



WHL · NEWSLETTER

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

No. 149, September 2015

WHL News

An Update on Hypertension Prevention & Control in Sub-Saharan Africa

Hypertension is a driving force in the global epidemic of non-communicable diseases (NCDs) and is the leading risk factor for death and disability globally. The global burden of hypertension is greatest where resources are the lowest, with developing countries disproportionately impacted by hypertension. By 2025, almost three-quarters of people with hypertension will be living in developing countries. Over 14 million deaths from NCDs occur between the ages of 30 and 70, of which 85% are in developing countries. The World Economic Forum describes NCDs as the greatest threat to economic development, predicting a cumulative loss in global economic output of \$47 trillion USD, or 5% of gross domestic product, by 2030.

For these and many other reasons, the World Hypertension League (WHL) in partnership with the International Society of Hypertension (ISH) initiated an effort to assess hypertension prevention and control in Sub-Saharan Africa and better illustrate why it is so urgent and important.¹ (Available at: <http://www.whleague.org/index.php/j-stuff/web-links>) Based on existing resources,^{2,3} the WHL and ISH developed a new fact sheet with 14 supporting Sub-Saharan Africa organizations and found that: In Sub-Saharan Africa in 2010, hypertension was the leading risk for death increasing by 67% since 1990.

continued on page 2

Note from the editor



Dr. Lawrence Beilin

I am delighted to take over Editorship of the WHL newsletter from Dan Lackland who now takes up his position as President.

The extent of initiatives developed in the last 3 years under the new WHL leadership/management in conjunction with worldwide partner/members is most impressive. However the need for better prevention, detection and management of hypertension remains as urgent as ever. In a separate commentary in this newsletter. In a forthcoming newsletter I will present a short viewpoint on the status of hypertension in the context of global cardiovascular risk factors. I would also like to use the newsletter as a means of encouraging research collaborations in hypertension prevention and management with a view to embedding such activities into public health and clinical practices in areas where 'research on a shoestring' is the reality. Meanwhile contributions to the newsletter, either as short articles or letters, or ideas on its format and content are always welcome, and can be emailed to me via Kimbree in the Editorial Office.

Lawrie Beilin

Contents	Page
- WHL News	1
- Note from the Editor	1
- President's Column	3
- WHL History	4
- JCH Section	6
- A Report from ISH	6
- New WHL Members	7
- Resource Note	7
- Events of Note	7
- Calendar	8

An Update on Hypertension Prevention continued

It was also the 6th leading risk for disability (contributing more than 11 million disability adjusted life years). Further, in Sub-Saharan Africa, stroke, the major clinical outcome of uncontrolled hypertension, has increased 46% since 1990 to become the 5th leading risk for death. The new fact sheet is scheduled to be released within the coming weeks on 'Early View' in the Journal of Clinical Hypertension, the home journal of WHL with Free Access.

To coincide with the release of the fact sheet, the WHL and ISH created a Sub-Saharan Africa hypertension fact chart that will also be published and disseminated (downloadable at: http://www.whleague.org/images/HTN_Infographic_Professionals_2015.pdf). This one-page instrument, also adopted from the global hypertension WHL/ISH fact sheet², was designed to target professionals, providers and hypertension societies. The easy to read infographic captures hypertension morbidity & mortality, United Nations' health goals, economic impact, and a recommended integrated management treatment protocol (based on the World Health Organization). Efforts are underway to have infographics available as supplementary materials in the Journal of Clinical Hypertension. Based on these new resources, the magnitude of the issues at hand can be clearly understood and evidence based recommendations put forth. But the 'best next steps' and calls to action remain a concern. To best address this and implement a consistent process and approach, a needs assessment was recently performed with the assistance of supporting organizations.⁴ (Available at: <http://www.whleague.org/index.php/j-stuff/web-links>) Some of the insightful findings include the need to: 1) enhance partnerships with and engage additional African national hypertension organizations, 2) expand procurement and distribution of quality, affordable, generic antihypertensive medications, 3) develop comprehensive, multi-tiered national hypertension programs reproducible in low-resource settings, and 4) enhance education initiatives for the public and healthcare professionals and extend these to strategic planning and advocacy at the national policy level. To help spearhead this

effort, the WHL has just announced the launch of the WHL Regional Sub-Saharan Africa Office – with inaugural Director Dr. Daniel Lemogoum in Cameroon who, along with WHL President Dr. Norm Campbell, were invaluable in engaging supporting organizations and promoting awareness in that region.

¹Campbell NC, MD, Bovet P, Schutte AE, Lemogoum D, Nkweschu AS. High Blood Pressure in Sub-Saharan Africa: Why Prevention, Detection, and Control Are Urgent and Important. A Fact sheet from the World Hypertension League. J Clin Hypertens (Greenwich). 2015 Jun 13. doi: 10.1111/jch.12599.

²Campbell N, Niebylski M, Lackland D. High Blood Pressure: Why Prevention and Control are Urgent and Important. A 2014 Fact Sheet from the World Hypertension League and the International Society of Hypertension. J Clin Hypertens (Greenwich). 2014 Aug;16(8):551-3. doi: 10.1111/jch.12372.

³Campbell NC, Lackland DT, Lisheng L, Niebylski ML, Nilsson PM, Zhang XH. Using the Global Burden of Disease Study to assist development of nation-specific fact sheets to promote prevention and control of hypertension and reduction in dietary salt: A resource from the World Hypertension League. J Clin Hypertens. 2015 Jan 31. doi: 10.1111/jch.12479.

⁴Khalsa TK, Campbell NC, Redburn KA, Lemogoum D, Niebylski ML. A Needs Assessment of Sub-Sahara African National Hypertension Organizations for Hypertension Prevention and Control Programs. [J Clin Hypertens \(Greenwich\)](#). 2015 Jul 25. doi: 10.1111/jch.12632. [Epub ahead of print]

President's Column



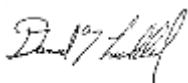
Dr. Daniel Lackland

It is great excitement to see the transitions for the World Hypertension League and the future. Building on the foundation established by President Campbell, it is a great pleasure to look to the future. Mark and Kimbree have developed a high profile global presence for WHL and World Hypertension Day,

continued on Page 3

President's Column Continued

as well as expanding the society membership and partners. As the Newsletter evolves into a global education resource for practitioners of all levels, Editor-In-Chief Beilin will initiate innovative content components that focus on new and developing investigators and clinicians. Further, the WHL official journal, *The Journal of Clinical Hypertension*, continues to expand the global focus and mission hypertension prevention, treatment and management. Our WHL regional offices represents a great opportunity to establish a global presence for blood pressure and risk factor awareness, and to implement a worldwide network focused on the burden of hypertension. I have sincere thanks to all for the opportunity to work with all the member societies and partners. Please let us know your thoughts.



Daniel Lackland
President, WHL

World Hypertension League History 2013-2015

Reflections on a Presidency 2013-2015

To have been President of the World Hypertension League (WHL) from Sept 2013 to Sept 2015 is a true honor and represents the pinnacle of my career. I have greatly enjoyed working with and learning from many highly committed individuals and especially the Executive, Board, Council and work group members of the WHL. With the support of the WHL Executive and Board, the WHL has had a paradigm shift from being a conduit of knowledge and expertise between hypertension organizations to striving to be a driving force for the creation and implementation of strategic approaches to control hypertension and the creator of tools and resources for hypertension prevention and control. The need and opportunity for such a transition is provided in the global overview of

hypertension provided by the World Health Organization on World Health Day 2013 and in the focus on dietary salt and hypertension in the United Nations targets to reduce uncontrolled hypertension 25% and reduce dietary salt (sodium) 30% by 2025. In the last two years, the WHL has had many transitions and faced many challenges but the WHL Council, workgroups, Board and Executive have prevailed.

To increase capacity, efficiency and to take advantage of financial opportunities, the WHL has had several governance changes. The League 1) moved its' office from Canada to United States, 2) restructured to have a Board that represents the major World Health Organization global regions, 3) now has a staff with a Chief Executive Officer (Mark Niebylski) and a Population Health and Economics Specialist (Kimbree Redburn), 4) separated the financial responsibilities from the Secretary General position with a new Executive Treasurer position, 5) updated bylaws, governance policies on conflicts of interest, travel and publications (available on the website) 6) updated mission, vision, values, objectives and goals statements (available on the website) 7) more clearly defined roles and responsibilities of the executive and board have been more clearly defined and 8) initiative regional offices of the WHL.

A constantly updated work plan is maintained by the WHL staff. Official working relations with the World Health Organization (WHO) were renewed. Regional offices of the WHL have been opened in China (East Asia), Sub Sahara Africa, Latin America and India to better address culture and languages and expand capacity. There are discussions about regional offices in the Middle East and Eastern Europe.

The WHL has increased efforts for partnership and works in collaboration with member organizations, partner organizations (especially the International Society of Hypertension (ISH)) and various working groups. A needs assessment of global WHL member organizations was undertaken as well as a specific needs assessment of member organizations in Sub Sahara Africa.

Continued on page 4

World Hypertension League History Continued

Several hypertension resources were developed with international partner organizations.

To increase its impact, the WHL has focused on **strategic planning for hypertension control, increasing awareness of having a hypertension diagnosis** and on **reducing dietary salt/sodium**.

The WHL developed a template for strategic planning, a global call to action and fact sheet as well as a Sub-Saharan Africa call to action and fact sheet, a manuscript on how to develop a regional/national call to action and fact sheet, a slide deck on strategies to prevent and control hypertension, a slide deck on the fact sheet, a compilation of various national and regional hypertension strategies, and presented workshops and talks on strategic planning. Several of the resources were co-sponsored by the ISH. WHL Executive members work to identify best practices in hypertension prevention and control to highlight in the Journal of Clinical Hypertension.

A blood pressure screening working group developed videos, slide decks, written tools and resources to promote blood pressure screening, a policy statement supporting the transition from manual blood pressure assessment to automated blood pressure assessment and is assisting in pilot testing the blood pressure screening resources in multiple countries with diverse economies. The working group is developing a three level certification program for 1) assessing blood pressure in screening programs, 2) for running a blood pressure screening program and 3) for training people to run blood pressure screening programs. Developing a standardized training program for blood pressure measurement and teaching blood pressure measurement to be used in health care professional training programs is also planned. World Hypertension Day (May 17th) has been dedicated specifically to improving awareness of the hypertension diagnosis and to promote screening of blood pressure from 2013 to 2018. Each year the WHL will seek to increase blood pressure screenings for World Hypertension Day. The 2014 World Hypertension Day goal was to screen 100,000 people and over 300,000 were screened. The

Goal in 2015 was 1 million people screened and over 2.4 million people were screened. The WHL was excited to establish a partnership with the ISH on World Hypertension Day (WHD) moving forward.

A separate WHL working group developed recommended standards for analyzing blood pressure surveys.

To support reduction in dietary salt/sodium, the WHL in partnership with multiple international organizations lead the development of a call to action and fact sheet on dietary salt/sodium. Other WHL resources and actions include development of recommendations for standardized nomenclature on dietary salt/sodium, a call for quality research, collaboration in a weekly Medline science of salt update, development of a process to set recommended dietary salt/sodium research standards, development of power point slide sets to support WHL positions and resources, and a presentation of critique of critic weak research studies on dietary salt/sodium. The WHL is also supporting a new regular update of literature on dietary salt in the Journal of Clinical Hypertension. Several of the resources were co-sponsored by the ISH and other international and national partner organizations. The WHL and the ISH support the WHO recommendations for dietary salt to be less than 5 g (sodium 2000 mg)/day (with lower amounts in children proportional to their lower energy requirements) and the United Nations target of a reduction in dietary salt sodium of 30% by 2025.

For communications, the WHL was very excited to establish official relations with the Journal of Clinical Hypertension (JCH) which has a rapidly increasing impact factor. The monthly electronic JCH was made available to access free of charge to support broad global dissemination of high quality evidence. WHL also has a new editor of our newsletter (Lawrie Beilin), reestablished connections with 25 WHL member organizations, and recruited 15 new member organizations. With the assistance of Past Presidents and Secretary Generals, Georgiann Monhollen and Erika Pisch, the history of the WHL from its inception has been written.

Continued on page 5

World Hypertension League History Continued

A new comprehensive website (WhLeague.org) has been established that hosts the growing number of WHL resources as well as links to many other important resources for hypertension prevention and control.

Numerous publications, eight slide sets and two videos have been developed to support key WHL topics.

The WHL developed a recognition program to recognize people and organizations who have had a substantive impact on preventing and controlling hypertension and in reducing dietary sodium. Awards of notable achievement and excellence have been provided since 2014 to global leaders in all regions of the world. The WHL is also planning a Global Leaders Program to facilitate knowledge exchange and best practices between global hypertension leaders.

The conduct of and indiscriminate publicity around low quality controversial research on dietary salt/sodium was an ongoing challenge endangering millions of lives each year and unnecessarily challenging global public health efforts. Excess dietary salt was estimated to cause 300 million people to have hypertension. Much of the controversy appeared commercially influenced and driven by a small number of highly vocal dissident scientists, some of whom are financially conflicted or had conducted weak research and none of whom had substantive public health expertise. Although controversial research had been repeatedly dismissed by the careful systematic processes that develop national and international dietary salt/sodium guidance, it generated much publicity and confused the public, policy makers and even scientists and clinicians who were not familiar with the details of scientific field. In 2015, the WHL lead the formation of a coalition of international and national health organizations to develop recommended standards for conducting clinical and population research on dietary salt/sodium and that planned to oversee regular systematic reviews of the evidence. The Coalition decided to have independent governance and will report recommended research standards in early 2016. Hypertension organizations were encouraged to host symposia that feature the best evidence from bench

to population on dietary salt/sodium, and also the impact of low quality research and financial interests on research outcomes. Hypertension and cardiovascular organizations were also encouraged to critically examine the systematic reviews of evidence and growing literature on the harms of high dietary sodium.

The WHL continued to face financial constraints and was unable to develop a viable long term business model for ongoing operations. There are recent opportunities for global collaboration that are associated with funding that the WHL was pursuing and hoped to announce in 2016. The WHL Executive was determined to maintain the WHLs' scientific integrity and not enter commercial agreements that undermined its' ability to act in the best interests of the global population.

In Sept 2015, the World Hypertension League Executive and Board will be meeting to develop strategic plans for the organization moving forward. These plans and future transitions will build on the momentum from the Leagues past activities.

The following members of the Board have worked hard on behalf of the WHL and the effort to prevent and control hypertension in the reporting timeframe. Dr Liu Lisheng Past President, Dr Daniel Lackland President Elect, Dr Xin-Hua Zhang Secretary General (2014-), Dr Arun Chockalingam Secretary General 2013-2014, Dr Peter Nilson Executive Treasurer, Dr. Ernesto Schiffrin ISH representative (2013-), Dr. Stephen Harrap ISH representative (2013-2014), Dr Rhian Touyz ISH representative (2014-), Dr. V.V.Muthusamy (2013-2014), Dr. Istemihan Tengiz (2013-2014), Dr. Anita Rieder (2013-), Dr. Prabakaran (2015-), Dr Krasimira, Hristova (2014-), Dr. Daniel Lemogoun (2014-), Dr Marcello Orias (2014-) and Dr.Bader Almustafa (2015-). A special note of thanks to the boards' special advisors Dr Mark Gelfer and Dr. Darwin Labarthe. I end this section of the WHL history with special recognition to our Chief Executive Officer, Mark Niebylski and Population Health and Economics Specialist, Kimbree Redburn who have helped bring the WHL to new levels of productivity and impact.

continued on page 6

World Hypertension League History Continued

Kimberly Redburn who have helped bring the WHL to new levels of productivity and impact.

Please visit the WHLeague.org for details of the WHL activities 2013-2015.



Norm Campbell MD

JCH section

A Recent Article in JCH Takes a Hard Look at Childhood Hypertension

Blood pressure is often increased in children and there is growing interest in studying pediatric hypertension. There is a particular focus on early structural and functional cardiovascular changes that can be caused by high blood pressure.

An article addressing this subject has just been published in the Journal of Clinical Hypertension by Dr Secil Conkar and colleagues from Izmir, Turkey (Conkar S et al. J Clin Hypertens 2015; 17:760-766). These investigators carefully studied 82 children (47 boys), average age 13, with hypertension diagnosed in the office and confirmed by ambulatory blood pressure monitoring.

Remarkably, 35% of these young people had hypertensive retinopathy; 25% had microalbuminuria; 29% had increased carotid intima-medial thickness; and 20% had increased pulse wave velocity. These are startling findings that are likely to be predictive of early onset cardiovascular disease in adulthood.

Far too little attention has been paid to hypertension in children and young adults, who are almost never included in clinical outcomes trials. The work reported by Dr Conkar and colleagues should help compel the recognition that in young populations, where studies of hard outcomes like mortality or major cardiovascular events are not feasible, clinical trials employing the types of surrogate or intermediate endpoints described in this recent article

should be conducted to further guide appropriate prevention and treatment strategies.

Dr. Michael Webber

A Report from the International Society of Hypertension (ISH)

By Ernesto L. Schiffrin, C.M., MD, PhD, FRSC, FRCPC, FACP, Immediate Past President of ISH

The International Society of Hypertension (ISH) has as one of its missions to educate healthcare professionals about hypertension, its epidemiology, prevalence, pathophysiology, complications, management and prevention. In order to do so the Regional Advisory Groups (RAGs) have been created, which address the needs of different areas of the world. There are RAGs for Africa, Central and South America, North America and Western Europe, Eastern Europe and the Middle East, and for the Asia-Pacific region. The following have been some of the activities in which the RAGs have participated over the last year, since the Biennial Scientific Meeting of ISH in Athens in June 2014.

- August 2014: 6th Chinese Teaching Workshop on Hypertension Control
- August 2014: InterAmerican Society of Hypertension (IASH) & Brazilian Society Meeting, Salvador, Bahia, Brazil
- Sept. 2014: ISH New Investigator Symposium, San Francisco, USA
- Jan. 2015: World Congress of Nephrology, Cape Town, South Africa A report from the international Society of Hypertension
- Jan. 2015: 1st Gulf Hypertension Conference, Dubai, UAE – endorsed by ISH only- no ISH attendance
- March 2015: Master Course in Hypertension, Beirut, Lebanon
- March 2015: Russian Society of Hypertension Meeting, Kemerovo, Russia

continued on page 7

ISH Report Continued

- April 2015: Argentina Arterial Hypertension Meeting, Tucumán, Argentina and Hypertension Primary Care Training Course, one ISH speaker
- May 2015: Russian Antihypertensive League Meeting, St. Petersburg, Russia
- May 2015: European Forum on Hypertension, Gdansk, Poland
- June 2015: CardioAlex, Cairo, Egypt
- June 2015: Asian Pacific Congress of Hypertension, Bali, Indonesia
- August 2015: Asia & Australasia Summer School, Beijing, China (presence of ISH Executive representative speaker as well as New Investigator Committee representatives).
- August 2015: Congress of the Brazilian Society, Rio de Janeiro, Brazil with presence of 2 ISH speakers, and collaboration with IASH-organized symposium

In late 2015 and into 2016 some of the proposed and agreed global workshops and educational activities include:

- Sept. 2015: American Heart Association - New Investigator Committee program collaboration, Washington D. C., USA
- Oct. 2015: ISH Africa RAG collaboration with the Pan-African Society of Cardiology (PASCAR) at their congress, Mauritius
- Nov. 2015: 2nd International Conference of Sudanese Society of Hypertension
- Sept. 2016: Hypertension Seoul Meeting (26th ISH Scientific Meeting), Seoul, Korea
- Training Program of Primary Care Physicians in India (in development).

All these activities require a major investment on the part of ISH as well as the teaching faculty that ISH delegates to these meetings. However, we believe that by improving the evidence-based knowledge of primary care practitioners, and appraising them of the evolution of guidelines and best practices, control of BP among hypertensive populations around the

world will increase compared to the rather disappointing levels found currently, especially in low and middle-income countries, but also in the developed world.

Please contact: secretariat@ish-world.com for further information on the ISH.

New Members

The Brazilian Society of Hypertension

Contact Person: Mario Fritsch Toros Neves

Mailing Address: Av. Paulista, 2073, salas 505 a 508 - 5º andar - Condomínio Horsa I - Cerqueira Cesar - São Paulo- SP

Zip Code: 01311-300

Website: www.sbh.org.br

The Peruvian Society of Hypertension

Contact Person: Santiago Vega

Mailing Address: José del Llano Zapata N° 331 Of. 704 Lima 18 – Perú

New Resources of Note

Be sure to check out this new video by Dr. Michael Greger that mentions one of WHL's papers from *The Journal of Clinical Hypertension*

<http://nutritionfacts.org/video/sprinkling-doubt-taking-sodium-skeptics-with-a-pinch-of-salt/>

Events of Note

WHL encourages all our Members & Partners to participate in the Hypertension Seoul 2016 ISH Conference September 2016! Expect more News on this Exciting Event in the coming months

Find More Information At:

<http://www.ish2016.org/>



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).

Board Officers:

Dr. Daniel T. Lackland (Charleston, USA) President
Dr. Norman Campbell (Calgary, Canada), Past President
Dr. Xin-Hua Zhang (Beijing, China), Secretary General
Dr. Peter Nilsson (Malmö, Sweden), Treasurer

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Dr. Daniel Lemogoum (Douala, Cameroon)
Dr. Marcelo Orias (Cordoba, Argentina)
Dr. Anita Rieder (Vienna, Austria)
Dr. Bader Almustafa (Saudi Arabia)
Dr. Dorairaj Prabhakaran (Delhi, India)

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Special Advisor to the Board:

Dr. Darwin Labarthe (Chicago, USA)
Dr. Liu Lisheng (Beijing, China)

ISH Representation:

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

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

Calendar

The 2nd International Hypertension Conference from the Sudanese Society of Hypertension

November 28-29, 2015
Khartoum, Sudan

Information: Visit <http://www.ssh-sd.org/>
E-mail: conf@ssh-sd.org

At the heart of it: innovation and scale in hypertension management in low-and middle-income countries

The Novartis Foundation and the London School of Hygiene & Tropical Medicine

December 1, 2015

Melbourne, Australia

Information: Kiara Barnes

E-mail: kiara.barnes@novartis.com

Annual Scientific Meeting of the Australian Council for High Blood Pressure Research (HBPRCA)

December 2-4, 2015

Melbourne, Australia

Information: Anne Barden, Program Secretary
HBPRCA

E-mail: admin@yoursecretariat.com.au

Malaysian Society of Hypertension 13th Annual Scientific Meeting 2016

January 15-17, 2016

Kuala Lumpur, Malaysia

Information: Fay Cheah, Contact Person

E-mail: faycheah@gmail.com

Second Gulf Hypertension Conference

January 27-28, 2016

Dubai, United Arab Emirates

Information: [http://www.arab-](http://www.arab-healthonline.com/conferences/list/hypertension-conference/)

[healthonline.com/conferences/list/hypertension-conference/](http://www.arab-healthonline.com/conferences/list/hypertension-conference/)

26th European Meeting on Hypertension and Cardiovascular Protection

The European Society of Hypertension

Paris, France

June 10-13, 2016

Information: <http://www.esh2016.org/>

E-mail: esh2016@aimgroup.eu

Hypertension Seoul 2016

The 26th Scientific Meeting of the International Society of Hypertension

Seoul, Korea

September 24-29, 2016

Information: <http://www.ish2016.org/>

E-mail: info@ish2016.org