.g. 80-90%) for any definition of hypertension requires achieving a mean BP much lower than the average published in clinical trial reports (an SBP close to 120 mm Hg is required for about 90% control to an SBP <140 mm Hg), 3) clinician judgement is warranted, especially in the care of those with more complicated hypertension.

Currently, hypertension control rates are very unsatisfactory worldwide. During our upcoming World Hypertension Congress in Chennai, updated global estimates for hypertension prevalence and control will be presented and there will be a strong focus on implementation experience aimed at achieving much better control rates. Elsewhere in this Newsletter you will see a report on the use of a newly formulated low-dose single pill triple therapy agent. It looks very promising as one of the potential approaches to improving high BP control rates. These new reports remind me of the “Back to the Future” movie – the classical Veterans Cooperative Study Group 1967 and 1970 antihypertensive drug treatment trial reports were based on use of a triple-therapy combination, consisting of hydrochlorothiazide, reserpine, and hydralazine!

However you celebrate the holidays, I wish you a joyous and restful time with family and friends. Likewise, I wish you good health and success in the New Year. I am very grateful to all of you for your

ongoing efforts to prevent and control high BP. Special appreciation goes to my colleagues in the WHL leadership team. It is a special honor and privilege to work with you and to constantly learn along the way.

Paul

WHL President

WORLD HYPERTENSION CONGRESS



6th World Hypertension Congress

March 7-9, 2025, Chennai, India

“Controlling Hypertension Together”

We hope you can attend our upcoming WHC2025 in Chennai, either in-person or online. **You can register via this link.** **Late Breaking Abstracts are now being accepted for submission [here](#).**

Our expectation is that we will have an outstanding, world-class Congress which will focus especially on WHL mission areas: BP diagnosis/control and BP-related population health in middle- and low-income countries. The main program includes presentations and State of the Art talks by international leading experts, as well as a three-day Scientific Writing Workshop, Abstract sessions, and Awards session. **The WHC2025 will be a landmark meeting that you should not miss!**

HIGHLIGHTS:

- **Faculty includes leading hypertension experts (>40 international faculty)**
- **President’s address and Keynote addresses**
 - Dr. Paul Whelton (HTN: the way forward)
 - Dr. Anthony Rodgers (Novel approaches to control HTN)
 - Dr. Daichi Shimbo (Role of AI in high BP)

- **Special guest lectures, including**
 - Dr. Tom Frieden, Pres./CEO RTSL, former Director, US CDC (HTN: Next big success)
 - Dr. Katherine Mills, Tulane University (HTN: Global control/disparities)
- **Main Scientific Sessions (including joint sessions with ISH, WHF, WSO, KDIGO and InSH):**
 - BP measurement • Guidelines
 - Dissemination and Implementation
 - Global Hypertension Control - HEARTS
 - BP and Heart Diseases • BP and Stroke
 - BP & Kidney Diseases •Renal Nerve Denervation
 - High BP in India

SEASONS GREETINGS



2024 WHL EXCELLENCE AWARDEES

Priorities in the Prevention and Management of Hypertension

Submitted by Dr. Dolores D. Bonzon, President, Philippine Society of Hypertension (PSH) 2023-2025

The prevention and management of hypertension require a multifaceted approach that addresses lifestyle changes, medical treatment, and regular monitoring. Similar to the global trend, almost half of hypertensive Filipinos are still not aware of their condition, and only 27 % have it under control. The prevalence of hypertension has steadily increased from 22% in 1993 to 25.15% in 2013. The 2020 Philippine Society for Hypertension clinical practice guideline defines hypertension as an office BP of 140/90 mm Hg or above following the proper standard BP measurement.

With its mission to reduce the prevalence, risks, and complications of hypertension through multi disciplinary action, PSH raises hypertension and

cardiovascular health awareness through educational campaigns and programs that align with the WHO's goals of promoting health literacy and self-management of hypertension. Through its various activities like the Specialist Course on the Clinical Practice of Hypertension, Hypertension Bootcamp, Healthy Hearts Project with the Department of Health and WHO, annual conventions and conferences, advocacy activities such as May Measure Month, and collaboration with government agencies, NGOs, and other organizations, PSH aims to provide effective hypertension management to reduce the burden of this condition in the Philippines.



PSH Activity - Hypertension Specialist Course

JOURNAL OF HUMAN HYPERTENSION (JHH) SPOTLIGHT

Poor sleep in adolescents and the risk of hypertension; is it time for a societal intervention? Submitted by Dr. Anthony Bain, Associate Editor of JHH.



The recommendation of proper sleep for cardiovascular, metabolic and mental health is grounded in countless mechanistic, case-controlled, and epidemiological studies. Indeed, as of 2022, adequate sleep is now included in the

American Heart Association's Life's Essential 8 factors for optimal brain and heart health. Despite this, the prevalence of insufficient sleep, defined as less than 7 hours per night in adults, and less than 8 hours per night in adolescents, continues to rise. While geographical and societal differences exist, most reports estimate that approximately 40% of

adults sleep less than 7 hours per night, and over 60% of adolescents sleep less than the minimum 8 hours of sleep per night.

This latter statistic in adolescents is particularly concerning as it may underscore a sequela of cardiovascular and metabolic dysfunctions into adulthood. The link between short sleep and hypertension in adolescents was recently highlighted in Choi et al, “Adolescent obesity and short sleep duration as independent risk factors for hypertension: a population-based cohort study” (JHH, August, 2024). In this study, the authors compared 1,272 adolescent participants split into four groups based on sleep duration and body mass index (BMI): 1) normal sleep with normal BMI, 2) short sleep with normal BMI, 3) normal sleep with elevated BMI, and 4) short sleep with elevated BMI. Using the normal sleep with normal BMI group as reference, the authors reported that adolescents classified as short sleep with elevated BMI had the greatest odds of developing hypertension, specifically 6.57 times higher compared to the reference group. The increased odds of hypertension in the short sleep with elevated BMI group persisted even when adjusting for other known risk factors including smoking, alcohol consumption, sedentary time, and dyslipidemia.

This study highlights a major public health concern – that is the growing prevalence of insufficient sleep in adolescents. While there is still a need for nuanced mechanistic research relating to understanding the synergistic effects of short sleep with other cardiovascular risk factors (e.g. obesity), it is likely now time to shift focus on more interventional based studies for improving sleep. These interventions may be societal in nature. That is, in adolescents, the circadian rhythm appears to shift to a 25-hour clock, meaning the propensity to stay up late (becoming a night owl) is part of the adolescent biology. While conditioning proper sleep hygiene, for example avoiding screen time late at night, is certainly important, perhaps an easier strategy is to also just let teenagers sleep in.

HOT LINE SESSION AT ESC CONGRESS



George Medicines demonstrates potential of novel, low-dose, triple combination pill to transform management of hypertension

- ***Results from two Phase III trials testing multi-mechanism, triple combination of existing best-in-class medicines in novel low and ultra-low dose pills***
- ***Combination pill significantly reduced blood pressure and improved control rates vs dual therapy or placebo, with good tolerability and no increase in adverse event withdrawals***
- ***Results also presented from first trial in Africa evaluating a low-dose triple combination pill as initial or early therapy for hypertension, with GMRx2 superior to standard care protocol and achieving over 80% BP control from 1 month to end of follow-up***

George Medicines, a late-stage, biopharmaceutical company addressing significant unmet need in the treatment of cardiometabolic disease announced the presentation of results from its two pivotal Phase III trials at a Hot Line session of the European Society of Cardiology (ESC) Annual Meeting in London.

The trials tested GMRx2, George Medicines’ novel, multi-mechanism triple combination candidate for the treatment of hypertension (high blood pressure), including initiation of treatment. GMRx2 contains best-in-class medicines, telmisartan, amlodipine and indapamide, in proprietary, triple quarter-dose (ultra-low dose), triple half-dose (low-dose) and triple standard-dose options.

Globally, most people treated for hypertension do not achieve sustained blood pressure (BP) control, primarily due to continued use of low efficacy regimens such as monotherapy. Currently available triple combinations are only available for patients who are still not achieving adequate BP control following treatment with the three separate medicines or two of the components. While trials of low-dose combinations had shown considerable

promise for initial and early treatment, these were all with “research-only” formulations which were not available to patients long-term. GMRx2 has been developed to meet this need.

GMRx2 vs dual combinations

In the first Phase III trial, among patients in Australia, Czech Republic, New Zealand, Poland, Sri Lanka, UK and the US, GMRx2, standard- and half-dose forms were tested against dual combinations of its component drugs. The trial’s primary efficacy outcome was the difference between GMRx2 and its comparators in home-measured BP change from randomization to week 12. The trial met all primary safety and efficacy endpoints:

- GMRx2 was more effective than dual therapy, significantly reducing both home- and clinic-measured BP and improving BP control rates, with both standard- and half-dose forms.
- The primary outcome was superiority of GMRx2 vs each of the three dual combinations for home systolic blood pressure reduction and each endpoint was met ($p < 0.0001$).
- GMRx2 half-dose achieved 63% clinic BP control $< 140/90$ mmHg, which rose to 74% at the end of follow-up on GMRx2 standard-dose – superior to all three dual combinations at standard-dose (53-61%).
- Tolerability was good, with no increase in withdrawal from treatment due to adverse events.

The head-to-head trial provided the first large scale comparison of a low- and standard-dose triple combination pill and its dual combinations at the same doses. It assessed the safety and efficacy of the triple combination among patients with starting blood pressure levels that were considerably lower than those in previous trials and, as such, is highly relevant to recent guideline recommendations for lower blood pressure targets.

GMRx2 vs placebo

A second Phase III trial, conducted in Australia, Nigeria, Sri Lanka, UK and the US, compared half- and quarter-doses of GMRx2 against a placebo pill, examining the difference between GMRx2 and placebo in home-measured BP change from randomization to week 4. In that trial GMRx2

significantly improved home- and clinic-measured BP and control rates, in both half- and quarter-doses. Again, tolerability was good, with no increase in withdrawal from treatment due to adverse events.

Presenting at the ESC Congress, Professor Anthony Rodgers, Chief Medical Officer of George Medicines and Professorial Fellow at The George Institute for Global Health, said:

“The clinical and public health significance of these findings is considerable, given the continuing global disease burden of hypertension. Control rates are suboptimal in all countries, even where access and affordability are not major factors, principally due to continued use of low-efficacy regimens. With evidence increasingly showing the value of lower blood pressure targets, the potential of an effective, low-dose, triple combination with a good safety profile for the early treatment of hypertension should not be underestimated.”

Chair of the trials’ steering committee, Dr. Paul Whelton, Show Chwan Chair of Global Public Health at Tulane University, New Orleans, Louisiana, and WHL President, said: *“These clinical trial results confirm GMRx2 as a novel antihypertensive therapy that could substantially improve hypertension control rates, worldwide.”*

GMRx2 for hypertension in Africa

The potential of GMRx2 in Africa was also demonstrated at the ESC Congress with results shared from a recently completed clinical trial in hospital-based family medicine clinics in Nigeria, the first trial to evaluate a low-dose triple combination pill as initial or early therapy for hypertension in Africa. Led by Professor Dike Ojji at University of Abuja and Dr. Abdul Salam from the George Institute India, the VERONICA (deliVERy of Optimal blood pressure coNtrol in africa) trial, recruited black African adults with uncontrolled hypertension, who were either untreated or already receiving a single BP-lowering drug. The trial compared GMRx2-based treatment protocol with existing, standard care protocol for six months.

The trial’s primary effectiveness outcome was home-measured BP from randomization to month 6 and the primary safety outcome was

discontinuation of trial treatment due to an adverse event. The trial demonstrated:

- Clinically and statistically significant improvements in efficacy with GMRx2 – reductions in home- and clinic-measured BP from randomization to month 6.
- Over 80% BP control achieved at month 1 and maintained throughout follow-up – control rates were superior at all timepoints, even though by 6 months 70% BP control had been achieved in the comparator group, which was a high standard of care and at least as good as that seen in most high-income settings.
- None of the patients withdrew from the trial due to adverse events; tolerability was good with only hypokalaemia observed, mostly mild.

The trial was funded by the National Health and Medical Research Council of Australia, supported by The George Institute for Global Health and medicine was supplied by George Medicines.

Mark Mallon, Chief Executive Officer of George Medicines, said: “These comprehensive data underscore the science behind GMRx2 and reinforce its potential to transform the management of hypertension. GMRx2’s multi-mechanism approach delivers the synergistic efficacy benefits of a triple therapy while maintaining tolerability, and in a single pill that can be expected to improve patient adherence. Subject to its review by regulators, GMRx2 would be the first medicine approved for the initial treatment of hypertension for over a decade, and could deliver profound results for patients globally, including in low- and middle-income countries whose populations carry a significant hypertension burden.”

[Click here](#) for full article and references. For more information about George Medicines, please visit www.george-medicines.com.

HYPERTENSION ON THE GROUND

Cumulus Lift Series on Hypertension



Colleagues In Care

Submitted by John Kenerson MD, FACC

Years ago, I was honored when WHL Past-President Dan Lackland asked me to be WHL envoy for the medical mission Faith Based Organization (FBO) global hypertension initiative. You might appropriately ask, what the heck does that mean? At the time it meant that by virtue of working for years serving in Haiti in a prototypical low resource living laboratory setting with our [Colleagues In Care \(CIC\)](#) NGO, we knew the challenges of serving the unique needs of the destitute poor, with a focus on hypertension and maternal care. In an article about Hypertension in Haiti, we introduced the concept of Best Possible Practice (BPP) as the marriage of evidence and reality-based medicine and the need to serve as a bridge between those who know the most and those who need the most.

With maturation as a cardiologist and Ob Gyn with interest in women and hypertension globally and specifically maternal mortality, including hypertensive disorders of pregnancy and preeclampsia in low resource communities, we at CIC have appreciated the need to move beyond those we may serve individually to those who serve the most as the third crucial factor. This means that we must accept the reality that when we speak of the overlap of the “bottom billion” socioeconomically there is substantial overlap with the 1.5 billion projected hypertension population, so we need a new strategy beyond assuming a passive “trickle down” of appropriate provider, educational, and other medical resources down the gradient of inequality. The reality is that what is there as resources in these communities are volunteers and medical missions, whether small NGO or FBO, dedicated in service to the poor. We do not adequately take advantage of those resources and must develop

appropriate tools to support their efforts and a more active “bubble up” approach.

Ok, but how the heck might we do that? CIC has developed the **six-part Cumulus Lift Series on global hypertension** for all low resource communities (not only LMIC). Like a cumulus cloud, how high you rise depends on the energy infused into the system, and there are no thermal inversions to limit growth into the flat stratus cloud we are all familiar with. Rather than recycling water, it is a system to circulate knowledge. Our challenge was to write a little for a lot of people, a lot for a few people, or be crazy and do both. We have done both, and now with an exceptionally large compendium of knowledge, we are developing access pathways and addressing how to best get the information to where it is most needed. Rather than splitting things up with opportunities for publication as a book, the comprehensive series will be available soon [here](#).

Access will be via Table of Contents (TOC) links with review of parts, modules, and sections to follow. There are also extremely exciting developmental opportunities for AI which we will be sharing in WHL newsletter installments to follow. Hopefully, we will transition from what the heck to that’s what!



Submitted by Debra Simmons, Dr. David G. Carmouche, MD, Dr. Michael A. Moore MD

After 30 successful years, The Consortium for Southeast Healthcare Quality (COSEHQ), formerly known as The Consortium for Southeastern Hypertension Control (COSEHC), is terminating its operations.

Under the leadership of its co-founders Drs. Carlos Ferrario and Michael A. Moore, COSEHQ was incorporated in 1994 as a nonprofit professional healthcare organization dedicated to integrating basic, clinical, and population science with practicing clinicians and health systems. With a mission *to eliminate vascular*

disease in all people, COSEHQ, joined by many basic scientists, physicians, and allied healthcare professional colleagues, intervened early to promote the prevention and mitigation of cardiovascular (CV) disease through the effective management of modifiable risk factors.

COSEHQ’s influential impact included:

- Direct provider-to-provider onsite and virtual continuous medical education programming (CME) inclusive of validating physicians’ data-driven performance improvement outcomes.
- Collecting, measuring, and tracking population-based clinical measures and presenting feedback to providers on improvement opportunities.
- Sustaining a network of engaged community practices, “Centers of Excellence”, that offered real-world evidence and were leaders in their communities on cardiovascular health.

COSEHQ’s notable work also included a developed and validated clinical performance improvement model (AT GOAL)¹, which when implemented by thousands of physicians and many healthcare systems resulted in performance achievement of top-tier clinical benchmarks. The model engaged providers by using their patient population data to assess performance. Implemented practice-based improvement plans focused on education, ongoing performance assessments, and internal practice strategies to close care gaps. Participating physicians credited their improvements to seeing their performance data and to the direct peer-to-peer interaction that they had with COSEHQ thought leaders.

The AT GOAL model was also scaled beyond the Southeast with an awarded Centers for Medicare and Medicaid Services (CMS) cooperative agreement (2015-2019). Through the implementation of practice transformation strategies and the AT GOAL model, COSEHQ exceeded the target goals for improving care delivery for over 4,000 providers.²

To eliminate CV disease in all people will require much more than any one organization like COSEHQ could possibly achieve; much more is

needed. COSEHQ's validated AT GOAL model can be helpful in these efforts and should be considered for all who join COSEHQ in its vision of eliminating CV disease in all people.

1 Losby JL, et al, Value of a facilitated quality improvement initiative on cardiovascular disease risk: findings from an evaluation of the **Aggressively Treating Global Cardiometabolic Risk Factors to Reduce Cardiovascular Events (AT GOAL)**. *Journal of Evaluation in Clinical Practice* 21 (2015) 963–970, 2015 doi:10.1111/jep.12416 ISSN 1365-2753

2 Simmons D, et al, COSEHQ's Data-driven Quality Improvement Model Improves Clinical Care and Reduces Costs *New Eng J Med Catalyst*. Vol. 2 No. 11 | November 2021 DOI: 10.1056/CAT.21.0203

MEMBER ACTIVITIES

BRAZIL

ONDA Alliance: Less Pressure, More Action

A taskforce started by the Brazilian Hypertension Society to overcome arterial hypertension in Brazil



Submitted by Mario Fritsch Neves, Professor of Internal Medicine, State University of Rio de Janeiro, Clinic of Hypertension and Associated Metabolic Disease

The Brazilian Society of Hypertension launched in its 32nd Annual Congress opening ceremony a six-year Project: ONDA Alliance: “Less Pressure, More Action!”, aiming to achieve a control rate of 70% among hypertensive subjects by 2030. This Alliance intends to involve public and private partnerships, to get a significant control rate and not only decrease the morbimortality related to uncontrolled high blood pressure but also to reduce absenteeism and costs in private and public health systems. The major pillars of this project involving digital technology are:

Expand information and knowledge, seeking to raise awareness in all segments of society, supported by participant organizations, and provide qualified and robust information.

Raising awareness about prevention, by supporting participant organizations with initiatives to improve awareness and health monitoring of employees to contribute to disease prevention and patient treatment.

Promote patients' engagement, encouraging treatment adherence, through digital tools.

Engaging healthcare professionals, who will be in charge of coordinating care for hypertensive patients, with training activities, encouraging studies, and guidance.

Planned initiatives include:

- Launch of an information hub
- Awareness campaign
- Engagement events
- Involvement of healthcare professionals
- Encouragement of healthy habits



Healthcare professionals were trained by the Brazilian Society of Hypertension in August 2024.

PAKISTAN

Prevent High BP at the Community Level by Simple Means: A Message to the Public

Submitted by Prof Mohammad Ishaq; Founder and Patron, Pakistan Hypertension League



High BP is the most common chronic illness worldwide. The prevalence of hypertension in our region (South Asia) is highest in the world, reaching to epidemic proportions. Hypertension has no single cause, but has several risk

factors. About 20 million deaths occur each year due to hypertension, the majority in the developing world. Hence it is very important to reduce BP to avoid these catastrophic outcomes. Hypertension affects all ages over 15 and the prevalence of hypertension rises with age; at age 60 years more than 60% of people are hypertensive. Treatment of hypertension entails lifelong drugs and other measures, therefore at the community level the answer to this gigantic health problem is in prevention. A 10 mm hg reduction in BP results in

17% reduction in heart attacks, 27% in strokes, 28% reduction in heart failure and 13% reduction in overall mortality. Among the risk factors in the Pakistani community other than hereditary and genetic are: physical inactivity, high dietary salt, tobacco use and ghee consumption. We suggest simple measures to be adopted at an early age:

- Physical activity, simply walking at a good pace is the most practical exercise. Other modalities like jogging, cycling and swimming also result in lowering BP. It is said that 30-40 minutes of physical activity 5 days a week ensures physical fitness. Every person must see what is practical according to age, occupation and available facilities.
- Weight reduction. Each addition of a Kg in weight increases the chances of hypertension. On the other hand, losing each Kg in weight reduces BP. Weight reduction should be achieved gradually by a combination of exercise and diet. Obesity is fast growing in our society due to fast food; children are specially affected by out of household foods.
- Obesity is also associated with sleep disorders like sleep apnoea. Keep a watch on your waist size, as carrying too much weight around the abdomen is a risk factor. For the South Asian population the recommended waist size is <35.4 inches (90 cm) for men & < 31.5 inches (80cm) for women.
- Eat a healthy diet. This includes whole grain, leafy vegetables, fruits, low fat dairy products and use of vegetable oil instead of ghee. The dietary approach to stop hypertension (DASH Diet) is based on a high potassium and low sodium diet. Fruits are a rich source of potassium, and we in Pakistan are lucky to have a variety of fruits year round.
- Reduce dietary salt. Salt intake is linked with hypertension, and our diet is rich in salt. The daily recommendation is 2.3 grams per day while an average Pakistani consumes more than two and a half times the recommended quantity. No table salt, less use of processed food, sauces, pickles and chutneys can be very helpful. Our snacks like pakora, samosa, and chats are very rich in salt.
- Stop smoking and any use of tobacco. Tobacco in all forms of consumption is a major risk factor for hypertension. Unfortunately, tobacco use is on the rise in our young and poor population.

- Ensure sound sleep of at least 6 hours a day. Daytime naps should not be more than 30 minutes so that nighttime sleep is not affected.
- Reduce stress. Long term emotional stress is associated with hypertension. One must devise ways and means to reduce stress according to one's circumstances. Our religion has recommended various rituals and acts to overcome stress.
- Monitoring BP periodically, particularly if you have risk factors and family history. Once diagnosed, adhere to above measures and take medicines if needed.

By adopting these simple measures, we can reduce the ever-rising burden of hypertension in Pakistan. This goal can only be achieved by integrated efforts of health planners, the medical profession and the media. The media is perhaps the most important and effective tool to create awareness and propagate the need for lifestyle changes.

Nigeria

The Michael and Francisca Foundation

The Michael and Francisca Foundation marked this year's Christmas celebration in a truly special way by organizing a Christmas party for stroke survivors. In the spirit of the season, the Foundation provided a token monetary gift to all attendees as a gesture of love and support during these challenging times.



Recognizing the economic difficulties faced by many in our country, the Foundation aimed to spread joy and bring some relief to the survivors and their families. While attendance at the party was limited to a selected group of survivors due to logistical considerations, the Foundation ensured that those who could not be present also received a token to share in the Christmas cheer. The stroke survivors expressed their heartfelt gratitude to the Foundation and to all the generous individuals and

organizations who contributed to making this event a success. Their donations brought smiles and hope to a community that faces many challenges but continues to strive for resilience and recovery. The celebration was not only a time for giving but also an opportunity for survivors to connect, share their experiences, and feel a sense of belonging. The Michael and Francisca Foundation remains committed to supporting stroke survivors and their families, spreading hope, and fostering a community of care during the festive season and beyond.

Scientific Writer's Corner



In 2024, the U.S. CDC collaborated with the WHL and TEPHINET to host 11 webinars, including three series, as part of professional development for Field Epidemiology Training Programs (FETPs). The esteemed WHL faculty—Professors Daniel T. Lackland, Michael A. Weber, and Paul K. Whelton—led all webinars and reached over 10,950 participants from 159 countries, averaging 996 per session.

From January to June, a six-part series on research methodology engaged 6,074 participants from 151 countries; 300 received a certificate of participation for attending all six parts. A second three-part series on interpreting study findings ran from July through September with 2,954 participants from 125 countries; 441 received a certificate of completion for full attendance. A final two-part series in October on critiquing published articles drew 1,926 attendees from 129 countries.

The strong engagement across all series demonstrated a significant interest in the topics discussed. Due to high demand during the first series, the CDC shifted to a different platform to increase capacity after the first session reached its 1000-participant limit. To address all participant questions, Professor Lackland provided written responses as a Q&A document following each session. Interactive poll questions were part of every session to enhance participant engagement

and interaction. Recordings of all three series and Q&A documents are posted on the [WHL webpage](#). A brief story on the 6-part webinar series and links to all 47 webinars conducted since December 2021 can be found on the [TEPHINET webpage](#).

NEWS FROM OUR PARTNERS



Updated DHIS2 for hypertension and diabetes programs - v2

An updated DHIS [hypertension/diabetes program](#) (v2) and DHIS2 Android app ([v3.0](#)) are now available. These upgrades mean DHIS2 is optimized for use in busy primary care facilities managing thousands of patients with hypertension and diabetes, is quick and simple enough to record individual patient data during clinical care, and records only the data you need to treat patients effectively and monitor outcomes. Program managers can use the dashboard to monitor WHO HEARTS indicators for large-scale non-communicable disease (NCD) programs. Test out the DHIS2 hypertension and diabetes program [here](#). Download the DHIS2 hypertension/diabetes program [here](#). Read the DHIS2 hypertension/diabetes fact sheet [here](#).

Quality improvement approach shows promising results in Sri Lanka

Over the past two years, several countries have adopted the HEARTS Quality Improvement approach to rapid data feedback for program improvement. Sri Lanka's quality improvement program, which launched in three pilot facilities in 2022, is an example of how real-time program data can improve quality. Data collected through that program revealed high rates of uncontrolled blood pressure. Analysis revealed treatment inertia—when physicians hesitate to intensify treatment when high blood pressure persists—as a primary reason for low blood pressure control rates. To address this, Sri Lanka implemented several interventions including physician training, quarterly

reviews of medication titration data, patient medication reminders, and ensuring a steady drug supply. Between Dec 2022 and Dec 2023, medication titration increased to over 50%, and blood pressure control improved from 50% to 68%. The program earned the 2023 Resolve to Save Lives Quality Improvement Achievement Award.

New global guide for healthier public foods

Governments and policymakers can follow this [new guide](#) developed by Nutrition experts at Resolve to Save Lives to ensure food and beverages purchased, served and/or sold in government settings such as schools, public hospitals, childcare or child development facilities, correctional facilities, and government workplaces are healthy and low in sodium.

Colombia joins global effort to eliminate harmful trans fat from the food supply

Colombia's new policy protects 52 million people from the dangers of trans fat, a toxic food additive that claims hundreds of thousands of lives globally each year. RTSL proudly partners with PAHO to support this important work. Learn more about the [global movement to eliminate trans fat from the food supply](#). Or, use the RTSL [trans fat elimination communications toolkit](#) to advocate for change in your country.

Blood pressure measures done right

A [new randomized clinical trial](#) supported by RTSL shows that commonly used arm positions (lap or side) result in substantially higher blood pressure readings which can lead to false diagnoses and over-treatment. To measure blood pressures accurately, the arm should be supported at heart level. The authors call for clinical guidelines to include this new evidence-based knowledge.



National Hypertension Control Initiative

The American Heart Association (AHA) has completed the three-year National Hypertension Control Initiative (NHCI), focused on improving blood pressure (BP) control, particularly among disproportionately affected populations in the

United States. Supported by the Department of Health and Human Services (HHS) through the Health Resources Services Administration (HRSA) and the Office of Minority Health (OMH), 350 Community Health Centers (CHCs) with BP control rates less than 58.9% received funding and training to implement systematic, multi-sector, culturally appropriate and evidence-based interventions, including Self-Measured Blood Pressure (SMBP) monitoring, to improve BP control.

NHCI supported CHCs in improving BP control through a core educational curriculum, individual and group training and technical assistance, and related resources. NHCI engaged communities by partnering with community-based organizations, promoting community-clinical linkages, supporting learning collaboratives, and educating community health workers. The proportion of CHCs with BP control rates greater than 60% increased from 21% in 2021 to 56% in 2023.

Year 1: Lay a Foundation

- Strengthen hypertension knowledge and skills
- Provide practice tools and resources
- Promote systematic protocols and processes
- Offer technology guidance

Year 2: Scale

- Deepen hypertension knowledge and skills
- Provide more 1:1 support
- Share learnings
- Begin evaluating success

Year 3: Refine & Realize Results

- Share learnings
- Evaluate successes
- Sustain process and outcome improvements
- Address unique challenges



The National Forum's 2024 Annual Meeting sessions are now available to [watch on-demand](#).

National Forum Receives NHCR Hypertension Hero Award

The National Hypertension Control Roundtable (NHCR) named the National Forum for Heart Disease and Stroke Prevention as an inaugural recipient of its Sal Lucido Hypertension Hero

Award. This award recognizes the National Forum's Move with the Mayor® (MWTM) initiative for its work to improve equity in hypertension (high blood pressure) management, especially in underserved and rural communities.

Over the last decade, MWTM has engaged more than 200 mayors across the country to implement programs, policies, and environmental changes, empowering residents to prevent or control high blood pressure. The program fosters healthier, more active communities and supports mayors as they lead local efforts to address cardiovascular health disparities.

The National Forum's partnerships with organizations such as the US Conference of Mayors, the African American Mayors Association, and the Forum for Community Leaders allow MWTM to reach communities disproportionately affected by high blood pressure.



"We are honored to receive the NHCR Hypertension Hero Award," said John M. Clymer, executive director of the National Forum. "Move with the Mayor® shows the profound impact that local leadership can have on community members' health.

Mayors are uniquely positioned to inspire change, build trust, and collaborate with diverse sectors to make lasting improvements in hypertension control and fair opportunities to attain health."

MWTM provides a scalable model for cross-sector collaboration. Local leaders work with public health agencies, community organizations, healthcare professionals, and other stakeholders to enact sustainable changes that make it easier for people to adopt healthy habits. In 22 cities, mayors have implemented an average of nine Community Preventive Services Task Force-recommended [interventions](#) to improve cardiovascular health. In Green Bay, Wisconsin, for example, MWTM contributed to a 27.7% hypertension rate among city employees (compared to the national average of 32.5%), along with increased smoke-free living and physical activity rates. To learn more about MWTM, visit nationalforum.org/mwtm.



New ISH President takes up office



Prof. George Stergiou took up office as ISH President in Sept 2024, for a term running until 2026. Prof. Stergiou is a clinically active senior physician and senior academic in Athens, Greece.

Colombia hosts ISH 2024 Scientific Meeting

The beautiful city of Cartagena, Colombia represented the first time the ISH Scientific Meeting had been hosted in Latin America. Read and watch a [review of ISH2024](#).



ISH welcomes newly elected officers and Committee chairs and members

The ISH was pleased to welcome newly elected Council Members during the ISH 2024 Scientific Meeting. Committee Chairs and members, and Regional Advisory Group (RAG) Chairs and members, are now in place for the 2024 to 2026 ISH Presidential term. [View ISH officers, committees and RAGs for 2024-2026](#).

New blood pressure devices have potential but need proper validation – new ISH position paper

New blood pressure measurement devices such as cuff-less wrist monitors are likely to play an important role in hypertension diagnosis and management in future – but several challenges remain before these new technologies can be introduced widely, according to a new position

paper from the International Society of Hypertension. [Read more.](#)

ISH announces 2024 award winners

2024 ISH awards were presented at ISH2024. The ISH Franz Volhard Award and Lectureship for Outstanding Research was awarded to Professor Stephen Harrap, in recognition of his lifetime of global contributions made in hypertension research at the highest level and his outstanding service to the ISH. [Meet all awardees.](#)

New ISH Fellows (ISHFs) announced

34 new ISH Fellows were announced in September 2024. The designation of Fellow recognises ISH Members who have distinguished themselves through excellence in the field of hypertension. [Meet the ISH Fellows.](#)

Interview series explores mentorship and career development

A new video interview series from the ISH explores the experiences of early career researchers and the importance of mentorship in their career journeys.

ISH represented at Korean Society of Hypertension 2024 Meeting

ISH Past President Bryan Williams, ISH Secretary Kazuomi Kario and Yook-Chin Chia, ISH Asia Pacific RAG Chair, all spoke at the 61st Scientific Meeting of the Korean Society of Hypertension (KSH) earlier this month in Seoul. [Find out more about their sessions.](#)

ISH MENA RAG webinar in December to explore hypertension guidelines

An ISH Middle East and North Africa (MENA) Regional Advisory Group Scientific Hybrid Session will explore how international guidelines can be implemented in the MENA region.

- Date: 21st December 2024
- Time: 19:00-21:00 (+3 GMT)
- Location: virtual (online)

Register: https://htn-bh.com/?page_id=2540

Follow the ISH on Instagram!

The ISH is now on Instagram. Follow and connect with us on this new platform, and please share [the link](#) with your colleagues!

WELCOME TO NEW WHL MEMBER



Submitted by Dr. Bruce Ovbiagele, MD, MSc, Founder

Neurological disease disparities, which disproportionately affect certain racial and ethnic communities (e.g., Black, Indigenous, and people of color), those in lower socioeconomic groups, and individuals living in underserved geographies including rural areas and low-income countries, are projected to worsen over time.

Stroke is a major overall cause of death, disability, and depression worldwide, the leading global neurological cause of death (67%) and disability (42%), and greatly burdens the same named disparate populations. Fortunately, stroke is eminently preventable through the optimal control of its risk factors and the pre-eminent modifiable risk factor for stroke is hypertension. However, hypertension control among vulnerable and underserved groups with or at risk for stroke is poor.

To help address the rise in global neurological burden by focusing on high-risk populations, the Society for Equity Neuroscience (SEQUINS) was founded in 2024 with the mission *“to advance brain health equity through science”*. SEQUINS aims to nurture and grow an intellectual, interconnected, and international community, fully engaged in synergistic activities that move the field forward.

SEQUINS will be hosting its inaugural annual scientific meeting and launching a new scientific journal in 2025. The SEQUINS annual meeting will be held in Spring each year, as a one-day multidisciplinary scientific forum focused on nervous system health and care, with the overarching goal of reducing neurological inequities and disparities and accelerating the translation of research findings to improve outcomes for disproportionately burdened populations. Equity Neuroscience (EQN) will be a peer-reviewed open access online journal, which publishes the scholarly progress of work to understand, address, and ultimately eliminate

neurological inequities based on sex, race, ethnicity, geography, and socioeconomic status.

SEQUINS looks forward to partnering with WHL to mitigate the toll of neurological and cardiovascular disorders via collaborative hypertension research endeavors. Please find out more about SEQUINS [here](#) and feel free to email questions to info@s-equi-ns.org

UPCOMING MEETING OF NOTE

3rd International Congress of Hypertension in Children, Adolescents and Young Adults



Dear Colleagues,

The 3rd ICHA is coming to Warsaw in May 2025. The program of the 3-day congress includes an overview of the most important issues of hypertension in children, adolescents and young adults, from pathophysiology to the organization of care and a discussion of the main research networks. The congress program will include plenary lectures on original reports and workshops on assessing organ damage and imaging diagnostics. You can [register at this link](#).

Prof. Mieczysław Litwin, Poland

PAST MEETINGS OF NOTE

World Stroke Congress

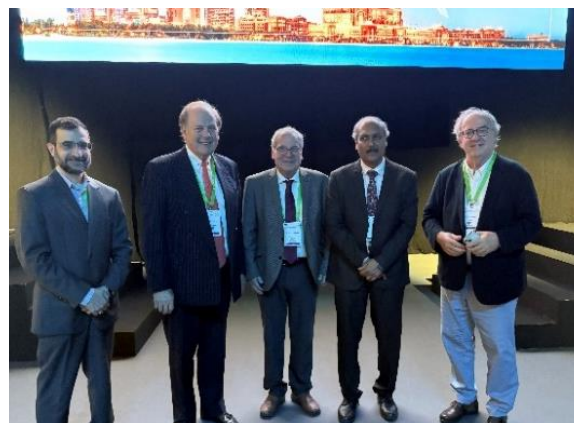
We're excited to share the success of the **World Stroke Congress 2024**, held October 23 - 26 in Abu Dhabi, where global experts, researchers, and healthcare professionals came together to drive forward the stroke prevention, treatment, and care field. Whether you joined us in person, tuned in virtually, or followed along from afar, your interest and support helped make WSC 2024 a truly remarkable experience!

WSC 2024 by the Numbers:

- **2800+ attendees** gathered both in-person and online
- **1300+ submitted abstracts** showcasing the latest in stroke research and innovation
- Participants from **110+ countries** worldwide, making this a truly global event
- **220+ expert speakers** from across disciplines led impactful sessions and discussions

This year's congress was packed with transformative science, impactful discussions, and pioneering insights — from new breakthroughs in stroke treatment to innovative prevention strategies and rehabilitative techniques. Every session and conversation underscored the importance of our collective work and highlighted exciting advancements on the horizon.

Catch some of the highlights in our [WSC 2024 recap video](#), capturing the energy, insights, and key moments from this inspiring event.



L to R: Prof. Bader Almustafa, Prof. Paul Whelton, Prof. Daniel Lackland, Prof. Jeyaraj Pandian, Prof. Michael Brainin attend the WSO-WHL joint session at the WSC.

Already excited for WSC 2025 in Barcelona?

If you couldn't join us this time, we're thrilled to announce that the **next World Stroke Congress will take place in Barcelona, October 22-25, 2025**. Barcelona, with its rich history of scientific innovation and stunning Mediterranean setting, will be the perfect backdrop for another year of knowledge-sharing and connection. We invite you to mark your calendar and be a part of WSC 2025 to engage in new research, form valuable collaborations, and contribute to global stroke care advancements.

Thank you once again to everyone who made WSC 2024 such a success. Whether you attended or are simply following along in your interest, we hope to see you in Barcelona for WSC 2025!

With appreciation, the WSC 2024 Organizing Committee.

ASOC Conference

Submitted by Ezinne Uvere

The African Stroke Organization Conference (ASOC) was held from November 4-5, 2024 at the University of Zambia, School of Medicine, Lusaka and Online. It was attended by 175 participants (academics, global experts, trainees, ECRs) and government officials including the Zambia's Honorable Minister of Health (represented by the Permanent Secretary, Ministry of Health, Zambia). Others in attendance included the immediate past president of WSO; 2024 chairs of ISC, ESOC, APSO, and MENA-SINO. The Conference had several insightful scientific sessions which included the annual Osuntokun Lecture titled ***Africa's Quest for a Masterstroke Against Stroke*** which was delivered by Prof. Kolawole W. Wahab (Nigeria) and the Distinguished Policy Maker Lecture ***Controlling The Burden of Stroke: Gateway To Reducing The Burden Of Non-Communicable Diseases*** delivered by Dr. Morufu Tunji Alausa, Minister of State for Health and Social Welfare. The Nigeria and Stroke Leadership Lecture was delivered by Prof Sheila Martins (immediate past President of WSO). Prominent, global stroke academicians and experts delivered insightful presentations on stroke and brain health. The conference had a robust forum to engage African ECRs. About 11 oral and 67 poster presentations were presented out of which the best oral and abstract presenter awards were given to Ghanaian and South African ECRs respectively.



ASOC Conference faculty

Chinese Hypertension Meeting



Prof. Gianfranco Parati, WHL President-Elect, participated in the Chinese Hypertension Meeting held in Kunming, China, from Nov 29 to Dec 2. His task was to highlight the importance of joint efforts by WHL and the Chinese Hypertension League to promote a better hypertension control rate in a huge country such as China. Discussion also focused on the new recommendations provided by the 2023 ESH and the 2024 ESC Hypertension management guidelines, as well as on the importance of nocturnal blood pressure monitoring to improve CV risk stratification and assessment of BP control in hypertensive patients

Calendar of Events
<p>8th Big Sky Cardiology Update 2025 February 1-2, 2025 Fujairah, UAE Click here for more information</p>
<p>ISN World Congress of Nephrology February 6-9, 2025 New Delhi, India Click here for more information</p>
<p>6th World Hypertension Congress 2025 March 7-9, 2025 Chennai, India Click here for more information</p>
<p>3rd International Congress of Hypertension in Children, Adolescents and Young Adults May 8-10, 2025 Warsaw, Poland Click here for more information</p>
<p>World Heart Summit May 17-18, 2025 Geneva, Switzerland Click here for more information</p>
<p>Canadian Hypertension Congress May 29-30, 2025 Virtual Click here for more information</p>

4th World Congress on Clinical Lipidology

June 27-29, 2025

Vienna, Austria

[Click here for more information](#)

World Stroke Congress

October 22-25, 2025

Barcelona Spain

[Click here for more information](#)

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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