



WHL • NEWSLETTER

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

No. 166, December 2019

Note from the Editor



Dr. Dan Lackland

As we finish an exciting year with this Newsletter, it is great to see the accomplishments for the past quarter. The **Sao Paulo Call to Action** has taken off with actions throughout the world. The energy and enthusiasm for hypertension control was certainly evident at

the many recently held global-level meetings. The Scientific Writing Workshop resulted in several excellent publications from early career authors from around the world.

While the accomplishments from 2019 are impressive, 2020 brings some great opportunities and initiatives that are showcased in the Newsletter.

Please consider nominations for the WHL Excellence Awards and sponsorship for the Children's Art Contest. The Newsletter will include new education sections in 2020, and will enhance the global voice for hypertension control through collaboration.

SEASON'S GREETINGS FROM WHL



President's Column



Dr. Xin-Hua Zhang Welcome to the last issue of the WHL Newsletter in 2019. In this joyful holiday season, we celebrate the accomplishments of WHL member organizations and partners in hypertension control and prevention globally in 2019: advocating hypertension guidelines, promoting blood pressure awareness, implementing the HEARTS package, and participating in national policy-making processes. In 2019, we announced the *Sao Paulo Call to Action* for the prevention and control of hypertension; in 2020, we look forward to taking action with all our partners worldwide to save more lives through precise diagnoses and more efficient hypertension control.

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CHILDREN'S ART COMPETITION 2020

Awareness is a key component of global hypertension control, and young people can be the start. The WHL Children's Art Competition is a key component of the 2020 World Hypertension Day awareness campaign. Winning artwork will be recognized on the WHL website and in the Newsletter.

The theme of the artwork can be any aspect of hypertension: **blood pressure measurement, stroke and cardiovascular disease prevention, healthy lifestyle, healthy diets including salt reduction, high blood pressure risks, etc.**



2018 First Place Winners Melina Florian & Karla Gallardo from LA, California



2018 First Place Winners O.S., S.B.B. and Z.Z., from Hadassah, Israel, *A Healthy vs. Clogged Artery*

CHILDREN'S ART COMPETITION WORLD HYPERTENSION DAY 2020

Young people from around the world are invited to submit a poster depicting high blood pressure for 2020 World Hypertension Day.

SUGGESTED ART MEDIUM: HAND DRAWN POSTERS

Topics Include:

- Blood pressure measurement
- Stroke and cardiovascular disease prevention
- Healthy lifestyle
- Healthy diets including salt reduction

Submission Guidelines:
www.wahlague.org/awardaction
Deadline March 1, 2020
Submit artwork at wahlague7@gmail.com

First Place 2018: *A Healthy vs. Clogged Artery* by O.S., S.B.B. & Z.Z.

Second Place 2018: *The Pressure Cooker* by Grade 6A

2018 First Place Winners: Melina Florian & Karla Gallardo

2018 First Place Winners: Ashley Kim, Gabriela Garcia and Corina Lemus

We look forward to children using their artistic skills to show their friends and families their ideas about hypertension. The Announcement,

Submission Form and promotional poster for the Art Competition can be downloaded [here](#).

Program Sponsors

Daniel T. Lackland, DrPH, Prof. of Epidemiology, Medical Univ. of South Carolina; WHL Past President
Edward J. Rocella, PhD, MPH, Coordinator, U.S. National High Blood Pressure Education Program; National Institutes of Health (ret); Chair, Strategic Action Comm. InterAmerican Soc. for Hypertension
Bonita Falkner, MD, Professor Emeritus, Thomas Jefferson University; Chair, Executive Committee, The International Pediatric Hypertension Assoc. (IPHA), WHL Pediatric Envoy

CALL FOR NOMINATIONS - 2020 EXCELLENCE AWARDS

To nominate an individual or an organization, download guidelines & application forms [here](#).

Award Categories:

Norman Campbell Excellence Award in Population Hypertension Prevention and Control

Detlev Ganten Excellence Award in Hypertension and Global Health Implementation

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

Claude Lenfant Excellence Award in Population Hypertension Control

Lisheng Liu Excellence Award in Population Cardiovascular Risk Factor Control

Graham MacGregor Excellence Award in Dietary Salt Reduction at the Population Level

Peter Sleight Excellence Award in Hypertension Clinical Research

WHL Organizational Excellence Award

SAO PAULO CALL TO ACTION

Call to Action
for the prevention and control
of high blood pressure
Sao Paulo 2019



The Sao Paulo Call to Action has been published in the *Journal of Clinical Hypertension (JCH)*. To download the full version please [click here](#)

2019 WHL EXCELLENCE AWARDS: WINNERS COMMENTARIES

Priorities for hypertension prevention and management in the next 5 years

By Dr. Wang Hao, Hypertension Department, Henan Provincial People's Hospital, China

Winner, Lisheng Liu Excellence Award in Population Cardiovascular Risk Factor Control

It is a great honor for me to receive the 2019 Lisheng Liu Excellence Award in Population Cardiovascular Risk Factor Control. Over the years, I have the opportunity to work with WHL in China on the control and prevention of cardiovascular disease and its major risk factors, especially hypertension, in population under the leadership and substantial support from Professor Liu Lisheng and Professor Zhang Xinhua.

My opinions about the priorities for hypertension management over the coming 5 years are as follows:

1. Authoritative and academic organizations for the prevention of hypertension improve the awareness, treatment and control rates of hypertension using various media including microfilms and WeChat, which are easy to understand and remember for the public (e.g., What is hypertension? What are the dangers? How to measure blood pressure accurately? What are the benefits of making lifestyle changes and using standardized antihypertensive drugs as early as possible?).
2. Self-blood pressure measurement and intelligent blood pressure management should be applied to hypertensive and healthy populations.
3. To improve the control rate of hypertension, the standardized treatment of hypertension should be available in all basic medical and health institutions.
4. Establish a hypertension management system with government-led, medical institution technical support, and primary medical institutions as the main body.

Priorities for hypertension prevention and control in the Americas Region of over the next 5 years

By Dr. Anselm Hennis, Dir., Department Noncommunicable Diseases and Mental Health, Pan American Health Organization (PAHO)/ World Health Organization (WHO)

Winner, WHL Organizational Award for Excellence in Hypertension Prevention and Control

Elevated blood pressure is the principal modifiable risk factor for cardiovascular diseases, the leading cause of death and disability in the Americas, accounting for almost a third of mortality annually. [1; 2]

The WHO Global Action Plan for the prevention and control of noncommunicable diseases [NCDs] established a target of a 25% relative reduction in premature mortality risk from noncommunicable diseases by 2025. [3] Inextricably linked to this outcome are 8 targets including reduction of the risk factors physical inactivity, harmful alcohol use, tobacco use, and sodium intake, as well as halting the rise in obesity and diabetes, which all positively impact hypertension prevention and control.

In contrast to North America, higher rates of hypertension are consistently reported from Latin America and the Caribbean. [4; 5] There are limited data available on blood pressure control at the population level, but available evidence indicates better hypertension control in higher income countries. [4; 6; 7; 8] Of note, there are particular lessons to be learned from the Canadian experience, where hypertension control rates increased fivefold over the past 3 decades from 13% in the late 1980s. [9] These successes involved government and societal collaboration; were underpinned by defined public policies; community-based programs were instituted including health promotion and health checks; partnerships were built in care provision; there was use of clinical management guidelines; while research guided periodic amendments, and activities were conducted in the context of transparent governance and accountability. [9]

An approach to blood pressure control that is making a significant impact in this Region, is the **HEARTS** protocol implemented in the primary

care system to improve care delivery and based on **healthy** lifestyle counselling; simple and standardized **evidence-based** protocols; **access** to essential medicines and technologies; cardiovascular **risk** assessment and management; **team-based care** and task sharing, and **systems** for monitoring and feedback. [10; 11; 12] PAHO has worked closely with several countries in the roll out of this clinical package, with implementation initiated presently in a dozen Latin American and Caribbean countries. Next steps will include the sustainable national scale up within the primary care setting, with potential incorporation of innovations such as fixed dose combination medications in the initial treatment of hypertension and standardized, validated blood pressure measurement equipment, as countries progress to universal health coverage. [13; 14]

In order to achieve the imminently approaching 2025 global NCD targets, there must be significant strengthening of health systems and services at the primary care level in the Americas in order to address noncommunicable diseases. Risk factor prevention can only be achieved if national policies are instituted and enforced that make healthy choices the easier choices through creation of enabling environments. Significantly, improved hypertension prevention and when necessary the early detection and control of hypertension are all eminently achievable through multisectoral and intersectoral coordination, with a health-in-all-policies at the center, as countries look towards achieving sustainable development goals.

Priorities for hypertension prevention and management in the next 5 years

By Dr. Weizhong ZHANG, MD

Shanghai Institute of Hypertension, China

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

1. We should actively respond to the WHL "*Call to Action*" for the prevention and control of high blood pressure (Sao Paulo 2019). Measure blood pressure regularly, develop education programs and use a simple algorithm to diagnose and manage.

2. We should explore different management models for the prevention and control of high

blood pressure in populations, according to the development of the social, economic and cultural situation in different countries.

3. We should actively promote blood pressure measurement out of office for patients and connect blood pressure readings with health care providers through digital and mobile tools, thus achieving the combined strategy of self-management and remote-management.

4. We should actively explore critical pathophysiology mechanisms and develop or open up new drugs or ways for the management of hypertension and its complications, such as inflammatory immunity or renal sodium excretion using for reference of SGLT2 inhibitors in diabetics.

5. We should pay attention to the effect and impact of sleep-disorder and psychological anxiety as risk factors in the development of hypertension and the variability of high blood pressure, in addition to salt and obesity.

Priorities for hypertension prevention and management over the coming 5 years - an international viewpoint

By Professor Francesco P Cappuccio, MD, MSc, DSc, FRCP, FFPH, FBIHS, FESC, FAHA; Chair of Cardiovascular Medicine & Epidemiology, Univ. of Warwick, Warwick Medical School, Coventry, UK; Dir., WHO Collaborating Centre for Nutrition

Winner, 2019 WHL Recognition of Excellence Award in Dietary Salt Reduction

High blood pressure (hypertension) is the most common risk factor for the development of cardiovascular disease, in turn, responsible for most deaths, morbidity and disabilities globally. Over 70% of these deaths and disabilities are recorded in low and middle-income countries, where health-care facilities (for prevention, detection and management) are still sub-optimal or lacking.

We have drugs that reduce high blood pressure effectively and lower the incidence of cardiovascular events, like heart attacks, strokes, heart failure and renal failure. However, we are still not able to maximise the health benefits as 50% or less of those treated ever achieve optimal blood pressure targets.

Increased awareness, capacity building, training, improved availability of - and access to - cheap drugs, universal health coverage, are only some of the actions needed.



As predicated by Jeremiah Stamler, the above “strategy is late, defensive, reactive, time consuming, associated with side effects, costly, only partially successful, and endless”. On the other hand, “if we wish to find the causes of hypertension, then we need to study the determinants of average blood pressure” (Geoffrey Rose). Altering the modifiable factors responsible for the rise in blood pressure as we grow older would provide a radical solution to the problem.

High salt consumption has been identified as one of the ‘best buy’. Salt consumption is much higher than needed. High salt intake increases blood pressure in humans. A reduction in salt consumption causes a dose-dependent reduction in blood pressure and is associated with lower morbidity and mortality from cardiovascular disease. A population reduction in salt consumption is feasible and effective (*preventive imperative*), cost-saving in all settings (*economic imperative*), powerful, rapid, equitable (*political imperative*), life-saving (*moral imperative*).

A global reduction in salt consumption towards an ideal target of no more than 5 g of salt per day would provide immediate fast and equitable health benefits in the next 5 years across the range of blood pressures. Building the necessary conditions to improve health care systems and their delivery of care to those who need most will follow in the longer term.

Further reading:

Cappuccio FP. Section 44.6. Sodium and potassium intake, blood pressure and cardiovascular prevention. In: The ESC Textbook of Cardiovascular Medicine, Third edition. AJ Camm, TF Luscher, G Maurer, PW Serruys eds. Oxford Univ. Press, 2018.

Hypertension Priorities and The Three Dimensions of Excellence

By Dr. Ricardo Lopez Santi

Winner, 2019 WHL Recognition of Excellence Award in Hypertension and Implementation

Strategies for prevention and management of the hypertension must be included in the main actions for the prevention and control of Chronic Non-communicable Diseases. A global strategy should be based on three essentials pillars:

1. The population approach, which means that interventions are carried out in the entire population regardless of the level of individual risk. The goal is to stimulate people’s awareness and empowerment. They should know their own measures like weight and blood pressure, and be capable of designing their own healthy foods agenda.
2. The individual approach, which depends upon detecting people with high cardiovascular risk. This is essential to ensure peoples’ access to services and medicines, not only in terms of the therapeutic effects of drugs, but also concerning strategies to improve adherence to treatments based on fixed combinations of drugs and polypills.
3. Epidemiological surveillance, as a systematic health survey with some useful indicators that enables the development of data dashboards on each community for the appropriate management of interventions.

Three Dimensions of Excellence

Excellence is a word that refers to an attribute, talent or virtue, possible to project in different dimensions determined by the perspective of the one who analyzes it.

One of these dimensions arises directly from the virtuous and aseptic conception of the term “excellence.” Such a term is applied to one who has exceeded a quality standard either in the implementation of a particular technique with a superior ability, or in the assessment of valuable contributions made throughout a professional career. This second interpretation is what seems to move the World Hypertension League to grant this award. Assuming so, the beneficiaries are people with good fortune. First, although they compete in a world with several persons that may have shown similar skills in the same

field, their performance is the one that has caught the attention. Secondly, the fact that this award is based on nominations made by peers implies a foundation that relies on our colleagues' generosity and experience. This system, albeit reasonable, is still subject to subjectivities that may leave other better prospects out of the picture.

A second dimension comes from the perspective of the recognized person's community. Here, the impact tends to be highly positive, since the community receives a clear message supporting meritocracy. Recognitions made by institutions like the WHL increases the society's willingness to facilitate and contribute to the work carried out by the beneficiaries. This effect generates a positive feedback between members of the community and strengthen the society's welfare.

The third dimension is provided by the beneficiary's own perspective. The immersion in daily work takes away the shine from the self-perception of our achievements. However, sometimes it is the valuation made by others that enhances our ego and help us to reduce the huge gap that we perceive between where we are and our zenith. Undoubtedly, this recognition provides further strength for what remains to be done.

As Aristotle said almost 25 centuries ago, *"Excellence is an art gained through training and habit; we do not act correctly because we have excellent virtues, but we are virtuous because we act correctly. Excellence, then, is not an event, but a habit."*



CDC Hypertension Control Meeting

By Jessica Mullen, MS, RD; Health Policy Analyst II, Veritas Mgmt. Group, Inc.; Policy, Ext. Relations and Comms.; Div. for Heart Disease and Stroke Prevention; Centers For Disease Control & Prevention

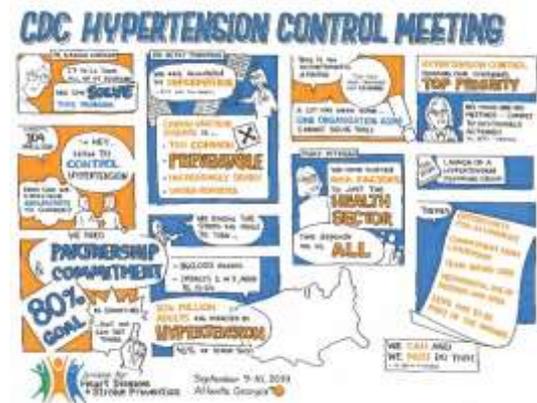
CDC hosted a Hypertension Control meeting in Atlanta, Georgia on September 9–10, to unite organizations nationwide **to increase the current hypertension control rate to 80% by 2022**. More than 70 national, regional and local partners participated representing public health; health care; academic researchers; thought leaders; health insurance/payers and private sector employers. The meeting's goal was to promote evidence-based strategies to

improve hypertension control that affect large segments of the population. During the meeting, attendees shared best practices and proven strategies for hypertension control, participated in small group sessions on how to implement and commit to best practices, and CDC shared how they are currently supporting this work.



Dr. Raj Padwal, Dr. Betsy Thompson, Dr. Dan Lackland

To close, CDC announced its intent to form a Hypertension Control Consortium. The goals of the Hypertension Control Consortium include committing to promoting best practices, supporting the development of publications, and actively spotlighting the need for improved hypertension control in the U.S.



Congratulations to Dr. Paul Whelton, WHL President-Elect, on receiving the American Heart Association (AHA) Distinguished Scientist Award, the organization's highest award in recognition of contributions by a cardiovascular disease researcher.

WHL WELCOMES NEW BOARD MEMBERS – Dr. Mario Fritsch Neves and Dr. Raj Padwal



Dr. Mario Fritsch Neves, MD, PhD, FESC

BIO: Professor of Internal Medicine, State University of Rio de Janeiro; Director of the Faculty of Medical Sciences; Master in Cardiology, PhD in Biological Sciences, Fellowship in Experimental Hypertension,

Institute of Clinical Research of Montreal; Past president, Brazilian Society of Hypertension

Knowing vascular age can increase hypertensive patient compliance

It is well established that every hypertensive patient needs a comprehensive cardiovascular risk assessment to aid in therapeutic decision making and prognostic analysis. In fact, several algorithms and risk scores based on populational studies have been created in recent decades. However, there are no data in Latin America for a more accurate assessment of cardiovascular risk in the population of this region, since “Framingham Risk Score” is more specific to North America and the “Score” is validated for the European population.

Therefore, the current Brazilian Guidelines on Hypertension recommend using different risk scores to aid in clinical decision making. In this context, the concept of vascular aging has been growing in Brazil. There are currently different ways to estimate vascular age, but regardless of the method, informing the patient of his or her arterial age and degree of vascular aging may increase patient adherence to treatment, improve the efficiency of non-pharmacological and drug management, and contribute to the strategy of modifying cardiovascular risk factors, thus reducing complications and mortality of hypertensive patients.

Dr. Mario Fritsch Neves



Dr. Raj Padwal, MD

BIO: Professor of Medicine, University of Alberta; Director, Univ. of Alberta Hypertension & Dyslipidemia Clinic; Academic General Internal Medicine specialist with expertise in Clinical

Pharmacology and Clinical Epidemiology; CIHR, AI, and IRAP funded researcher in the fields of technology assisted care and blood pressure measurement; Co-Founder and CEO of a University of Alberta start-up company, mmHg Inc.; Past Chair of the Hypertension Canada clinical practice guidelines and member of national and international blood pressure guideline committees; Consultant to ResolvetoSaveLives

Dear Colleagues,

I am honoured to join the Board of the World Hypertension League. I am a Professor of Medicine, Director of the Hypertension Dyslipidemia Clinic at the University of Alberta, and Past Chair of the Canadian Hypertension Education Program.

One of my passions is to improve use of and access to proper home blood pressure (BP) monitoring. Home BP monitoring confers many advantages; unfortunately, many barriers exist to its proper use. Patients often fail to report readings, data are not collected in a useful format, and physicians do not calculate mean BP or act on the results.

With funding from the governments of Alberta and Canada, we have formed a University-based start-up, mmHg Inc. and have released a home BP telemonitoring system called Sphygmo Home. We are looking for partners to deploy this system and improve home BP monitoring globally.

Please email me at rpadwal@ualberta.ca if you are interested in collaborating!

AIM-BP Collaborative

By Dr. Raj Padwal

The Accuracy in Measurement of Blood Pressure (AIM-BP) collaborative is a recently announced initiative supported by the World Hypertension League and focused on improving blood pressure

measurement globally. AIM-BP is meant as an open, collegial, supportive collaboration and we invite interested individuals in the field of blood pressure measurement to join. It is not meant to replace other initiatives, but, rather, to assist and augment past and current efforts. AIM-BP is structured such that experts interested in a particular topic join together to co-author a summary document describing current challenges and propose solutions. It also includes an industry advisory group that is encouraged to provide input to the larger membership. *The Journal of Clinical Hypertension (JCH)* has kindly accepted to publish output from AIM-BP Collaborative authors.

Many challenges exist in the field of blood pressure measurement at local, regional, national, and international levels. In an introductory paper published in the *Journal of Clinical Hypertension*, ([click here to download](#)) the major priority areas of the collaborative are outlined. AIM-BP is unfunded and, its success, to a great extent, will depend on contributions from its members. A major objective is to help provide mentorship to junior investigators in the field and to serve as a forum to discuss local and regional challenges and propose solutions. It is hoped that AIM-BP will serve as a platform to collaborate, innovate, and push the field of blood pressure measurement forward globally. ■

SOUTH CAROLINA RESOLUTION: WORLD HYPERTENSION DAY

A House Resolution to Celebrate May 17, 2019, as “World Hypertension Day” in South Carolina

Whereas, the South Carolina House of Representatives finds it altogether fitting and proper to pause in its deliberations to congratulate those citizens who make significant contributions to the betterment of the Palmetto State; and Whereas, Dr. Daniel T. Lackland, Professor of Epidemiology at the Medical University of South Carolina, certainly stands among their number for his efforts to improve cardiovascular health, particularly with respect to hypertension; Now, therefore, Be it resolved by the House of Representatives, That the members of the South Carolina House of Representatives, by this resolution, congratulate Dr. Daniel T.

Lackland for his laudable contributions to the advancement of the field of cardiovascular epidemiology and population high blood pressure control efforts, and to celebrate **Friday, May 17, 2019, as “World Hypertension Day” in South Carolina.**

SCIENTIFIC WRITING WORKSHOP

By Jennifer M. Keltz, CDC/DDPHSIS/CGH/DGHP

To support upcoming authors working on cardiovascular health globally, from Oct 25-Oct 27, CDC Foundation hosted a three-day Scientific Writing Workshop in Decatur, GA.

The workshop was held before the TEPHINET Conference in Atlanta to aid key audiences in:

- Learning how to develop and prepare projects for a peer-reviewed publication
- Learning about and applying principles of clear and concise scientific writing
- Understanding the manuscript submission and peer-review process
- And discovering resources and strategies for writing and publishing scientific papers

The two main audiences for the workshop were FETP NCD residents and 20 RTSL-supported authors. The workshop included over 60 participants from China, Egypt, Ethiopia, India, Italy, Mozambique, Pakistan, Poland, Russia, Scotland, Spain, Thailand, and the U.S. as well as a representative from PAHO.

FETP NCD residents are junior-level epidemiologists from low- and middle-income countries (LMICs), currently in their FETP residency. FETP NCD residents are encouraged to develop a manuscript or conference presentation from their field investigation projects, yet there is the need for scientific writing guidance and support among this audience. FETP NCD residents are mentored by FETP NCD mentors, who have varying levels of experience in publishing in scientific journals. Some FETP NCD mentors were also present for the workshop.

RTSL-supported authors are from LMICs, where Resolve to Save Lives is implementing strategies through its cardiovascular health initiative. They were invited to prepare

manuscripts to submit to a supplemental issue in the *Journal of Clinical Hypertension*, showcasing the implementation progress of hypertension management, sodium reduction, and artificial trans-fat elimination strategies in the population. The authors are preparing full-length manuscripts suitable for submission to the special issue; yet, they have varying levels of experience in publishing in scientific journals. RTSL-supported authors are mentored by the Lancet Commissioners on Hypertension, some of whom were present for the workshop. Three researchers from Johns Hopkins University were also present to provide additional coaching and mentorship during the workshop.

During the workshop, participants learned about the process of drafting and submitting manuscripts to peer-reviewed journals from leading CDC instructors on scientific writing, Drs. Paul Siegel and John Iskander. Each afternoon, participants had dedicated writing sessions to refine their scientific writing skills. The time for mentors and mentees to work together face-to-face was very well received by all.

The workshop also included two guest speakers, editors in chief from the *Journal of Clinical Hypertension* and *Preventing Chronic Disease*, who provided guidance on disseminating public health work through peer-reviewed journals and the journal review process.

Finally, a networking reception was held on Saturday evening to encourage collaboration and growth of global professional networks between participants.



Scientific Writing Workshop: L-R: Dr. Mandar Kannure PATH India, Dr. Qaiser Mukhtar, CDC, Dr. Michael Weber, and Dr. Ashish Krishna, Senior CVHO RTSL

UPCOMING MEETINGS OF NOTE

ISN World Congress of Nephrology March 26 - 29, 2020, Abu Dhabi, UAE



In 2020, the WCN is hosted in collaboration with the Emirates Medical Association of Nephrology Society (EMAN). The WCN features content that is relevant on a regional and global scale: symposia, presentations, training programs and courses offering the latest state-of-the-art science and education in the field of nephrology.

WCN is an excellent opportunity to meet experts and peers from around the world to exchange ideas and best practices. This truly international gathering, renowned for its scientific excellence, covers the full spectrum of nephrology. **To register [click here](#)**

ESH-ISH Joint Meeting

May 29 - June 1, 2020 Glasgow, UK



To register [click here](#)



PAST MEETINGS OF NOTE

WHL and LASH Joint Session

By Agustin Ramirez, Favaloro Foundation, Buenos Aires, Argentina, President of LASH, and Gianfranco Parati, Professor of Cardiovascular Medicine, University of Milano-Bicocca and Scientific Director, Istituto Auxologico Italiano, IRCCS, Milan, Italy, Secretary General, World Hypertension League

A joint session of WHL and LASH was held on November 2nd in Asuncion, Paraguay, as part of the XVII CONGRESO DE LA SOCIEDAD LATINOAMERICANA DE HIPERTENSIÓN

ARTERIAL, VI CONGRESO DE LA SOCIEDAD CENTROAMERICANA Y DEL CARIBE DE HIPERTENSIÓN ARTERIAL Y PREVENCIÓN CARDIOVASCULAR Y IV CONGRESO PARAGUAYO DE HIPERTENSIÓN ARTERIAL Y DISFUNCIÓN ENDOTELIAL.

During this session, quite well attended in spite of being scheduled on the last day of the congress, a lot of evidence was given to the fruitful collaboration between the World Hypertension League and the Latin American Society of Hypertension.

The introduction and the first speech were given by Prof. Agustin Ramirez, incoming President of LASH, who provided a quite detailed description of the mission and role of WHL, with its implications of hypertension control in Latin America. The next presentation by Dr. José Ortellado (Paraguay) focused on the current situation of hypertension management in Paraguay, highlighting a number of issues still in need of being addressed. An interesting and updated overview of the epidemiology of arterial hypertension in Latin America was then given by Dr. Margarita Diaz, from Uruguay. Finally, I was asked to present the current status and progress of eHealth technology and in particular of the present role of smartphone applications in promoting a better hypertension management and control. Dr. Myrian Ayala closed the workshop.

The attention given by LASH to WHL activities was remarkable and I wish to thank Dr. Agustin Ramirez for his availability to promote further positive collaboration between LASH and WHL during his incoming Presidency.

Hypertension Council Meeting

By Karen Griffin, MD; Chair, AHA Council on Hypertension; Chief, Section of Nephrology, Edward Hines, Jr. VA Hospital; Professor of Medicine, Loyola University Medical Center

This year's Hypertension Scientific Sessions held in New Orleans with over 700 attendees representing 28 countries brought together hypertension thought leaders from academia and clinical practice. In 31 oral abstract sessions in addition to concurrent Primary Care and Clinical Practice Clinical Science track sessions the latest developments in basic, clinical, and population research in the field of hypertension along with the most effective means for detecting, evaluating and treating high blood

pressure across diverse populations was presented. In our opening plenary session, we had two excellent keynote lectures on the genome, one by Dr. Mingyu Liang from the Medical College of Wisconsin entitled: "Light in the Dark Genome for Hypertension Research" and the other by Dr. Mark Caulfield from Genomics England & QMUL, London, United Kingdom entitled: "Blood Pressure Genomewide Studies at One Million."

In addition to excellent programming, the Council on Hypertension has outstanding members that are recognized both nationally and internationally. This year three members of our council were recognized as 2019 AHA Distinguished Scientists: Costantino Iadecola, MD from Weill Cornell Medicine, NY; Suzanne Oparil MD from University of Alabama, Birmingham, AL; and Paul Whelton, MD, from New Orleans, LA.



Our council member, Dr. Jeffrey A. Cutler was this year's recipient of the World Hypertension League Claude Lenfant Excellence Award in Population Hypertension Control.



The recipient of the 2019 Excellence Award for Hypertension Research went to Rhian M. Touyz, PhD from the University of Glasgow; Glasgow, Scotland.

I would like to take this opportunity to thank Curt Sigmund, Jan Basile and the other members of the scientific programming committee for putting together an excellent meeting! I have no doubt that next year's meeting will also be outstanding and welcome everyone interested in the field of hypertension to attend.

So please mark your calendars:

**2020 Hypertension Scientific Sessions
Hilton Riverside, New Orleans, LA
September 5-8th, 2020**

European Society of Hypertension Meeting

By Prof. Konstantinos Tsioufis



The 29th European Meeting on Hypertension and Cardiovascular Protection that took place in Milan was a great success and a great opportunity to celebrate the 30th anniversary of ESH since its established in 1989. Close to 2500 attendees gathered from around the globe for a wonderful opportunity to connect with new and old peers at ESH 2019. Exciting scientific sessions, satellite symposia and exhibition kicked off after the welcome from the ESH President at the Opening Ceremony. Full of excellent presentations and cutting-edge clinical science covering all fields of interest.



For instance, in an interesting retrospective study by Kyriakoulis K et al. utilizing data from Greece, Finland and the UK, the prevalence of ambulatory, home or dual masked hypertension was found to be 23% among treated/untreated adults. An update by Bombelli M et al. from data from the PAMELA study, showed that over an impressive 26-year follow-up there is a long-term increase in office and ambulatory blood pressure that is only partially accompanied by heart rate changes. In an analysis of the Global Symplicity Registry performed by Ott C et al, a greater office blood pressure reduction, but no difference in ambulatory blood pressure, was observed in patients without compared to with chronic kidney disease. Finally, in a study by Palatini P et al, among young patients with stage I hypertension, short-term systolic, but not long-term, blood pressure variability was associated

with a significant increase in risk of cardiovascular events.

The ESH and the Organizing Committee is looking forward to welcoming you to the Joint ESH/ISH Meeting in Glasgow from May 29 – June 1, 2020.



Hypertension Canada Congress

Highlights of the Canadian Hypertension Congress: A Whole Patient Approach

By Crystal Ceres, Hypertension Canada Communications Manager

Over 250 delegates attended the 2019 Canadian Hypertension Congress, held September 25 - 28 in Edmonton, Alberta. Here are a few highlights from this year's conference.

Women In Hypertension Panel Discussion - Addressed the unique systemic and structural barriers that women face in their respective fields.

Addressing Challenges in Primary Care Patient Care - A joint discussion between a pharmacist, physician, and patient on the challenges faced by primary care professionals in the management of hypertension.

Young Investigator Forum - Over 60 trainees attended career development sessions and CV mentorship clinics to prepare for a successful future in hypertension research.

Rapid Fire Sessions - Featured the latest advances in the detection and management of hypertension and its associated conditions.



Panelists Dr. Nadia Khan, Dr. Ulrike Muscha Steckelings, Dr. Doreen Rabi, Dr. Rob Gros, Dr. Kim Kelly



Dr. Ross Tsuyuki speaks at a panel session.

The Canadian Hypertension Congress is Canada's largest national scientific and educational conference of its kind. Our Primary Care Track addressed the most-requested topics in hypertension and adjacent conditions for whole-patient care, including Cardiovascular Disease, Dementia, Diabetes, Kidney Disease, and Obesity.

Read more Congress highlights [here](#).

UNITED NATIONS SIDE MEETINGS

Global Coalition for Circulatory Health

By Kelcey Armstrong-Walenczak
World Heart Federation

Building on the White Paper for Circulatory Health, which was launched by the Coalition for Circulatory Health in 2018 in New York on the occasion of the High Level Meeting on Non-communicable Diseases, a meeting of the Global Coalition was held on 24 September to address the issue of how multi-morbidities prevention and control can improve circulatory health management and assess which measures are needed in order to ensure that health systems respond to the increasing burden of multi-morbidities.

Following introductory and context-setting remarks by WHF Past President David Wood and WHO Assistant Director-General Ren Minghui, two panels discussed and debated the growing problem of multi-morbidities. In Panel 1, main takeaways included the importance of accessible data in adequately addressing multi-morbidities, increasing awareness of their prevalence across the public health space, and including patients in dialogue at all levels. In the second panel, which viewed the issue through the lens of the healthcare workforce, participants noted that health funding is often set up to address specific diseases rather than multi-morbidities, healthcare workers and systems need to be adequately supported to engage in

effective primordial prevention, and NCDs impact not only health but the evolution of the workforce, social structures, and family life. The outcomes of this meeting will guide the Coalition over the coming months as it meets and works to develop a strong and cohesive strategy for collective action on circulatory health.



ISN/WHL collaboration in New York City, September 2019: l-r: Dr. Vivek Jha, Dr. Charu Malik, Luisa Strani, ISN, Dr. Dan Lackland, WHL Past President, Dr. Michael Weber, JCH Editor-in-chief

Patients with Multiple Comorbidities – UN High Level Meeting

By Dr. Michael A. Weber, MD

The World Hypertension League participated in this meeting focused on patients with this challenging issue during the United Nations sessions in New York in September.

WHL was one of several organizations – many of them our partners in the global fight against hypertension – that came to discuss this complex problem. Of course, co-morbidities of interest are prevalent across the globe regardless of economic status. Lipid disorders, diabetes, smoking, and dietary sodium excess are among the factors that predispose to premature stroke and cardiovascular outcomes. Obesity, even in low and middle income countries, has emerged as an underlying cause of what is often described as the metabolic syndrome.

Some delegates passionately described the enormous difficulties of dealing with these issues in settings where education and clinical services are sparse and where “unhealthy” diets are often more affordable than diets based on fresh produce and other products with low lipid and salt content. I had the honor of representing the WHL at the meeting and argued that we should deal with what we can –

for instance hypertension – and not delay at this early stage in achieving at least some good progress as we wait for resources to address the bigger picture. More meetings of this group are planned. ■

PAHO in the News

Focus on Trinidad and Tobago and Saint Lucia

By Donald J. DiPette M.D., WHL Envoy to Latin America and the Caribbean; Health Sciences Distinguished Professor, USC School of Med., Columbia, South Carolina

Efforts to address the increasing global cardiovascular disease burden, especially hypertension control, continue to expand rapidly in Latin America and the Caribbean. This extraordinary expansion continues to be led by the unique and synergistic collaboration of key stakeholders including the Pan American Health Organization (PAHO), the regional office of the World Health Organization (WHO) for the Americas, the Centers for Disease Control and Prevention of the United States (CDC), the Resolve to Save Lives Initiative, and the World Hypertension League (WHL).

The first cohort of countries participating included Barbados, Chile, Colombia, and Cuba. The second cohort of countries includes Argentina, Ecuador, Panama, and Trinidad and Tobago. The third cohort of countries are in pre-implementation or implementation phases and includes the Dominican Republic, Ecuador, Mexico, and Peru. This report will focus on the efforts in Trinidad and Tobago and St. Lucia in the Caribbean and highlights the close collaboration between counties in different stages of development.



In July, the Trinidad and Tobago HEARTS National Workshop and Official Launch took place in Port of Spain. The purpose of the launch

was to promote the HEARTS Initiative as a national approach to tackling cardiovascular disease by primarily controlling hypertension. The workshop brought together a wide cross section of the population, highlighted by the Featured Address given by The Honorable Terrence Deyalsingh, Minister of Health. Leadership from PAHO, CDC, and HEARTS consultants participated and presented throughout the meeting. In addition, setting the stage for implementation and future scaling up were discussed and plans put in place.

The leadership of St. Lucia held a meeting to introduce HEARTS in October. Also attending the meeting were U.S. CDC Consultants (Donald DiPette and Dr. Kenneth Connell) and PAHO leadership. Leadership from St. Lucia included Chief Medical Officer Merlene Fredericks and HEARTS country coordinator, Shana Cyr.



Members of the Team attending the Ciceron Health Clinic in Gros Islet. From right - Prof. Donald DiPette (US CDC Consultant), Ms. Gloria Geraldo (PAHO Headquarters Washington, DC), the Head Clinical Nurse at Ciceron, Dr. Kenneth Connell (US CDC Consultant), and other staff nurses.

The meeting consisted of interactive sessions and presentations detailing the significance of cardiovascular disease, especially hypertension, the introduction of the HEARTS Initiative, and visiting one of the primary care health centers. The team also had the opportunity to receive critical feedback from nurses present at the clinic, about what were some of the “on the ground” challenges currently being faced, and how the HEARTS program might improve these challenges and increase the control rate of hypertension.

PAHO continues to be in a key position to support and to play an important key role in improving the lives of individuals by addressing the global burden of cardiovascular disease.

CONNECTIONS OF NOTE

LINKS A global community for cardiovascular health

LINKS members are eligible to apply on behalf of government, non-governmental organizations, or the private sector for one-time, catalytic grants to improve cardiovascular health in low- and middle-income countries (LMICs). For more information on **LINKS** grants, please go to [this link](#).

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

World Stroke Organization (WSO) Current Newsletter [Click here](#)

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

SCIENCE OF SALT WEEKLY –
Publication of weekly Medline searches related to dietary sodium, [Click here](#)

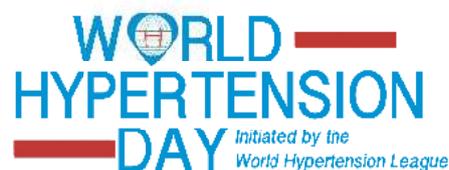
KNOWLEDGE ACTION PORTAL (KAP)
WHO's interactive online platform for NCD information, [Click here](#)

WORLD STROKE ACADEMY APP [Click here](#)

RESOLVE TO SAVE LIVES
90-second primer on HTN treatment protocols [click here](#)
90-second primer on digital BP monitors: [click here](#)

ICCPR newly released policy statement on how to promote greater utilization of cardiac rehab: [click here](#)

IMPORTANT DATES



Know your Blood Pressure www.whileague.org

May 17, 2020

Please help us celebrate!



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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Calendar of Events

17th Malaysian Annual Hypertension Congress 2020

February 14-16, 2020
Kuala Lumpur, Malaysia
[click here](#)

World Congress of Nephrology

March 26-29, 2020
Abu Dhabi, UAE
[click here](#)

WHL-ISHN Joint Session

March 26-29, 2020
Abu Dhabi, UAE
[click here](#)

PreHT Conference 2020

April 2-5, 2020
Vilnius, Lithuania
[click here](#)

ESO-WSO 2020

May 15-20, 2020
Vienna, Austria
[click here](#)

Joint ESH-ISH 2020 Meeting

May 29 - June 1, 2020
Glasgow, Scotland
[click here](#)

5th Global Summit on Circulatory Health

June 15-17, 2020
Washington DC
[click here](#)