

WHL • NEWSLETTER

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

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Note from the Editor



Dr. Daniel T. Lackland

It is so exciting to review this Issue of the Newsletter reporting the many activities from [World Hypertension Day 2024](#). The descriptions and images clearly demonstrate the high impact our member societies and partners have on global hypertension. We ask the

continued submissions of additional activities and images for us to showcase in upcoming newsletters. Part of WHD is the [Children's Art Program](#) with a record number of submissions this year which we will showcase throughout the year and with special exhibits at the [World Hypertension Congress 2025](#). The June edition also provides the opportunity to celebrate the [WHL Excellence Award winners](#). The 'Hypertension On The Ground' section includes novel ideas focused on global hypertension control. I thank each of you for the opportunity to review and assemble the content of the Newsletter, and look forward to receiving your submissions and input.

Dan *WHL Newsletter Editor-in-Chief*

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President's Column



Dr. Paul K. Whelton

Dear Colleagues,

Greetings from New Orleans. I bring you a mix of good and sad news. Let me start with the latter. Two US "giants" in the field of hypertension died since I last wrote to you – Drs. Henry Black and George Bakris. Both were superb clinical investigators, educators, mentors and leaders in the hypertension community. Henry played a major role in many of the landmark hypertension drug treatment trials, especially those funded by the US National Institutes of Health. He also played a lead role in many of the US Joint National Committee blood pressure clinical practice guidelines. George made immense contributions, not only to our knowledge in the area of high blood pressure but also in the treatment of diabetes mellitus, cardiometabolic diseases, and chronic kidney disease. He had a superb understanding of the biological underpinning of disease and an encyclopedic knowledge of clinical research in his areas of interest. Both Henry and George served as Presidents of the American Society of Hypertension and were instrumental in having that society represent the US as a member organization in the World Hypertension League. Both Henry and George will be greatly missed but they leave a legacy of excellence in their scientific contributions and their mentorship of the next generation of leaders. Our condolences go to their families and friends.

Since I last wrote, Dr. Taskeen Khan has left the World Health Organization (WHO) to take on a new leadership role as Senior Manager for Health at the Africa Europe Foundation. During

her tenure at the WHO, Taskeen made major contributions to the field of hypertension, including oversight of the [WHO Guideline for the Pharmacological Treatment of Hypertension in Adults](#) and the more recent report on [Priorities for Research on Hypertension Care Delivery](#). Dr. Khan was a great friend of the WHL and served in an ex-officio role on our Board of Directors. We will miss her contributions to the WHL and field of hypertension and her friendship but know that she will continue to make a big, positive difference, albeit in another area. We wish her great success and happiness in her new role.

On a positive note, we are making great progress in our plans for our World Hypertension Congress (WHC) in Chennai next February (21st until the 23rd). The WHL Board and Council will meet on February 20th, and I hope that all Board members and Council members will participate.

Our main program for the Congress is now in place and all of the international faculty have accepted our invitation to participate. I am very grateful to the WHC Scientific Planning Committee, our colleagues in the Indian Society of Hypertension (InSH), and to those we asked to help in the selection of international speakers for each topic area. Many of our sessions are being co-sponsored by partner organizations, including the World Health Organization (WHO), South-Eastern Regional Office, International Society of Hypertension (ISH), World Heart Federation (WHF), World Stroke Organization (WSO), Kidney Disease: Improving Global Outcomes (KDIGO), and the Indian Society of Hypertension (InSH). In addition to the main program, plans are at an advanced stage for evening sessions organized by the InSH, a three-day Scientific Writing Workshop, abstracts, children’s art displays, and a WHL Awards session. It promises to be a landmark meeting that you should not miss. Additional details, including how to register, are provided elsewhere in this Newsletter and on the WHL website.

On a personal note, I was honored to receive another “Honoris Causa” honorary degree from the University of Modena and Reggio Emilia (UNIMORE) in Italy. Founded in 1175, UNIMORE is the third oldest university in the world and has a rich tradition in both the arts and sciences. It was a

special occasion for me and my wife, Shelagh, made even more so by the presence of close friends, including Drs. Marco Vinceti and Tommaso Fillipini from UNIMORE, Dr. Claudio Borghi from the University of Bologna (the oldest university in the world), and Dr. Gianfranco Parati from the University of Milan. You will see some photos from the ceremony at the end of the Newsletter.

Paul

WHL President

WORLD HYPERTENSION CONGRESS



6th World Hypertension Congress
 February 21-23, 2025, Chennai, India
“Controlling Hypertension Together”
[Register Here!](#)

2024 WHL EXCELLENCE AWARDEES

<p>Peter Sleight Excellence Award in Hypertension Clinical Research Trials</p>  <p>Prof. Jiang He, MD, PhD</p>	<p>Claude Lenfant Excellence Award in Population Hypertension Control</p>  <p>Prof. Elaine Urbina, MD, MS</p>
<p>Daniel Lackland Excellence Award in Collaboration and Advocacy</p>  <p>Prof. Olugbenga Ogedegbe, MD, MPH</p>	<p>Graham MacGregor Excellence Award in Dietary Salt Reduction</p>  <p>Prof. Norman R.C. Campbell, CM MD FRCP</p>

Liu Lisheng Excellence Award in Population Cardiovascular Risk Factor Control



Dr. JIANG Yinong

Norman Campbell Excellence Award in Population Hypertension Prevention



Prof (Dr) Balram Bhargava

Organizational Excellence Award in Population Global Hypertension Control
Ministry of Health, El Salvador
Dr. Francisco Jose Alabi Montoya




MINISTERIO DE SALUD

Organizational Excellence Award in Population Global Hypertension Control

- Ministry of Health and Family Welfare, Government of India
Dr. L. Swasticharan, Addl. Deputy Director General
- Indian Council of Medical Research
Dr. P. Ganeshkumar MD, Scientist E / Deputy Director
- World Health Organization
Dr. Roderico H. Ofrin, WHO Representative to India
- Resolve to Save Lives
Dr. Amit Shah, Executive Director, Resolve to Save Lives, India





Organizational Excellence Award in Population Global Hypertension Control
Philippines Society of Hypertension (PSH)
Dr. Dolores D. Bonzon, President



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2023 - 2025



Organizational Excellence Award in Population Global Hypertension Control
The George Institute for Global Health, China
Puhong Zhang, PhD, Associate Director




The George Institute
for Global Health

China

For more details and to download the Excellence Awards Winners powerpoint presentation, please visit the WHL Awards Page [at this link.](#)

CHILDREN'S ART PROGRAM




CHILDREN'S ART PROGRAM
WORLD HYPERTENSION LEAGUE
2024

WORLD HYPERTENSION DAY
May 17th 2024

*Measure Your Blood Pressure Accurately
 Control it, Live Longer.*

Initiated by the World Hypertension League www.whlleague.org



A big thanks to all the children, teachers, parents and sponsors for making this the most successful Children's Art Program ever, with 350 contributions submitted from around the world, posted on the WHL website [here.](#)



WORLD HYPERTENSION DAY REPORTS

Thank you to all of our Members and Partners for another very successful World Hypertension Day! Below are some of your reports.

Brazil

In Brazil, April 26th, by Federal Law, is the National Day for Prevention and Awareness of High Blood Pressure. The Brazilian Hypertension Society carried out actions in different locations measuring blood pressure and providing dietary and physical activity guidelines, with anthropometric measurements as well as psychological assessments of volunteers. Actions took place in São Paulo (metro station and bus terminal), in some cities in the state of São Paulo, such as Bauru and Ribeirão Preto, in the city of Rio de Janeiro, and in the city of Governador Valadares in Minas Gerais. More than a thousand people were evaluated and received guidance. Supervised by Board members and renowned researchers in hypertension, we encouraged young medical and healthcare professionals to participate in the campaign - see some of our activities below.



Outreach actions were carried out in São Paulo at the bus terminal, supervised by Dr. Grazia Guerra, Campaign Coord.,

and Katia de Angelis, President, Brazilian Society of Hypertension.



Bauru - São Paulo event, supervised by Dr. Sandra Lia do Amaral.



Governador Valadares - Minas Gerais outreach, supervised by Dr. Andreia de Queiroz.



Ribeirão Preto - São Paulo event, supervised by Dr. Evandro Cesarino.



Rio de Janeiro event, supervised by Dr. Elizabeth Muxfeldt.

Costa Rica



Webinar: Día Mundial de la Hipertensión ¡Mida su presión arterial, contrólela, viva más tiempo!

Submitted by Researchers, Health and Nutrition Unit, Costa Rican Institute for Research and Teaching in Nutrition and Health

On Friday, May 17, we celebrated WHD with the webinar **Measure your blood pressure, control it, live longer!** On this occasion, Inciensa made available to the population institutional scientific publications related to salt consumption and its effects, as well as open educational resources (videos, infographics, posters, advertising pieces, memes, among others) produced by the INCIENSA Researchers on this topic. You can view the materials at [this link](#).

Cuba

Report by Dr. Jorge Luis León Alvarez, Dr. Salvador Tamayo Muñoz and Dra. Yamilé Valdés González. National Technical Advisory Commission for the Hypertension Program, Cuba

Simultaneous Blood Pressure Screening

In celebration of WHD on May 17, 2024, numerous activities were organized by the Ministry of Public Health of Cuba and the National Technical Advisory Committee of the Hypertension Program between May 11 and May 31, 2024, under the theme "Measure your blood pressure accurately, control it, live longer".



Different health institutions in the country performed active screening of patients at risk of hypertension, by measuring blood pressure in community health centers, hospitals, recreational parks, schools, workplaces and sports centers. Health promotion activities were carried out on radio, television and in the press in order to promote awareness and efforts to prevent, diagnose and control hypertension. Activities were carried out in the community for health promotion - educational talks, sports and recreational activities among others - focused on empowering the population on strategies to favorably impact the fight against hypertension, enhancing knowledge of cardiovascular diseases, their risk factors, lifestyle, as well as its prevention.



Educational and scientific activities were carried out in provinces and municipalities, targeted at family doctors, internal medicine specialists, epidemiologists, cardiologists, endocrinologists, nurses and teachers, among others, to train them in the latest information on hypertension.



Egypt

Submitted by Dr. Ahmed Tamara, Chief, Cardiology Department, Misr University for Science and Technology

The Cardiology Department of Misr University for Science and Technology, in collaboration with Soad Kafafy University Hospital, was able to leverage their expertise and resources to deliver an impactful World Hypertension Day event for the local community!

World Hypertension Day activities:

- Three stations offering free blood pressure measurement
- Educational events about hypertension prevention and management
- Promoting healthy lifestyle programs
- Social media campaigns
- Workshop on how to measure your BP accurately
- Recent updates and hypertension guidelines

The Measurement event conducted BP screenings for 600 attendees, and the Awareness event educated 350 people. The Hypertension Management Workshop provided training for 150 students and Houseofficers on hypertension management, prevention and accurate measurement.



Ongoing activities during the following week included free blood pressure monitoring and check-ups, allowing more people in the community to get their blood pressure checked, and education and awareness raising efforts. This extended

timeline was a great way to maximize the impact and reach of the WHD campaign, ensuring more people had the opportunity to participate and learn about hypertension prevention and management.



India, Chennai

Submitted by Dr. S.N.Narasangan, MD, WHL Vice President, Vice Chair, Lipid Association of India, Immediate Past President, InSH

The Indian Society of Hypertension (InSH) conducted the following events on WHD 2024:

- A medical scientific program on various aspects of hypertension was attended by 92 doctors
- A Public Interactive program was conducted after a free BP screening for Blood Pressure, headed by Dr. S.N.Narasangan and 17 other doctors from various medical specialities, with 204 attendees. Detailed answers were given to patients regarding lifestyle changes, normal blood pressure definition and complications of hypertension. Repeated emphasis was made on reduction of salt and all of the attendees were given salt-free snacks at the end. All the doctors



who were involved in the program and the public signed a pledge to reduce salt in their diet. The program was sponsored exclusively by IPCA Laboratories Ltd and

the events were [well covered by the media.](#)

India, Dehradun

Submitted by Dr. Megha Luthra, MD, DFM, ACME,
Professor, Community Medicine, SGRRIM&HS

Activities carried out

- The WHD 2024 resource list was shared with post graduate students, faculty of the Department of Community Medicine and Incharges of RHTC (Rural Health and Training Centre), Mothrowala and UHTC (Urban Health and Training Centre), Khurbura.
- On WHD, 3rd & 4th year medical undergraduate students in the Department of Community Medicine were shown presentations highlighting the theme and activities of WHD 2024.
- MBBS interns in the Department of Community Medicine carried out BP screening for “tracking of BP” among themselves and also among faculty members. No abnormalities were detected.

Report from RHTC, Mothrowala:

At the RHTC centre in Mothrowala WHD was observed with the following activities:

Call to action: Improved awareness of hypertension and its effects (Interns made the poster, see below).



- **Community B.P. screening** was offered.
- **Community Events:** Health talks were held by the interns and PGs in field areas.
- **Awareness campaign:** Pamphlets were distributed by interns in the community.

Report from UHTC, Khurbura:

The staff of UHTC actively participated in educating patients visiting the health facility about preventive

measures to control hypertension. Dr. Kanika gave a health talk to all the staff members and patients on hypertension and preventive measures that can be taken at each step. She conducted a screening of all the patients attending the OPD to look for any undiagnosed cases of hypertension. For one week a free BP estimation was planned for anyone who was visiting UHTC, both the patients and their attendants.



India, Pune

Submitted by Dr. Mansi Patil

On May 17, 2024, Aditya Birla Memorial Hospital, in collaboration with the Hypertension Core Group of IAPEN INDIA, organized a comprehensive program to mark WHD. The event aimed to raise awareness about hypertension, debunk common myths surrounding the condition, and promote effective management strategies.

Keynote Sessions

The highlight of the event was an informative session featuring two esteemed speakers: Dr. Mansi Patil and Dr. Rajesh Badani, both renowned experts in the field of hypertension management, who brought valuable insights to the attendees.



Session 1: Dr. Mansi Patil

Dr. Mansi Patil focused on "Busting Myths Around Hypertension." She addressed several prevalent misconceptions.

Session 2: Dr. Rajesh Badani

Dr. Rajesh Badani's session was centered on "Effective Management of Hypertension." He

provided practical advice and highlighted recent advancements in treatment.

Blood Pressure Screening

Following the informative sessions, the event featured a large-scale blood pressure screening. Over 630 participants were screened, demonstrating a significant community engagement and highlighting the importance of regular health check-ups.



The screening provided valuable data on the prevalence of hypertension in the local population and offered participants immediate feedback and advice based on their readings. The program was a resounding success. Through the expert sessions by Dr. Mansi Patil and Dr. Rajesh Badani, the event effectively dispelled myths about hypertension and educated attendees on effective management strategies. The extensive blood pressure screening further emphasized the importance of regular monitoring and proactive health management. This event not only raised awareness but also empowered individuals with the knowledge and tools to better manage their health.

Mali

We were delighted to commemorate World Hypertension Day 2024. As usual, the TENSION TON association did not remain on the sidelines! We conducted a free consultation with the donation of antihypertensive medications in a peripheral district of the Malian capital Bamako. 350 people benefited from our services, with a hypertension prevalence of 23%.



Nigeria

The Michael and Francisca Foundation proudly celebrated World Hypertension Day in our community. This event, observed annually on May 17th, aims to raise awareness about hypertension, promote healthy lifestyle choices, and encourage regular health check-ups to prevent and manage high blood pressure.

Day 1 Activities

On the first day of our celebration, we engaged the community with a series of informative and interactive activities focused on hypertension awareness and prevention:

Free Blood Pressure Screening: We provided free blood pressure screenings to all attendees, allowing individuals to know their numbers and understand their risk levels.

Informational Sessions: Our team conducted sessions on healthy lifestyle choices, emphasizing the importance of a balanced diet, regular physical activity, and stress management.

Discussion on Regular Check-Ups: We discussed the critical role of regular medical check-ups in early detection and management of hypertension, encouraging participants to prioritize their health.



Day 2 Highlights

Our second day was marked by significant events and contributions that made the celebration particularly impactful.

Lecture by Dr Ifeanyi Okonkwo: The day concluded with an insightful lecture by Dr. Ifeanyi Okonkwo, who thoroughly explained the meaning of hypertension and provided practical strategies for its prevention.

Engaging Q&A Segment: Following Dr. Okonkwo's lecture, we held a Q&A session featuring stroke survivors. Their stories and experiences added a personal touch, highlighting the real-life implications of hypertension and the importance of effective management.

Training Exercise: We also had a training exercise led by our community member Babalola Gaiyesimi popularly known as Coach. This session demonstrated easy and effective physical activities to incorporate into daily routines to maintain healthy blood pressure levels.

Educational Videos: Attendees watched video clips about emergency number Stroke 112 from a film that has won an award at the New York City International Film Festival (NYCIFF), produced by Dr Liu RenYu and endorsed by Stroke Action and Michael and Francisca Foundation, and another film segment titled "My Stroke Story," which provided personal insights and raised awareness about stroke prevention.

Medicine Donation: We received a generous donation of medicine from Cardinal Drugs Ltd, which was distributed among the participants. This gesture was greatly appreciated and will aid in the ongoing health management of our community members.

Conclusion

The WHD celebration was a resounding success. Through various activities and educational sessions, we managed to raise significant awareness about hypertension, its risks, and preventive measures. The participation and enthusiasm of our community members was truly inspiring, and we are hopeful that the knowledge gained will lead to healthier lifestyle choices and improved health outcomes.

Thailand

As part of World Hypertension Day, the [Thai Hypertension Society](#) produced several video clips to provide knowledge about hypertension to our population. The topics were general knowledge about blood pressure, the hypertension situation in Thailand, the complications of hypertension, how to deal with hypertension, treatment of hypertension, diet and hypertension, and common patients' beliefs about antihypertensive drugs.

The speakers were Professor Apichard Sukonthasarn, President of the Thai Hypertension Society, and several other committees members of the Thai Hypertension Society.

The clips are posted to the Thai Hypertension Society website (www.thaihypertension.org) and Facebook page: Because I Say So.



JOURNAL OF HUMAN HYPERTENSION (JHH) SPOTLIGHT

Rural-urban difference in the prevalence of hypertension in West Africa

Contribution by J. Brian Byrd, University of Michigan School of Medicine, Michigan, US

Journal of
Human Hypertension



SPRINGER NATURE



In the early 20th century, studies in several countries in Africa demonstrated lower blood pressures than in many other populations. Recently, however, African nations have been among the most dramatically affected by an increase in hypertension prevalence.

What occurred to move the needle in this way, and what can be done to combat hypertension? For at least 100 years, a popular hypothesis has been that industrialization increases the average blood pressure in a population. Various facets of industrialization could contribute, for example the changes in food sources that Barry Popkin refers to as nutrition transition. A related, but separable hypothesis is that urbanization plays a role in the rising tide of hypertension. However, populations are not randomized to urbanization or none, so the evidence implicating urbanization in hypertension is necessarily indirect.

The systemic review and meta-analysis by [Sani et al.](#) published in the [Journal of Human Hypertension](#) in 2024 is an attempt to better understand how urbanization may have contributed to the rising

burden of hypertension. Focusing on the 15 nations comprising the Economic Community of West African States (ECOWAS), the authors highlight two factors in tension: the more active lifestyle of the rural farmer and the better access to healthcare of the urban resident. The ECOWAS member states include Benin, Burkina Faso, Cape Verde, Ivory Coast, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, and Togo.

After an exhaustive and systematic review of the literature using the terms “prevalence”, “hypertension”, “rural”, “urban” and “West Africa,” 22 studies were identified that met the authors’ criteria, including publication between 2000 and 2021. This recency stipulation was important because of how quickly urbanization is occurring in ECOWAS member nations.

The 22 studies meta-analyzed were conducted in 7 of the ECOWAS member countries. The meta-analysis of rural-urban differences identified significant heterogeneity, with an I² of 88.9%. On a log scale, the odds ratio for rural-urban difference in hypertension prevalence was 0.74 [0.66, 0.83]. Similar results were obtained when studies using a “semi-urban” category were excluded, rather than lumped in an “urban” category for meta-analysis. An additional meta-analysis using a subset of 16 papers identified no statistically significant male-female difference in the prevalence of hypertension in West Africa.

The authors propose a variety of compelling explanations for the higher prevalence of hypertension in urban dwellers. For example, the nutrition transition has had its greatest impact in cities, increasing the prevalence of obesity and potentially increasing dietary sodium intake. Air pollution was identified by Robert D. Brook as a contributor to increased blood pressure, a finding that has now been built upon extensively in studies around the world.

The authors acknowledge that the more developed healthcare available in cities might have uncovered a higher fraction of the cases of hypertension in those areas. The explanation of the lack of a female-male difference in hypertension prevalence is more speculative

because the lack of age-standardization in the studies limits precise interpretation. The authors also identified the need for a more standardized definition of urbanization.

In keeping with themes in Ivan Illich’s work, development of a more industrialized, urbanized way of life appears to create a footrace—with life and death stakes—between the creation of new cardiometabolic disease and the ability to identify and treat it. We increasingly live in what Illich called “sick-making” societies, and the steps we must take to keep living in these environments are increasingly medicalized, for better or worse. Thus, the continued development of healthcare systems in places undergoing urbanization will be a key determinant of the number of people disabled or killed by the consequences of hypertension.

HYPERTENSION ON THE GROUND

Home Blood Pressure Monitoring in a Retirement Community: Partnering with the Patient in the Real World

Submitted by Marilyn Laken, PhD, RN, William Madison, MD, Mary Ellen Porter, MA, Cynthia Tevis, MD, Sue White, MSN, RN

Background: Home blood pressure monitoring (HBPM) more accurately represents average daytime BP and is more predictive of clinical outcomes than values obtained in the office. (1) The US Preventive Services Task Force recommends HBPM in the diagnosis of hypertension. (2) Yet, HBPM is often not trusted by primary care physicians because they do not believe patients know how to take BP accurately. (3,4) Some patients who record home BP are reluctant to share values with their physicians, although sharing values can improve BP control. (5)

A resident-led task force at a retirement community organized a one-hour presentation on taking accurate home BP and the importance of sharing a BP log with their providers to test the feasibility of “partnering with the patient” to improve BP.

Methods: A one-hour PowerPoint presentation on ACA/AHA guidelines, videos of normal heart function, and demonstration of how to take accurate BP was organized by a task force of five residents of Givens Estates, a large Continuing Care Retirement

Community (CCRC) in Asheville, NC. Task Force members included two physicians, two nurses, and an interested layperson. The average age of the middle-to-upper-income residents is mid-seventies. A nurse-run clinic meets every afternoon for one hour to check BP and provide other care and referrals. Clinic nursing staff were trained to take accurate BP.

Flyers describing the presentation were sent to residents. Those attending were given one-page handouts with the AMA diagram and instructions on home BP on one side and a 7-day log on the other. The presentation included a detailed explanation of BP, which devices to purchase, how to accurately measure and record BP, and the importance of sharing results with their provider. Complications of hypotension and hypertension were explained. Residents were encouraged to have BP devices checked at their local practice. Our retired cardiologist (WM) explained the value of taking BP in both arms. Before and after the presentation, attendees answered questions about their current and planned use of home BPs and logs and sharing logs with their providers.

Results: 49 residents between their mid-seventies and early nineties attended the presentation. Table 1 describes the results of the pre- and post-presentation questions.

Table 1. Questions	Percent Residents
<i>Before the presentation</i>	N=49
Do you take your blood pressure at home now?	57%
Do you record your home blood pressure on a log?	45%
Do you share your BP log with your provider?	29%
<i>After the presentation</i>	
Did you already know how to take an accurate blood pressure?	53%
Do you plan to record and share your home BP with your provider?	71%
Do you plan to use the nurse clinic to check your blood pressure?	22.5%

Before the presentation, 57% planned to take home BP, while only 29% planned to share values with their provider. Afterwards, 71% planned to record and share BP values with providers.

Task force members subsequently interacted informally with attendees over several weeks and recorded their comments on taking home BP, which included: 1) "I already have so many things going on; I don't want to mess with anything else." 2) "Sometimes my systolic BP gets as high as 180, but as long as I don't have a headache, I figure I don't need to go to the ER." 3) "My BP always rises whenever I enter an exam room. I know my readings are lower at home. It never occurred to me to record and share them."

One resident commented, "Being old, I always feel like I am part of a problem. It is nice to think that simply sharing my BP numbers makes me part of a solution." Four weeks after the presentation, three residents who had been trained in HBPM saw their physician and reported reactions to their BP logs. In two cases, the physician looked at the log, nodded or said thanks, and made no other comments. One physician said she would learn about the AMA program (TARGET: MAP). One resident corrected office staff who wanted to place the cuff over her shirt, while another resident was reluctant to correct staff. Another asked staff to let her sit for a few minutes before taking her BP.

Key findings of this feasibility project are that older residents of a middle-to upper-income retirement community are interested in learning to take and log accurate home BPs and to share logs with their providers. Some residents (22.5%) need others to take their BP.

Conclusions: Adults over 65 face the highest risk of uncontrolled BP. Most primary care practices do not have the time or staff to teach patients about home BP or lifestyle changes to control BP (4). It is logical to educate older adults where they live. Congregate settings for older adults can be assisted to teach residents how to take and log an accurate BP number and share the log with their providers. Having familiar people their age to provide the information is a strength, and many retired physicians and nurses are available to lead local programs.

Our task force decided to organize our own program, but others could be organized around an existing video presentation and shared in person or via distance learning. Local volunteer program coordinators could answer frequently asked questions. Key barriers to participating are the lack of a home BP device and insecurity about taking one's BP. Most congregant settings do not have a nurse-run clinic to measure BP. We are exploring how to test the feasibility of teaching HBPM to older low-income residents of a local HUD-subsidized senior rental facility.

With over one million residents of CCRCs and many millions more in other retirement communities, the potential to reach patients at highest risk for complications of uncontrolled BP at relatively little cost is significant. Before we can realize this potential, we need a better understanding of how this approach could work through a large quality improvement or research project that reaches a diverse population of older residents.

References

1. Shimbo D, Artinian N, Basile J, Krakoff L, et al. Self-measuring at home: A joint policy statement from the American Heart Association and American Medical Association. *Circulation*. 2020;142:e42-363.
2. Green B, Anderson M, Cook A, Ehrlich K, et al. Clinic, home, and kiosk blood pressure measurements for diagnosing hypertension: A randomized diagnostic study. *J Gen Intern Med*. 2022;37:2948-2956.
3. Hsu C, Hansell L, Ehrlich K, Munson S, et al. Primary care physician beliefs and practices regarding blood pressure measurement: results from BP-CHECK qualitative interviews. *BMC Prim Care*. 2023;24:30.
4. Kronish J, Kent S, Moise N, Shimbo D, et al. Barriers to conducting ambulatory and home blood pressure monitoring during hypertension screening in the United States. *J Amer Soc Hypertension*. 2017;11:573-580.
5. Moo-Yong R, Munakata M, Duek-Young N, Je Sang K, Hae-Young K. (2023). Home blood pressures for hypertension management in the real world: Do not just measure but share with your physician. *Front Cardiovasc Med*. 2023;10:1103216.

References

1. Shimbo D, et al. *Circulation*. 2020;142:e42-363.
2. Green B, et al. *J Gen Intern Med*. 2022;37:2948 .2956.
3. Hsu C, et al. *BMC Prim Care*. 2023;24:30.
4. Kronish J, et al. *J Amer Soc Hypertension*. 2017;11:573-580.
5. Moo-Yong R, et al. *Front Cardiovasc Med*. 2023;10:1103216.

SALT REDUCTION ABSTRACT – AMERICAN MEDICAL ASSOCIATION

The Case for Universal Salt Restriction Becomes More Compelling Every Year

Submitted by Brent M. Egan, Janet Williams, Michael K Rakotz. American Medical Association, Greenville, SC, Chicago, IL, USA.

Blood pressure (BP, mmHg) is a vital sign that has powerful prognostic implications for cardiovascular health, healthy aging, and health equity.¹⁻⁴ Salt intake is directly related to population BP, the rise of BP with age, and the prevalence of hypertension.¹ Limiting salt intake emerges as a cost-effective measure for lowering BP, limiting age-related increases in BP, improving hypertension control, and reducing cardiovascular disease (CVD).⁴⁻¹⁰ Effective measures are needed to limit salt intake from the current 10–15 grams in most countries to the 5 grams daily recommended by the World Health Organization.⁴

Seven key points highlight the critical and growing importance for reducing global salt intake.

- Salt intake in a population is directly related to BP and the prevalence of hypertension.¹
- Salt raises BP in adults with and without hypertension.¹⁻¹¹ Each 10 mmHg increment in systolic (SBP) over 115 mmHg doubles CVD risk.¹² Thus, measures, including salt restriction, to lower BP in most people are important.
- The global population is aging, and salt sensitivity increases with age.¹⁻⁷ Salt is also a major contributor to age-related increases of BP, CVD, and death.^{1,2,4}
- The global population is becoming more ethnically diverse with Euro-Caucasian populations growing more slowly than sub-Saharan African and East Asian populations, which are more salt sensitive.^{13,14}
- The global population is becoming more obese,¹⁵ a major risk factor for hypertension, diabetes mellitus, and chronic kidney disease, all of which increase salt sensitivity.¹⁶

- Diet quality globally is relatively poor and stable over the past 30 years.¹⁷ A low quality diet amplifies the adverse effects of salt on BP.^{1,3}

- Salt reduction is a cost-effective measure for reducing BP, prevalent hypertension, and CVD.⁴⁻¹⁰

From academic discussion to life-changing action.

Given the points above, especially points 3-5, the benefits of reducing global salt consumption and the cost of inaction are both growing. Non-discretionary sodium intake predominates in many high-income countries, whereas discretionary salt intake is a greater challenge in low- and middle-countries.

For countries with a predominantly non-discretionary salt intake, policies to reduce salt added in food by roughly 10% can be implemented and repeated at 6–12 month intervals without detection by most consumers.^{4,5,9} Voluntary policy with ongoing monitoring and the threat of mandatory policies or multiple mandatory policies have been successful in reducing salt added to processed foods.⁴

When discretionary intake is high, substituting 100% NaCl with 25-50% KCl has been acceptable and reduces major CVD events and death.¹⁸ A combination of those options in addition to educating consumers to choose lower sodium foods and to add less sodium to their food can move the global population toward the recommended intake of 5 grams daily and the associated health benefits.

Immediate and sustainable action guided by science is imperative as excess sodium intake contributes to 1.89 million unnecessary deaths globally, a number that will grow each year⁴ in the absence of action!!

References:

1. Intersalt Cooperative Research Group. *Brit Med J*. 1988;297:319-28.
2. Weinberger MH, Fineberg NS. *Hypertension*. 1991;18:67-71.
3. Sacks FM, et al. *NEJM*. 2001;344:3-10.
4. WHO global report on sodium intake reduction. Geneva: World Health Organization; 2023
5. He FJ, MacGregor GA. *J Hum Hypertens*. 2002;16:761-770.

6. Pimenta E, et al. *Hypertension*. 2009;54:475-481.
7. Bibbins-Domingo K, et al. *NEJM*. 2010;362:590-599.
8. Graudal NA, et al. *Am J Hypertens*. 2012;25:1-15.
9. He FJ, et al. *BMJ*. 2013;346:f1325..
10. Mozaffarian D, et al. *NEJM*. 2014;371:624-634.
11. Huang L, et al. *BMJ*. 2020;368:m315.
12. Lewington S, et al. *Lancet*. 2002;360:1903-13.
13. Youssef GS. *e-J Cardiol Prac*. 2022;22:No 3-16, Feb 2022.
14. Unger T, et al. *Hypertension*. 2020;75:1334-1357.
15. GBD 2019 Risk Factor Collaborators. *Lancet*. 2020;396:1223–1249.
16. Bailey MA, Dhuan N. *Hypertension*. 2024;81:476-489.
17. Miller V, et al. *Nature Food*;2922;3:694-702.
18. Neal B, et al. *NEJM* 2021;385:1067-1077.

The comments and conclusions in this paper are those of the authors and do not necessarily represent the views of the American Medical Association.



NEWS FROM SUBSAHARAN AFRICA

A small but effective project for hypertension control in Sub-Saharan Africa

Submitted by Dr. Gianfranco Parati, MD
WHL President-Elect

Given the high prevalence of arterial hypertension in Sub-Saharan Africa, with the endorsement of the World Hypertension League, a project was designed in Rwanda to promote the diagnosis and control of hypertension in a remote southern rural area. The project was designed in cooperation with the University Milano-Bicocca, IRCCS Istituto Auxologico Italiano (Milan, Italy) and with the University of Italian-speaking Switzerland. It took place among the villages of Mata, one of the sectors of Nyaruguru district, a rural region in the southern province of Rwanda, where a non-profit organization, the Mabawa Association, has been working for almost two decades to support local communities. Initially, a hypertension prevalence screening was conducted between February and July 2020 by means of standardized blood pressure measurement and anthropometric data collection among residents of 12 out of 16 villages in Mata. Participation was voluntary, and 7203 individuals were enrolled. Blood pressure values were normal (<140/90 mm Hg) in 6340 (88%) and elevated in 863 (12%) participants with 95% unaware of their blood pressure profile. Following a long hiatus imposed

by the global Covid-19 pandemic, the project continued in 2022 with the implementation of a modern strategy for blood pressure monitoring of individuals found to be hypertensive at a subsequent visit (n=98). This was followed by initiation of pharmacological treatment, using a modern combination of three compounds in the same pill, at appropriate dosages, with the aim of simplifying the treatment regimen as much as possible and facilitating adherence of treated individuals to the prescribed therapy (which is far from optimal in those regions, in particular for long-term therapies).

Therefore, the patients involved were offered an integrated treatment plan consisting of daily intake of a single tablet containing three antihypertensive drugs at personalized dosages, as well as of periodic checks, every four weeks, at our health center. Within the project, a regular home blood pressure measurement service accompanied by health education was also guaranteed.

The implementation of this management plan allowed 94% of the hypertensive patients involved to have their BP controlled after 16 weeks of treatment, without developing significant side effects. A further striking finding was the high rate of adherence to this hypertension management program: 81% of patients completed the entire cycle of visits and continuously adhered to the prescribed therapy, despite the difficulties dictated by the poverty of the participants' living environment. Our project, albeit on a small scale, confirms the possibility of providing, even in a rural and peripheral area of sub-Saharan Africa, an adequate and effective service for the diagnosis and treatment of high blood pressure, characterized by team-based care, easy availability of simplified antihypertensive therapy, regular home BP monitoring and health education.

You can access **Single-Pill, Triple Antihypertensive Therapy in Rural Sub-Saharan Africa: Preliminary Experience** [at this link](#) and **Blood pressure screening in Mata Sector, a rural area of Rwanda** [at this link](#).

NEWS FROM OUR PARTNERS

Coalition for Access to NCD Medicines & Products - 2024 Call to Action



Submitted by Jeremy Schwartz, MD (Associate Professor, Yale University School of Medicine) and Eghosasere Ramnaps, MPH (Health Partnerships- IDA Foundation) on behalf of the Coalition for Access to NCD Medicines & Products and Daniel T. Lackland, DrPH (Prof., Medical Univ of South Carolina)

While the world emerges from the COVID-19 pandemic, surveillance and preparedness strategies for infectious and communicable diseases will need to acknowledge and respond to the upward trajectory of noncommunicable diseases (NCDs) and mental health conditions and its profound impact on global health. Strategies to address the multiple NCDs and associated factors will need to be established, financed, and implemented. Hypertension and diabetes prevention and control were identified by the World Health Organization (WHO) as top global health priorities, given that these two conditions affect nearly half of the world's adult population. Addressing these and other NCDs and mental health conditions requires access to medicines and diagnostic tools as critical components for implementation.

Consequently, the Coalition for Access to NCD Medicines and Products has issued a Call-to-Action highlighting stakeholder roles to attain this goal. These points include:

A call on governments to assess and strengthen forecasting, procurement, and supply chain planning for NCD medicines and to put forward evidence to support incorporating NCD treatments into funding mechanisms.

A call on Ministries of Finance and Parliamentarians to understand and address the NCD burden and strengthen inclusion of NCD prevention and treatments into funding mechanisms.

A call on multilaterals including WHO, World Bank, academic, and research organizations to facilitate collaboration between health and

finance leaders for NCD access and incorporate NCD treatments into funding mechanisms.

A call on regional bodies to convene health and finance leaders for joint NCD strategies, integrate NCDs with other health areas to address co-morbidities, and harmonize and apply standardized clinical guidelines for NCDs to local contexts to support procurement.

A call on global health initiatives to incorporate NCD treatments into funding mechanisms, and integrate NCDs with other health areas to address co-morbidities.

Successful implementation of this and similar calls-to-action will support longer-term investments in patient care, resulting in measurable and sustainable patient outcomes. No single stakeholder can tackle the burden of NCDs, highlighting the necessity of combining our capabilities. By building global collaborative networks, we can enhance our collective impact.

American Heart Association



Submitted by Jessica Rodgers & Kate Schumacher, AHA

On May 17, 2024 – World Hypertension Day – Dr. Daniel Lackland represented the American Heart Association on News2 in Charleston, SC.



Dr. Daniel Lackland and Megan Fee promote WHD on Channel 2 News on May 17th.

On the midday live interview with Megan Fee, Dr. Lackland discussed the importance of knowing your blood pressure numbers and highlighted [“Life’s Essential 8”](#) for managing blood pressure.

Dr. Lackland also addressed the alarming statistics surrounding hypertension, noting that many individuals may have high blood pressure and not be aware, and discussed the many health issues that often accompany high blood pressure, including cardiovascular disease and stroke.

Salt Awareness Week Outcomes



Restaurants Urged to Prioritise Children’s Health, say Experts, as Some Provide More Than an Entire Day’s Worth of Salt in Just One Meal

- Nearly 50% of children’s meals sold in the Out of Home (OOH) sector provide at least half of a child’s daily limit for salt – with some dishes containing more than a child’s entire day’s worth of salt in just one meal!
- One in five businesses do not disclose the salt content of their meals online
- Worryingly, only six businesses are fully compliant with the government’s voluntary salt target for children’s meals, set to be achieved by end of 2024
- Call for clearer labelling on children’s menus and mandatory salt reduction targets across all food sectors, including OOH

Action on Salt (the expert research group based at Queen Mary University of London) is shining a much-needed spotlight on salt after a worrying 37% of children’s main meals sold in the OOH sector are found to exceed the maximum salt target (set by government for food businesses) to be achieved by the end of 2024.

With diets high in salt being a major risk factor for raised blood pressure in both children and adults, this NEW research, undertaken by Action on Salt for Salt Awareness Week (13–19 May), underpins the call for government and businesses to prioritise children’s health by:

- Introducing clearer labelling on children’s menus, with information on salt as well as fats and sugars at point of purchase
- Setting mandatory salt reduction targets for all food manufacturing businesses, including the OOH sector, to improve public health [Read the full report here.](#)

ISH News



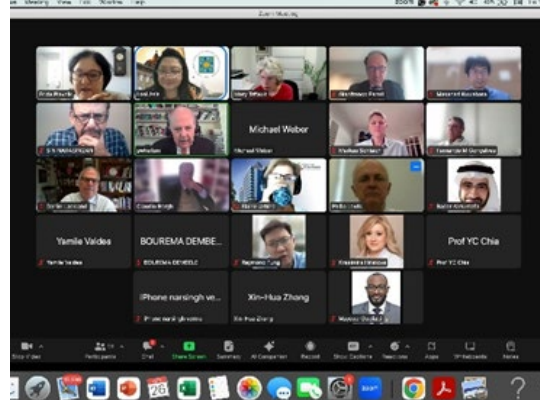
International Society of Hypertension

ISH2024 – 19-22 September 2024
Cartagena, Colombia: [Register today.](#)

Find out about the [city of Cartagena](#) and [how to travel](#) to the city. Follow ISH2024 on [Instagram](#), [Facebook](#) and [Twitter/X](#), and [sign up](#) for regular email updates about the conference.



WHL COUNCIL MEMBERS MEETING



The WHL Council holds its bi-annual meeting on April 26, 2024. Topics discussed were WHD outreach, the 2025 World Hypertension Congress in Chennai, India, and ideas for WHL publications. The next WHL Council meeting will be August 16th.

WELCOME TO OUR NEWEST MEMBERS

Syrian Society of Hypertension



The WHL Board and Council Members welcome the Syrian Society for Hypertension (SSH) as a new member.

Objectives of the SSH:

The Syrian Society of Hypertension is a scientific group established in Syria by a decision of the Syrian Doctors Syndicate, and mainly includes cardiologists and nephrologists, in addition to endocrinologists, emergency physicians and family physicians.

The association will work to improve the clinical and therapeutic practice of hypertension patients, hold specialized scientific conferences and seminars and participate in global activities for hypertension. We aspire to establish a national registry for hypertension patients, and to study the demographic, genetic and environmental characteristics of Syrian hypertensive patients.

We will focus our work on developing the medical knowledge of practitioners in the field of hypertension by developing their skills and improving the electronic archiving of patient records, in addition to conducting successive scientific research in the field of hypertension starting from epidemiology, then pathology, then clinical studies, and so on. We hope for support from friends and colleagues in hypertension associations and societies.

Michael and Francisca Foundation



The WHL Board and Council Members welcome the Michael and Francisca Foundation (MFF) located in Nigeria as a new member. The (MFF) is a

registered non-organization with the Corporate Affairs Commission which is aimed at encouraging Stroke Survivors and providing support for all impacted by Stroke. We also educate those who do not have the condition on

how to live healthy lives devoid of stroke. We are a Member of WSO, SSO, ASO, NCD Alliance Network, CSEM AND UHC.

MISSION

To create public awareness on Stroke/ NCDs and to provide encouragement and support for all impacted by NCDs.

VISION

We envision a world where there are fewer strokes and where everyone can live the best life they can after stroke/NCDs.

OBJECTIVES

- To build hospitals where stroke patients will be treated and taken care of.
- Ensure that government can pass a Bill on the treatment of stroke and if possible provide free treatment.
- That government should be able to give free medicine or reduced prices for individuals affected by stroke.
- Demand a partnership to construct a stroke rehabilitation center.
- Provide social support groups, which have been shown to have a positive impact on rehabilitation.
- Advocate and act on behalf of people affected by stroke.
- Help stroke professionals communicate better with people affected by stroke.

UPCOMING MEETING OF NOTE

16th WORLD STROKE CONGRESS



Register at [this link](#).

PAST MEETINGS OF NOTE

77th World Health Assembly

Geneva, Switzerland, May 27-June 1

Prof Gianfranco Parati, WHL President-Elect, participated in the World Health Assembly on behalf of the World Hypertension League. Dr. Parati co-chaired the meeting of the Coalition for Access to NCD Medicines and Products on May 27th, in which he proposed a stronger interaction with WHL in particular in Africa. He also participated in the meeting “United in action to transform stroke care.”



Participants take a group photo at the Coalition for Access to NCD Medicines meeting.



Dr. Gianfranco Parati, WHL President-Elect, meets during the WHA in Geneva with Dr. Taskeen Khan, WHO Hypertension Medical Officer.

WHL Pres. Paul Whelton receives honorary PhD “honoris causa” in Clinical and Experimental Medicine from the University of Modena and Reggio Emilia (UNIMORE)



Certificate presentation recognizing the honorary award by Professor Porro, Rector of UNIMORE



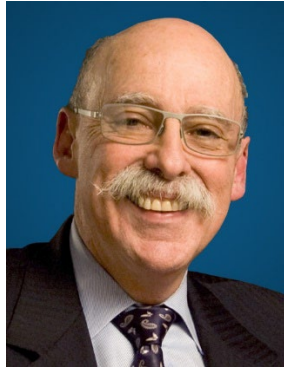
Left to right: Professor Marco Vinceti, UNIMORE Professor and Chair, Dept of Clinical and Experimental Medicine; Professor Claudio Borghi, University of Bologna; Professor Paul Whelton, and Professor Gianfranco Parati, University of Milan

IN MEMORIAM

Please see the President's Letter on page 1 for his *In Memoriam* remarks on these two US "giants" in the field of hypertension.



George L. Bakris, MD



Henry R. Black, MD

Thanks to our members
and partners for the many
2024 WHD Posts on X
(Formerly Twitter)

WHO

Tedros Adhanom Ghebreyesus @DrTedros · May 17
#Hypertension affects 1.3 billion people. Around 4 out of 5 people with the condition do not receive effective treatment.

On #WorldHypertensionDay, we call on all countries to scale up hypertension control, and help us avert 76 million deaths by 2050.

From Tedros Adhanom Ghebreyesus

104 182 354 25K

WHF

World Heart Federation @worldheartfed · May 17
Today is #WorldHypertensionDay!

#Hypertension increases the risk of heart, brain and kidney diseases, and affects +1 billion people worldwide.

It can be detected by measuring blood pressure, at home or in a health centre: worldheart.org/hypertension

MEASURE
YOUR BLOOD
PRESSURE
ACCURATELY

0:12

2 37 63 4.7K

Association of Black Cardiologists

Association of Black Cardiologists @ABCARDIO1 · May 17
On #WorldHypertensionDay, prioritize knowing your numbers & pursuing a healthier lifestyle. High blood pressure often goes unnoticed until checked. Regular blood pressure checks are crucial. Explore more tips in ABC's "7 Steps to a Healthy Heart." abccardio.org/wp-content/upl...

World
Hypertension
Day

MAY 17

India Daily Live

India Daily Live @IndiaDLive · May 17
#Indiat100 में देखिए आज की बड़ी खबरें, फटाफट अंदाज में

#SwatiMaliwal #KanhalyaKumar #Manipur #RebirthintIslam #MivsLSG
#WorldHypertensionDay #ENGvPAK #RohitSharma #IndiaDailyLive
@aryaswati18081

2:59
NEWS
दोपहर 1:15 बजे बाद में सभा को करे संसोधित

India Ministry of Health



The Pamphlet - India



Hypertension Canada



WHO African Region



Calendar of Events

Global Prevention and Cardiac Rehabilitation Forum

August 29, 2024

London, UK

[Click here for more information](#)

European Society of Cardiology

August 30 – September 2, 2024

London, UK

[Click here for more information](#)

AHA Hypertension Scientific Sessions

September 5-8, 2024

Chicago IL, USA

[Click here for more information](#)

World Heart Day 2024

September 29, 2024

[Click here for more information](#)

World Health Summit

October 13- 15, 2024

Berlin, Germany & Digital

[Click here for more information](#)

16th World Stroke Congress

October 23-26, 2024

Abu Dhabi, UAE

[Click here for more information](#)

World Diabetes Day

November 14, 2024

[Click here for more information](#)

AHA Scientific Sessions

November 16-18, 2024

Chicago, IL

[Click here for more information](#)

6th World Hypertension Congress 2025

February 21-23, 2025

Chennai, India

[Click here for more information](#)

Mission

The objectives of the WHL are to promote the detection, control and prevention of arterial hypertension in populations. The World Hypertension League (WHL) is a federation of leagues, societies and other national bodies devoted to this goal. Individual membership is not possible. The WHL is in official relations with both the International Society of Hypertension (ISH), and the World Health Organization (WHO).

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