



WHL • NEWSLETTER

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

No. 161, September, 2018

Note from the Editor



Dr. Lawrie Beilin

This month's newsletter focuses on some of the successes of World Hypertension day with a sample of the excellent regional efforts. May Measurement Month, as the newest 'kid off the block' initiated by

ISH and supported by WHL, also goes from strength to strength in bringing the attention of the world community to the issue of high blood pressure. Strikingly differing perspectives on the controversial new ACC/AHA Hypertension definitions and targets are presented succinctly by Mark Nelson Professor in General Practice and Daniel Jones, a Public Health Scientist. Other *tasty* items concern dietary salt reduction, the role of hypertension in dementia, the activities of the World Health Summit and a welcome to our latest envoy Bonita Faulkner, with her special interest in children and hypertension. Pertinent to the latter is the success of the Children's Art Poster competition also described here. Good reading.

Lawrie Beilin, Editor, WHL Newsletter

Contents	Page
President's Column & Note from the Editor	1
World Hypertension Day Reports	3
May Measurement Month	6
Hypertension Guidelines Debate	7
Dietary Salt Reduction	8
WSO/UN Hearing on NCDs	9
Dementia/Stroke Prevention Session at WHS	10
WHL Children's Art Poster Contest	11
WHL Excellence Awards	12
Special Envoy in Pediatric Hypertension	13

President's Column



Dr. Daniel Lackland

As we enter the third quarter, the opportunity for global hypertension prevention and control is tremendous. It is exciting to see the international high-impact meetings. We look forward to the research and knowledge

advancements from the 2018 International Society of Hypertension Scientific Sessions, the World Heart Federation/World Congress of Cardiology & Cardiovascular Health, the World Health Summit, and the 11th World Stroke Congress. As well, the regional meetings of the American Heart Association Scientific Sessions and Southern Medical Association Meeting are being conducted with the 3rd UN High-level Meeting on NCDs with blood pressure awareness and high blood pressure control as the featured action. The impact of elevated blood pressure on dementia is discussed at the World Health Summit session on 'Dementia Prevention by Stroke Prevention'. The reports from World Hypertension Day and May Measurement Month clearly demonstrate the effects of the joint efforts from WHL and ISH on blood pressure awareness. The education debate "Are the new ACC/AHA guidelines on Hypertension Definitions and Treatment Targets Suitable for International use?" by Mark Nelson and Daniel Jones identifies the issues from the recent guidelines but keeps the focus on the importance of hypertension detection and management. This feature is complemented by the update on Dietary Salt Reduction in 2018, the Global Burden of Disease Study, World Health Organization and RESOLVE to Save 100 Million Lives

by Jacqui Webster. A major objective of WHL is prevention with awareness early in life. This effort includes the showcase of the Children's Art Contest in 'Towards a Framework for Preventing Heart Disease - Rational, Focus on the Young' and the New Special Envoy for Global Pediatric Hypertension - Bonita Falkner, MD. Indeed an exciting time. I would like to close by asking you to consider the WHL Excellence Awards and nominating individuals who have made the great accomplishments in global hypertension research and implementation.

Dan Lackland, President, WHL

UPCOMING MEETINGS OF NOTE

AHA Council on Hypertension

September 6–9, 2018

Chicago, IL

For registration information [click here](#)

2018 ISH Scientific Sessions

September 20–23, 2018

Beijing, China

For registration information [click here:](#)



WELCOME TO BEIJING

ish2018.org

World Health Summit Meeting

October 14–16, 2018

Berlin, Germany

For registration information [click here.](#)



WORLD
HEALTH
SUMMIT



BERLIN, GERMANY
OCTOBER 14–16, 2018

SCIENCE · INNOVATION · POLICIES

11th World Stroke Congress

October 17–20, 2018

Montréal, Canada



For registration information [click here.](#)

Southern Medical Association/ASH

Carolinas-GA-FL Chapter

Joint Symposium

October 31–November 2, 2018

Charleston, South Carolina



Carolinas-Georgia-Florida Chapter

For registration information [click here.](#)

World Heart Federation/World Congress of Cardiology & Cardiovascular Health

December 5-8, 2018, Dubai, UAE

For registration information [click here](#)

The 3rd Global Summit: Shaping the Future of Circulatory Health

Mark your calendars for the 3rd Global Summit on Circulatory Health, which will be held at the Dubai International Convention and Exhibition Centre between the 4th and the 5th of December 2018. Focused on the timely theme of Access to Medicines and Technologies, the 3rd Global Summit will convene key opinion leaders in government, civil society, academia and the private sector in interactive presentations, case studies and debates. The Global Summit will also build on the outcomes of its previous editions, namely the [Mexico Declaration](#) and the [Global Coalition for Circulatory Health](#).



World Hypertension Day 2018

The global recognition of World Hypertension Day has been a major accomplishment with the 'Know Your Numbers' theme. The following reports represent some of the many approaches to the campaign.

India

On the occasion of World Hypertension day, education activities for hypertension were conducted at various places including Lucknow, India on the initiative of the Secretary General of the Indian Society of Hypertension, Prof. Narsingh Verma. In Lucknow the campaign started by measuring the blood pressure of the Mayor of the city, while the Municipal Corporation of Lucknow ran a drive to screen for hypertension. The Indian Society of Hypertension also organised a series of education activities for doctors and instituted a public awareness program in Lucknow.



Prof. Anuj Maheshwari (left), Joint Secretary, and Prof. Narsingh Verma (right), Secretary General of the Indian Society of Hypertension

The Indian Society of Hypertension also participated in the "May Measurement Month" (MMM) campaign in India and appointed the joint secretary of the Indian Society of Hypertension, Prof. Anuj Maheshwari, as the National Coordinator. One thousand physicians across the country were mailed, of which 100 physicians responded to his call for screening individuals who were not screened by any other organization and whose blood pressure was not measured in the past one year.

Countrywide data has been submitted to the International Hypertension Society's MMM team. A national conference to be held at

Chennai in September will honour those physicians who participated.

Legazpi, Philippines

Simultaneous Hospital-Wide Blood Pressure Screening

Philippines Department of Health/Bicol Regional Training & Teaching Hospital (BRTTH)

Report by Jennifer B. Bibon, MD and Raoul Emmanuel O. Zantua, MD, OPD Medicine-Hypertension Clinic, BRTTH

In celebration of Hypertension Awareness Month and in commemoration of the centennial year of the Bicol Regional Training and Teaching Hospital, a simultaneous Hospital-Wide Blood Pressure Screening was conducted on May 17, 2018. An extension of the advocacy of our Hypertension Clinic, the activity aimed to screen for blood pressure in at least 100 participants for one hour in the morning and afternoon. Ten hypertension kiosks were set up in hospital departments, staffed by medical interns/ clerks and supervised by department residents-in-charge. A total of 359 personnel, ambulatory patients and visitors were screened for hypertension. Seventy-six (21%) were noted to have BP \geq 140/90, hence advised to have BP monitoring and workup upon follow-up at the OPD Hypertension Clinic.



Blood Pressure screenings at BRTTH

A report was submitted to the World Hypertension League in support of their goal to have 10 million blood pressures taken on May 17th and the month prior. Furthermore, incentives in the form of certificates and free medicines were given to participants enrolled in the Hypertension Clinic who complied with a

continued on page 4

regular follow-up schedule, home BP monitoring, cholesterol reduction and weight reduction for the overweight/obese patients.



A lecture on hypertension awareness was also delivered at the 1st Magayon Health and Wellness Expo 2018 held on May 9 – 12th in Legazpi City. This was aired live on DZGB AM radio and replayed over the weekend, hence reaching a larger audience.

Bratislava, Slovakia

Press Conference

Report by Dr. Stefan Farsky, Chairman Slovak League Against Hypertension

The Slovak League Against Hypertension organized a press conference on the occasion of World Hypertension Day, May 17th, in Bratislava, the capital of Slovakia. The main topic was "Mistakes and Insufficiency of state health policy in Slovakia regarding aspects of effective cardiovascular prevention and rehabilitation". There were more than 25 journalists in attendance, including delegates from the main press agencies (state and private), TV JOJ and the Slovak state radio broadcasting service.

There is still a high prevalence of arterial hypertension and mortality due to coronary heart disease in Slovakia. The goal of the press conference was to explore how a more

efficient health state policy could significantly decrease the burden of these parameters. Our press statement to the government highlighted the following main requests:

- *Decreased taxation of fruits, vegetables, legumes and nuts and increased taxation of sweetened drinks.

- *Restriction of night shift work especially for patients treated for or with high risk of hypertension.

- *Support for regular supervised exercise programs at cardiology stations and home exercise with telemonitoring controls, including teaching relaxation techniques, coping with stress and education for patients after acute coronary syndrome, CABG, PCI and with high risk of coronary heart disease (CHD), including hypertensive patients.

- *Implementation of nurse led clinics for the management of risk factors of CHD including hypertension, obesity, insomnia and dyslipidemy management into the health care system.

- *Implement changes in the health insurance companies' approach to the lifestyles of their insured persons, to allow for reimbursement of health care expenses that promote lifestyle improvement.



Press Conference in Bratislava

Suriname

Blood Pressure Screenings

Report by Marina Bersaoui, MSc., PT.

Anton de Kom Universiteit van Suriname

353 blood pressure screenings were conducted on World Hypertension Day, May 17th, 2018 at the Faculty of Medical Sciences, Anton de Kom University of Suriname. Three hospitals, a medical center and four physiotherapy & rehabilitation clinics participated in the screenings, which were provided to a low to

continued on page 5

middle income population. Hypertension and stroke awareness information emphasizing the importance of physical activity and a healthy diet were provided to the screened patients.

Outcomes revealed:

31.7% Proportion of those screened with elevated blood pressure (>140 systolic/>90 diastolic)

54.5% Proportion of those screened with elevated blood pressure who were not aware of having hypertension

61.6% Proportion of those screened with elevated blood pressure who were being treated with antihypertensive medications

40.6% Proportion of those screened being treated with antihypertensive medications and whose blood pressure readings were below 140 mmHg systolic and below 90 mmHg diastolic

United States

American Heart Association (AHA) blood pressure screenings

AHA celebrated World Hypertension Day by conducting hypertension screenings for nearly six million (5,761,724) individuals.



During the screenings, patients were provided information about hypertension-related stroke & cardiovascular disease and the importance of physical activity and nutrition (i.e. dietary salt reduction) for preventing or controlling hypertension.

New York City

Blood Pressure Kiosks

More than one in four New Yorkers – or an estimated 1.8 million adults – report having high blood pressure, while many more do not know they have it. For those in care, it is estimated that about two-thirds with a diagnosis of hypertension have their blood

pressure under control. As part of an ongoing effort to reduce the burden of hypertension among New Yorkers and increase awareness of this dangerous condition, the New York City (NYC) Health Department is partnering with chain and independent pharmacies, the NYC Office of Labor Relations, and two blood pressure kiosks manufacturers – Higi and PharmaSmart – to promote access to free blood pressure checks in NYC.

The Health Department placed 60 kiosks: 55 in independent pharmacies in neighborhoods with the highest prevalence of hypertension, and 5 in NYC agency facilities to support worksite wellness programs. Through partnering with pharmacies, the Health Department also identified and added more than 400 kiosk locations to the [NYC Health Map](#), an online, searchable tool New Yorkers can use to find a free blood pressure check near them. Additionally, the Health Department held one-on-one meetings with health care providers, office staff, and pharmacists to discuss strategies to help patients know their blood pressure numbers and manage their hypertension.

As a result of these collaborative efforts, more New Yorkers are checking their blood pressure. **In May 2018, over 103,000 blood pressure readings were taken** at one of the 250 Higi or PharmaSmart kiosks in NYC. For more information about these efforts, please contact bloodpressure@health.nyc.gov.

Vietnam

PATH is an international organization that drives transformative innovation to save lives and improve health, especially among women and children. The Vietnam office is committed to responding to community health needs in Vietnam, and works across the public and private sectors, focusing on sustainable, system-level changes. **In conjunction with WHD 2018**, Communities for Healthy Hearts (CH2), a Novartis Foundation financed and PATH implemented project, launched the following two initiatives.

CH2, in collaboration with the Ho Chi Minh Department of Health, worked with a popular private pharmacy chain, Pharmacy, to launch blood pressure checkpoints in their stores. The first checkpoint was launched on May 17, World

continued on page 6

Hypertension Day. Thirty-five people were screened for hypertension on that day. In Vietnam, a major barrier to seeking blood pressure/hypertension services is the perception that BP checks are only available as part of costly and time-consuming comprehensive health checks in hospitals or clinics. With technical support from CH2, Pharmacy is helping bring BP checks into convenient and trusted everyday locations, to encourage people to check their BP regularly — rather than only when they are already experiencing symptoms of a serious condition. Pharmacy is the biggest pharmacy chain in Vietnam and CH2 is now working with Pharmacy to roll out BP checkpoints across the entire chain (180 stores).



CH2 and Social enterprise G-link launched a new blood pressure checkpoint in a local market in Ho Chi Minh City, to bring blood pressure services closer to home for people at risk of hypertension. On World Hypertension Day, G-link encouraged market vendors and shoppers to ‘Know their numbers’ at their new free blood pressure checkpoint in a local wet market. This new checkpoint provides easily accessible blood pressure services for the local community, and directs anyone suspected of having hypertension for further diagnosis and treatment at either G-link’s private community clinic or another facility of their choice. Just over 50 people were screened for hypertension at the launch; 22 of them had elevated blood pressure and were referred for further support.

Tackling High Blood Pressure in Vietnam – in Pictures, a photo article published in *The Guardian Weekly*, can be viewed at this link: <https://www.theguardian.com/healthcare-network/gallery/2018/may/17/high-blood-pressure-vietnam-world-hypertension-day> (photo credits: Alexandar Kumar)



May Measurement Month 2018

The global public blood pressure screening programme builds on its 2017 success

By Lisa Woodward, Communications Manager



Thanks to the generous support of many national hypertension and cardiac societies, thousands of volunteers from around the world came together for

the second time to raise awareness of the issues surrounding raised blood pressure during May Measurement Month (MMM) 2018.

Professor Neil Poulter, President of the International Society of Hypertension (ISH), states: *“We know we can often reduce blood pressure (BP) with lifestyle changes and existing drugs, but unless people know they have hypertension they can’t be treated. Our key objective is therefore, not only to increase public awareness, but also to collect the evidence needed to help influence global health policy and make BP screening more widely available around the world.”*



MMM holds Press Conference in China.



Dominican Republic MMM activities

The results of MMM17 were published on the eve of World Hypertension Day 2018 in a [Lancet Global Health paper](#). The paper reported analyses of the data from over 1.2 million screenings in relation to many factors including gender, age, lifestyle and location, but there are still many more questions to answer. We hope MMM18 data will help to generate more information and raise awareness even further.



MMM Nepal Community Outreach

Early indications suggest the number of countries taking part in MMM18 will exceed the eighty that contributed to the campaign in 2017. BP screening has taken place across many regions, cultures and in diverse screening locations, for example hospitals, community centres, schools, supermarkets, pharmacies, markets, temples and factories. The collection and analysis of MMM18 data is now underway, with the hope of releasing the results in September during the ISH Biennial Scientific meeting in Beijing.



Philippines MMM18 Hypertension Screening

If you'd like to know more about future plans for MMM, please contact the MMM Project Manager: Manager@maymeasure.com or www.maymeasure.com

Video links:

How MMM Started:

<https://mail.google.com/mail/u/0/#inbox/164acfc929b9c7d8?projector=1>

Submitting MMM 2018 BP measurements:

<https://mail.google.com/mail/u/0/#inbox/164acfc929b9c7d8?projector=1>

Will Poulter Supports A Simple Measure to Save Lives:

<https://mail.google.com/mail/u/0/#inbox/164acfc929b9c7d8?projector=1>

*May Measurement Month (MMM) is a global synchronised screening campaign led by the International Society of Hypertension (ISH) and endorsed by the World Hypertension League (WHL).



Hypertension Guidelines DEBATE

Are the new ACC/AHA guidelines on Hypertension Definitions and Treatment Targets Suitable for International use? A view from General Practice.

By Mark Nelson, MD

Professorial Research Fellow

Menzies Institute for Medical Research

Chair of General Practice, University of Tasmania

There has been considerable concern and indeed resistance to the new US blood pressure (BP) guidelines especially from those at the 'battlefront' of general practice. Ever lower treatment thresholds and targets have meant that a greater proportion of the population is captured by them and given a disease status.

The US guideline recommendations are based on very good evidence but the way they have actioned the evidence, by recommending drug treatment for BP alone over systolic BP 140mmHg and for absolute risk for greater than 130 mmHg, has not ameliorated these concerns. The guidelines are like a hybrid vehicle in the age of climate change where we should be adopting electric vehicles. The essence of the problem that has been perpetrated is treating elevated blood pressure as a disease over an arbitrary level rather than as a continuous variable risk factor amongst others.

Rather than over diagnosing large swathes of the population as diseased ('hypertensive'), all elevated blood pressure above optimal levels should be managed on an absolute risk basis as this approach best identifies those who are most at risk of adverse cardiovascular events in the intermediate future and therefore most likely to benefit from pharmacotherapy. Perhaps the real solution is not "redefining

continued on page 8

hypertension” but dropping the term altogether. Using this approach we can ensure that our health care systems only medicalises those who need to be.

Are the ACC/AHA Guidelines on Hypertension Definitions and Treatment Targets Suitable for International Use? A View from a Physician and Population Health Scientist.

By Daniel W. Jones, MD

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

The data that drove the decisions around the definition of hypertension and treatment targets adopted in the 2017 ACC/AHA Blood Pressure Management Guidelines were compelling. Contrary to the widely-held misperception that one recent clinical trial (SPRINT) was the sole basis for the important changes in these recommendations, the recommendations are in fact supported by several meta-analyses of dozens of randomized controlled trials evaluating achieved blood pressure and cardiovascular risk. Importantly, studies from around the globe were included in these analyses.

Given the fact that health conditions, health care systems, and economies vary among nations, it is wise and appropriate for countries to formulate their own unique blood pressure management guidelines. However, given the universal nature of the data behind the new ACC/AHA guidelines, they may also serve as a useful tool for informing effective blood pressure management strategies on a global scale.

The definitions and goals set forth in the new recommendations offer important insights into population-level approaches to the management of blood pressure in this era of cardiovascular disease as the leading cause of death in most countries. Moreover as hypertension is the risk factor with the largest impact and with the largest opportunity for prevention and control, a strong focus on primordial prevention of hypertension and cardiovascular disease (and obesity) is needed in countries around the world. In my view these

new hypertension definitions and targets are appropriate guideposts for strategy. ■

Dietary Salt Reduction in 2018

Science, the Global Burden of Disease Study, World Health

Organization and RESOLVE to Save 100 Million Lives

Jacqui Webster, [World Health Organization Collaborating Centre on Population Salt Reduction](#) (George Institute for Global Health)

Laura Cobb, RESOLVE to Save Lives

Temo Waqanivalu, World Health Organization

Dan Lackland, World Hypertension League

Norm Campbell, World Hypertension League

Ongoing critical reviews of the scientific literature by high level governmental and nongovernmental organizations continue to associate increased salt intake with hypertension and cardiovascular disease [1, 2]. Controversial study results that are likely to be related to low quality research methodology continue to be published [3-8]. In addition, there are concerns that both disclosed and undisclosed financial interests have played a role in generating controversy about reducing dietary salt [9, 10].

The Global Burden of Disease (GBD) Study, which utilizes best current clinical and epidemiological evidence, associates increased dietary salt with over 2.3 million deaths and almost 47 million years of disability (DALYs) in 2016 (<https://vizhub.healthdata.org/gbd-compare/>) accessed May 29, 2018). A recent WHO report examining best buys for non-communicable disease globally reported that the highest return on investment was for reducing dietary salt; for every dollar spent on reducing dietary salt there was an estimated return of \$12.8 [11].

In September 2016, the World Health Organization released SHAKE, a technical package to aid countries in reducing dietary salt [12]. SHAKE outlines:

- *Surveillance mechanisms to assess salt intake, food sources of salt and salt levels in food
- *Harnessing industry to reduce salt added to foods
- *Adopting standards for labelling and marketing of foods

continued on page 9

*Knowledge, education, and communication to empower people to reduce dietary salt

*Creating Environments with lower salt foods.

SHAKE methodology is being used by an increasing number of countries globally to implement programs to reduce dietary salt [13]. However, much more action to scale is required if the world is to achieve the WHO global target of 30% salt reduction by 2025. To answer this call, RESOLVE to Save Lives was announced as an initiative of Vital Strategies in late 2017 [14]. With funding from the Bloomberg Philanthropies, the Chan Zuckerberg Initiative and the Bill and Melinda Gates Foundation, RESOLVE to Save Lives aims to save 100 million lives over 30 years by reducing dietary salt by 30%, eliminating artificial transfat from the global food supply, and increasing control of hypertension to 50% globally.

The World Hypertension League has identified reducing dietary salt as a priority [15]. The WHL is collaborating with the World Health Organisation Collaborating Centre on Population Salt Reduction at the George Institute for Global Health to run a weekly medline search of the evidence associating dietary salt to outcomes (<https://www.whoccsaltreduction.org/portfolio/science-of-salt-weekly/>), a quarterly critical appraisal of the quality of the evidence [16] as well as a work group that assesses and advises on research methods for examining dietary salt and outcomes [17, 18]. Current best evidence continues to support reducing dietary salt as one of the most effective interventions to improve public health.

For full article and references [click here](#).



The Journal of Clinical Hypertension (JCH) is the Official Journal of the World Hypertension League. To get free access [click here](#)

WSO at UN Hearing on NCDs

UN High Level Meeting on Non Communicable Chronic Disease (NCD)

Abbreviation of a report by Werner Hacke, MD PhD DSc; Senior Professor of Neurology, University of Heidelberg, Germany; President World Stroke Organization WSO

“In July 2018 a Society Interactive Hearing, convened by the President of the UN General Assembly and WHO, was organized in New York as part of the formal preparatory process for the UN High Level Meeting on NCDs due to take place in September 2018.

The event was entitled: ‘Time to deliver’, a motto that sounds a little misleading given the slow pace of progress in the fight against NCDs. The event provided an opportunity for civil society and other stakeholders to speak and to submit their recommendations and call for urgent action from governments in order to reduce premature deaths from NCDs by 30% by 2030. It is clear from current trajectories that unless urgent action is taken now the world will fall far short of this goal.

Several hundred members of NGOs and civil societies were present and WSO President Werner Hacke spoke at the event. He called for political leaders to finally act on what we know will work to reduce mortality from stroke and other NCDs and called for urgent and specific action to reduce the global burden of stroke as part of the global effort to address NCDs.

“Over the last 25 years, stroke has become the 2nd cause of disability and the 2nd cause of death worldwide. In 2016 stroke accounted for 116 million years of life lived with disability (DALYs).

The major burden of stroke is in low and middle-income countries and it will grow dramatically unless there is a massive scaling up of relevant interventions. Global improvement will depend on increased awareness, widespread availability and access to quality stroke treatment, primary and secondary prevention, and long-term care.

90% of strokes are linked to a few key detectable and modifiable risk factors that include hypertension, smoking, obesity,

continued on page 10

physical inactivity, and unhealthy diet. These factors are essentially the same for ischemic heart disease and also for vascular kidney disease and peripheral arterial occlusive disease. Among them, hypertension plays an overwhelmingly important role.

Stroke and dementia often occur together, pose risks for each other and share common risk factors. The WSO called upon member states to increase their efforts in three domains:

1) Awareness: Member States must strengthen programs that increase awareness of stroke symptoms, stroke risk factors and prevention, and the consequences of stroke.

2) Access and implementation: We support WHO, NCD Alliance Partners and Member States in their efforts to remove financial barriers to prevention and detection of NCDs through universal health coverage and essential medicines and devices including stroke units and re-canalization treatment as an evidence based policy.

3) Action: We support the WHO and UN Member States in the development of regional and national strategies (such as the HEARTS package and the implementation of WSO Global Guidelines for Quality Stroke Care) to deliver the health-related Sustainable Development Goals.

We are currently collaborating with WHL and others in the Global Coalition for Circulatory Health to launch a White Paper on Circulatory Health in the environs of the UN HLM in New York. Let's follow the title of the hearing: 'Time to Deliver', and let's start immediately.



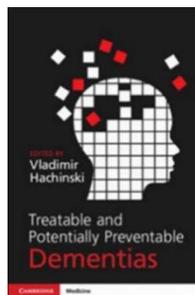
Dementia Prevention by Stroke Prevention

World Health Summit (WHS) Session Berlin, October 14-16, 2018

By Vladimir Hachinski, MD DSc
Lead, The Joint Prevention of Stroke and Dementia, on behalf of the World Stroke Organization, The World Heart Federation, World Hypertension League, European Society of Hypertension and the 20 endorsing organizations

Stroke and dementia pose the greatest joint threats to the brain. Both share most of the

same risk factors, among them hypertension, the most treatable and important one. Two meetings will address the opportunities of preventing stroke and dementia together.



Worldwide, stroke and dementia account for 2/3 of disability adjusted life years (DALYs). Rates are declining in developed countries and rising in developing ones, suggesting that controlling common risk factors can decrease the incidence of both. A stroke doubles the chances of developing dementia. A successful population level stroke strategy was associated with a 32% decrease in the incidence of stroke and a 7% decrease in the incidence of dementia.¹

Multimodal interventions result in improvement in cognitive performance, anticoagulants cut the risk of dementia in atrial fibrillation in half, and a growing list of potential treatments awaits translation from promise into action. (<https://www.worldhealthsummit.org/conference.html>)

Most of our understanding of dementia derives from Western studies that may differ from other populations', culturally, genetically and biologically.²

New developments put us at the cusp of accelerating progress in diagnosing, treating and preventing both stroke and dementia. (<https://www.worldhealthsummit.org/satellites/dementia-stroke-prevention.html>)

The World Hypertension League, the World Heart Federation and the World Stroke Organization have formed an alliance to begin implementing a Proclamation on preventing stroke and dementia together.³

Those who cannot attend the meetings may wish to read an article based on the meetings to be published in *Alzheimer's & Dementia* later this year.

For article references, [click here](#).



CHILDREN'S POSTER CONTEST

Towards a Framework for Preventing Heart Disease - Rational, Focus on the Young

By Daniel Lackland, Dr.PH
Edward J. Roccella, Ph.D., MPH

Autopsy studies demonstrate cardiovascular disease begins early in life. The Korean Soldiers study examined the development of atherosclerosis in young men killed in the Korean War. In 77% of the hearts, some evidence of atherosclerosis was discovered. (1) Data from a similar autopsy study in Vietnam noted a decline of atherosclerosis in 45% casualties suggesting a reduction in this risk factor in young men. (2) More recently, the percent of American service members with signs of coronary artery disease has declined even further falling to a rate of less than one in 10 military personnel. (3)

These reductions should not mask the issue that coronary heart disease remains the number one cause of death in the Americas and developed countries, killing more people than all cancers combined. Studies done in Louisiana showed plaque was visible in 7 year old children who died in accidents suggesting plaque formation begins at a very young age. Plaque is the precursor of coronary artery disease later in life. These studies conclude, atherosclerotic changes in the coronary arteries appear early in, and long before ischemic heart disease becomes clinically apparent. Beginning in early childhood, fatty streaks are causative, accumulative, and persistent for coronary disease which is difficult to reverse later in life.

The well-established childhood obesity epidemic is driving up the population prevalence of high blood pressure (BP) in the young. Raised arterial blood pressure is commonly associated with other cardiovascular risk factors. While morbidity and mortality due to atherosclerosis do not occur in hypertensive children, the intermediate markers of target organ damage-left ventricular hypertrophy, thickening of the carotid vessel wall, retinal vascular changes, and subtle cognitive changes, are detectable in children and adolescents with elevated blood pressure.

Life styles, which includes food selection, exercise patterns, experimenting with tobacco, alcohol, risk taking behavior are learned early in life. Obese children become obese adults, obese adults are more likely to have obese children. The cycle of cardiovascular risk among families is fairly strong. This cycle can be interrupted with heart health education activities to expose and teach children alternatives and to learn to make wise decisions about their own health. The venue for such education, which has traditionally been done with various success, has been classroom health education lectures.

Children's Art Poster Contest Pilot Test

In 2017 Dr. Dan Lackland provided an opportunity to introduce the children's art poster contest to WHL member nations and others. WHL and the Linda Joy Pollin Cardiovascular Disease Women's Heart Health Program at the Hadassah Medical Center in Israel conducted a pilot art poster contest among Arab and Israeli children in a selected Tel Aviv school.



In 2018 another art poster contest was conducted at the Cedars-Sinai Barbra Streisand-Linda Joy Pollin Cardiovascular Disease Wellness Center in Los Angeles. Both Centers used a similar model of providing health education classes to students. It was reported from both Centers that the children participated with enthusiasm. Senior Nurse and Physician clinicians worked with teachers to provide heart disease prevention education. Thereafter, children drew posters, expressing what they learned and depicting various descriptions of hypertension and cardiovascular disease prevention. Prizes and certificates were awarded. These posters were

continued on page 12

published in March 2017, June 2017 and June 2018 WHL newsletters and displayed on the WHL website.



The experiences of the Linda Joy Pollin Centers in Israel and Los Angeles provide evidence that children can be taught heart health education, enjoy the experience and express heart health education in art forms. If this movement is created globally among children, having them tweet, text, and sing heart health education messages about eating habits and making good food choices, exercise, weight control, and tobacco avoidance, there is a chance to shape or develop early on, heart healthy lifestyles. Peer pressure among the young is a potent motivator.



Conducting a Global Children's Art Poster Contest - 2019

The information from the two pilot studies suggests the feasibility to conduct a WHL 2019 Global Children's Art Poster Contest. Members of the WHL are challenged to conduct the contest among children in their nation. Member nations should submit the best of the posters to WHL headquarters for posting in the WHL Newsletter and displayed on the WHL website.

The framework for conducting the contest should include:

- secure cooperation from school administration to conduct the education and art contest
- develop an outline for a heart health education curriculum and teach heart disease prevention to the students' educational level
- ask the children to express what they learn by drawing a poster using the art media of choice

The WHL will recognize the winners for the member nations art poster contests by providing WHL award certificates.

For article references [click here](#).



WHL Excellence Awards Call for Nominations

The World Hypertension League (WHL) has developed Excellence Awards at the Population Level in the categories of: Dietary Salt Reduction; Hypertension Control; Cardiovascular Risk Factor Control and Clinical Research. These awards were developed to provide recognition to individuals, organizations and interventions that make tangible progress towards population prevention and control of hypertension.

Hypertension is the leading risk for death and for disability globally yet established policy approaches can prevent hypertension, and it is simple to detect, treat and control. The following awards seek to raise the profile and encourage the activities of individuals and organizations in preventing and controlling hypertension and reducing dietary salt at the population level, and thus contribution to the effort to reduce the burden of hypertension globally:

Liu Lisheng Excellence Award in Population Cardiovascular Risk Factor Control:

Recognizes an individual who has made significant contributions in cardiovascular risk factor control at the population level and has been named for the internationally known hypertension researcher and former WHL President Liu Lisheng.

Norman Campbell Excellence Award in Population Hypertension Prevention and Control:

Recognizes an individual who has significantly contributed to hypertension prevention and control and has been named for former WHL President Norman R.C. Campbell.

Peter Sleight Award for Excellence in Hypertension Clinical Research:

Recognizes an individual who has significantly contributed to clinical research in hypertension and has been named for the internationally known clinical researcher and former WHL President Peter Sleight.

Claude Lenfant Award for Excellence in Population Hypertension Control:

Recognizes an individual who has significantly contributed to hypertension control and has been named for the lifetime contributions to hypertension control of former WHL President Claude Lenfant.

Excellence Award in Dietary Salt Reduction at the Population Level:

Recognizes an individual who has significantly contributed to the reduction of dietary salt at the population level.

Detlev Ganten Excellence Award in Hypertension and Global Health Implementation:

Recognizes an individual who has significantly contributed to the implementation of global hypertension reduction initiatives and has been named for former WHL President Detlev Ganten.

2017 Excellence Awardees

Thomas Frieden, MD, MPH: Liu Lisheng Excellence Award in Population Cardiovascular Risk Factor Control

Pedro Ordunez, MD, PhD: Norman Campbell Excellence Award in Population Hypertension Prevention and Control

Neil R. Poulter, MD, MBBS, MSc: Peter Sleight Excellence Award in Hypertension Clinical Research

Edward J. Roccella, PhD, MPH: Claude Lenfant Excellence Award in Population Hypertension Control

Jacqui Webster, PhD, RPHNutri: Excellence Award in Dietary Salt Reduction at the Population Level

Marc G. Jaffe, MD: Detlev Ganten Excellence Award in Hypertension and Global Health Implementation

More details to be provided soon by the WHL Awards Committee



WHL Announces New Special Envoy for Global Pediatric Hypertension - Bonita Falkner MD



BIO

Dr. Bonita Falkner is Professor Emeritus at Thomas Jefferson University. Dr. Falkner has been a member of many NIH working groups, study sections and other national committees to address cardiovascular disease. Dr. Falkner's research has focused on characterizing preclinical phenotypes of hypertension and cardiovascular disease in the young including the unique risk for cardiovascular disease among minority populations, particularly African Americans. In addition to her publications on clinical and translational research, she has authored many papers which provide guidelines for risk reduction and cardiovascular disease prevention beginning in the young. Dr. Falkner chaired the 2004 Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents; and is a participant in the recent update on the pediatric hypertension guidelines.

Pediatric Blood Pressure

The childhood origins of primary hypertension is a concept that is now supported by substantial body of evidence. This evidence has been developed by investigators throughout

continued on page 14

the world. Higher blood pressure is linked with hypertension in young adulthood. More is known about exposures in childhood that contribute to higher blood pressure in youth. Evidence of target organ damage can be detected in hypertensive children and adolescents and even among some children with elevated blood pressure. Tools are available to facilitate early detection of elevated blood pressure and hypertension in children and adolescents; and new guidelines provide directions on evaluation and management of abnormal blood pressure in youth.

Hypertension is a condition in which therapeutic interventions are applied for primary prevention. Treatment of hypertension in adults reduces the risk of significant cardiovascular events that are a consequence of chronic uncontrolled hypertension. Primordial prevention consists of strategies and interventions to prevent the risk factor of elevated blood pressure and/or hypertension. Childhood is an appropriate life phase in which primordial prevention can be applied. It is plausible that attention to healthy diet, physical activity, and maintaining appropriate weight for height could sustain an optimal blood pressure throughout childhood and into young adulthood. We look forward to working with the World Hypertension League in its mission to improve blood pressure control worldwide in children as well as adults.

Bonita Falkner, MD

The International Association of Pediatric Hypertension (IPHA)

PAST MEETINGS OF NOTE



L – R: Dr. Dan Lackland, WHL President, Gayle Whitman, AHA SVP, Nancy Brown, AHA CEO, at the American Heart Association/American Stroke Association Research Leaders Academy July 24-25, 2018 in San Antonio, TX.

LINKS OF NOTE

Hypertension (ISH) Newsletter

<http://pub.lucidpress.com/6a3594cf-c5e0-43d3-b813-0aa7064bd23c/#ldchPZbG1Gfy>



27th Scientific Meeting of the International Society of Hypertension

Abstract Late Breaker Submission: 15 June 2018 – 30 June 2018 | Standard Registration: 16 May 2018 – 15 August 2018

Keynote Speakers

Peter Ganzel, Victor Joseph Deane, David Harrison, Darrel Levy, Nishu J. Saman

www.ish2018.org

**ANNOUNCEMENT
WORLD HYPERTENSION
LEAGUE
EXECUTIVE and MEMBERS
MEETING
BEIJING CHINA
September 20, 2018**

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. Marcelo Orias (Cordoba, Argentina), Vice-President
 Dr. Paul K. Whelton (New Orleans, USA) Vice-President
 Dr. Norman Campbell (Calgary, Canada), Past-President
 Dr. Xin-Hua Zhang (Beijing, China), President-Elect
 Prof. Gianfranco Parati (Milan, Italy), Secretary-General
 Dr. C. Venkata S. Ram (India & Dallas, USA), Treasurer

Board Members:

Dr. Bader Almustafa (Saudi Arabia)
 Dr. Krassimira Hristova (Sofia, Bulgaria)
 Dr. Jacob Plange-Rhule (Africa)
 Dr. Dorairaj Prabhakaran (Delhi, India)
 Dr. Christopher M. Reid (Australia)
 Prof. Zhaosu Wu (China)

Special Advisor to the Board:

Dr. Liu Lisheng (Beijing, China)

ISH Representation:

Dr. Neil Poulter (London, UK)
 Dr. Rhian Touyz (Glasgow, UK)

WHO Representation:

Dr. Cherian Varghese MD., Ph.D. (Geneva, Switzerland)

Secretariat:

Dr. Xin-Hua Zhang
 E-mail: whleague17@gmail.com
 Internet: <http://www.whleague.org>

Editorial Office:

Editor-in-Chief: Dr. Lawrence Beilin
 Associate Editor: Mary L. Trifault
 E-mail: whleague17@gmail.com

Associate Editors:

Dr. Norman Campbell
 Dr. Detlev Ganten

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

Calendar of Events

American Heart Association Council on Hypertension

Chicago Illinois
 September 6-9, 2018
[click here](#)

4th International Conference on Hypertension & Healthcare

Zurich, Switzerland
 September 10-11, 2018
[click here](#)

2018 International Society of Hypertension (ISH)

Beijing China
 September 20-23, 2018
[click here](#)

3rd UN Highlevel Meeting on NCDS

New York, NY
 September 27, 2018
[click here](#)

World Health Summit

Berlin, Germany
 October 14-16, 2018
[click here](#)

11th World Stroke Congress

17-20 October 2018
 Montreal, Canada
[click here](#)

34th World Congress of Internal Medicine

Capetown, South Africa
 October 18-21, 2018
[click here](#)

ARTERY 18

18-20 October 2018
 Guimarães, Portugal
[click here](#)

Joint Symposium of the Southern Medical Association/Carolinas-Georgia-Florida ASH Chapter

November 2, 2018
 Charleston, South Carolina
[click here](#)

WHF World Congress of Cardiology and Cardiovascular Health

December 5 – 8, 2018
 Dubai, UAE
[click here](#)

16th Annual Congress of the Malaysian Society of Hypertension

January 19-21, 2019
 Kuala Lumpur, Malaysia
[click here](#)