

HYPERTENSION NEWS

January 2014, Opus 35



2014 ASH/ISH Clinical Practice Guidelines are out!

Dear ISH member,

In global health politics, cardiovascular disease is the elephant in the room, a massive problem that few want to acknowledge, and even fewer want to tackle [1]. It has been estimated, however, that high blood pressure related diseases cause about half of this burden, killing around eight million people each year. Even though there has been some progress in blood pressure lowering during the last decades, much more has to be done! In June last year, a decision was taken by our Society to create a simple, user friendly, short, and easy-to-understand document with recommendations for doctors in any socioeconomic environment around the world, regardless of health care system and to have this document translated into several languages. These guidelines, sponsored by the American Society of Hypertension (ASH) and our Society (ISH) and endorsed by the Asian Pacific Society of Hypertension (APSH) have now been published and are presented in this document by Ernesto Schiffrin and Michael Weber. So how do these recommendations differ from what has been published in 2011-2014 in this field? In this issue of Hypertension News, we have compared them on a few important variables to show similarities and differences. Have a good read!

In the "Odd corner" (page 10) you can read about what can happen if you don't take care when you open a bottle of champagne - Hopefully this did not happen to you this New Year!

Reference: 1. Alderman M, MacMahon S. Lancet 2008;371:1511-12

Lars H Lindholm
EDITOR,
HYPERTENSION NEWS

Email:
larsh.lindholm@fammed.umu.se



I am delighted to report that Umeå University (34,000 students and 4,300 staff), Sweden has recently awarded Professor Lars H Lindholm its most prestigious award, the gold medal of merit, for "his outstanding work in research and research education over very many years". This is a singular honour as the gold medal has only been awarded twice during this century. (See the picture above)

Bo Carlberg, ISH Communications Committee & Council member

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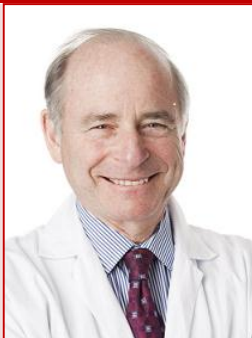
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Wishing all our ISH members a very Happy New Year!

MESSAGE FROM YOUR PRESIDENT

Dear Colleagues,

As we start the year 2014, I want to take the opportunity to wish all the membership of ISH as well as their families, all the best for the New Year, health, happiness, gratification, prosperity and peace.



Ernesto L. Schiffrin

We have just gone through a period of great activity at ISH, with the production of the **"ASH/ISH Clinical Practice Guidelines for Management of Hypertension"** that appeared online in December last year, and in print this month in the Journal of Hypertension and Journal of Clinical Hypertension, as well as a **"Salt statement of ISH and World Hypertension League (WHL)"**, which will appear this month online and in February in print in the same two journals.

We have the hope of having a major beneficial impact on the health of hypertensive patients around the world with these simple easy to follow recommendations, achieving in part our goal of contributing to the control of high blood pressure and its consequences on morbidity and mortality worldwide.

Later this year, we look forward to the **25th Scientific Meeting of our society in Athens, June 13-16, 2014**, held at the Megaron Athens International Conference Centre, under the chairmanship of Professor Athanasios Manolis, jointly with the European Society of Hypertension, and in cooperation with the Hellenic Society of Hypertension. This will be a major event in the world of cardiovascular disease, with the highest scientific level presentations on mechanisms, treatment and prevention of hypertension and other forms of cardiovascular disease.

In finishing, I extend to all my best wishes, and look forward to seeing as many of you as possible in Athens in June of this year. [SEE PAGE 14 FOR MORE DETAILS.](#)



ASH/ISH Clinical Practice Guidelines for the Management of Hypertension in the Community

Ernesto L. Schiffrin MD, PhD, Michael Weber MD

As has been reported previously in the ISH Newsletter, the society held a retreat in Milan on the occasion of the European Society of Hypertension meeting in mid-June 2014. At that meeting it was decided that ISH should move forward among other activities with putting together a set of practical recommendations for the management of hypertension that should be short, concise, rigorously evidence-based, and easy to implement for doctors and healthcare professionals in even the most impoverished areas of the world. A decision was made not to create a highly referenced scholarly document as other organizations have done, but rather a simple short document that would be usable for medical practitioners in any socioeconomic environment around the globe, from those countries that have state-of-the-art to those that have resource-poor healthcare systems.

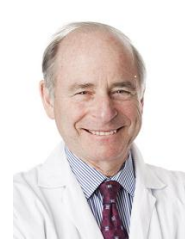
Started initially as an effort to provide a guideline for hypertension management in Haiti, ISH was joined by the American Society of Hypertension (ASH), and a total of 25 authors that included top hypertension specialists and pharmacists from around the world, including past and present officers of ISH and ASH, collaborated to produce the **"Clinical Practice Guidelines for the Management of Hypertension in the Community"** sponsored by ASH and ISH and endorsed by the Asian Pacific Society of Hypertension.

The guidelines were first published online on **17 December 2013** and are now appearing in print in the January 2014 issue of the Journal of Hypertension - and the Journal of Clinical Hypertension. They will also appear in medical journals across Latin America, and have already been translated into French, Spanish, and Creole. Moreover, there are plans to continue translations for populations across the globe. **To get to the Journal of Hypertension where you can download the Guidelines please [click here](#).**

High blood pressure affects approximately one in three adults in the Americas, Europe, Australia, many Asian countries, and one billion people worldwide. We hope that these guidelines - providing a straightforward and simple user friendly algorithm to manage hypertension in the community - will contribute to the control of high blood pressure. By doing so, they will help saving many lives, prevent heart attacks, strokes, chronic kidney disease and heart failure throughout the world.

Ernesto L. Schiffrin MD, PhD (left),

Michael Weber MD (right)



GUIDELINES FOR HYPERTENSION 2011-14

Lars H Lindholm



Bo Carlberg



The original term for guidelines has been borrowed from a mountain climbing technique in which experienced guides marked the best and safest paths up and down a particular mountain for hikers to take by placing ropes along the way [1]. In medicine, clinicians initially formed short guidelines to suggest a safe direction when managing difficult clinical situations and this is what ASH and ISH have done with the “2014 Clinical Practice Guidelines for the Management of Hypertension in the Community”.

Below, we have selected a few important variables to show how the new ASH/ ISH recommendations compare with four others, published in 2011-14. They are similar but not alike and can be looked upon as different interpretations of more or less the same set of scientific data.

Blood pressure in mm Hg	NICE 2011[2]	ESH/ESC 2013[3]	ASH/ISH 2014 [4]	Go A. et al. AHA/ACC/CDC 2013 [5]	2014 Hypertension guidelines, US “JNC 8” [6]
Definition of Hypertension	≥140/90 and daytime ABPM (or home BP) ≥135/85	≥140/90	≥140/90	≥140/90	Not addressed
Drug therapy in low risk patients after non-pharmacologic treatment	≥160/100 or day-time ABPM ≥ 150/95	≥140/90	≥140/90	≥140/90	< 60 y. ≥140/90 ≥ 60 y. ≥150/90
Beta-blockers as first line drug	No (Step 4)	Yes	No (Step 4)	No (Step 3)	No (Step 4)
Diuretic	chlorthalidon, indapamide	thiazides chlorthalidon, indapamide	thiazides chlorthalidon, indapamide	thiazides	thiazides chlorthalidone, indapamide
Initiate drug therapy with two drugs	Not mentioned	In patients with markedly elevated BP	≥160/100	≥160/100	≥160/100
Blood pressure targets	< 140/90 ≥ 80 y. < 150/90	<140/90 Elderly < 80 y. SBP 140-150 SBP <140 in fit patients Elderly ≥ 80 y. SBP 140-150	<140/90 ≥ 80 y. < 150/90	<140/90 Lower targets may be appropriate in some patients, including the elderly	< 60 y. <140/90 ≥ 60 y. <150/90
Blood Pressure target in patients with diabetes mellitus	Not addressed	< 140/85	<140/90	<140/90 Lower targets may be considered	<140 /90

COMMENT

When diagnosing hypertension, NICE differs from the others by requesting ambulatory recordings. They also have higher levels ($\geq 160/100$ mm Hg) for initiating drug treatment in low risk patients than ASH/ISH ($\geq 140/90$ mm Hg). Also the “JNC-8” guidelines have higher levels ($\geq 150/90$ mm Hg) for initiating treatment in patients aged 60 and above.

The five guidelines recommend different drugs for starting treatment in non-black patients. ASH/ISH recommend ACE-I or ARB, “JNC 8” recommends ACE-I, ARB, CCB, or thiazide-type diuretic. In the paper by Go et al. - supported by AHA, ACC, and CDC in the US-, treatment is recommended to start with a thiazide in most patients (alternatively ACE-I, ARB, or CCB). Beta-blockers come as the fourth (or third) drug in four of the five guidelines, i.e. in all except those from the ESH/ESC, where beta-blockers are included amongst the drugs suitable for initiation of treatment, surprisingly also when there are no compelling indications for that drug class.

The treatment goal is the same ($<140/90$ mm Hg) in all five guidelines except for elderly patients. In “JNC-8” a higher level ($<150/90$ mm Hg) is recommended for those aged 60 and above. ASH/ISH recommends that target is for those aged 80 and above.

Needless to say, doctors should always consider the patients co-morbidities when prescribing blood pressure lowering drugs and deciding on treatment targets. For hypertensive patients with diabetes, the targets are similar ($<140/90$ mm Hg) except in the ESH/ESC guidelines, where the diastolic blood pressure target is 5 mm Hg lower ($<140/85$ mm Hg), taking the results of HOT and UKPDS into consideration.[7,8].

Finally, more guidelines from the US and the UK are on their way in 2014-15 and we will also see new recommendations from Japan during the first half of 2014. Hopefully, we will also see a widening consensus as time goes by.

References:

1. Stone JA et al. Can J Cardiol 2008;24:753-7
2. www.nice.org.uk/guidance/cg127.
3. Mancia G et al. J Hypertens 2013;31:1281-357
4. Weber MA et al. J Hypertens 2014;32:3-15
5. Go AS et al. Hypertension 2013, Epub ahead of print
6. James PA et al. JAMA 2013, Epub ahead of print
7. Hansson L. Lancet 1998;351:1755-62
8. UK Prospective Diabetes Study Group. BMJ 1998;317:703-13

RECENT HYPERTENSION RECOMMENDATIONS IN THE US

2014 Evidence-Based Guidelines for the Management of High Blood Pressure in Adults

In 2008, the JNC 8 committee for hypertension was appointed by the National Heart, Lung, and Blood Institute (NHLBI) to provide guidance for clinicians on the best approaches to manage and control high blood pressure. Last year, however, the NHLBI asked the American Heart Association (AHA) and the American College of Cardiology (ACC) jointly to assume the governance and management of their five prevention guidelines - including the one on hypertension - and these societies agreed to do so [1]. Recently, the panel members appointed by NHLBI decided to pursue publication of their findings independently [2]. Hence, as the panel members clearly acknowledge, their report is not an NHLBI sanctioned document and does not reflect the views of NHLBI [2,3].

An Effective Approach to High Blood Pressure Control: A Science Advisory from the American Heart Association (AHA), the American College of Cardiology (ACC), and the Centres for Disease Control and Prevention (CDC)

Recognizing the urgent need to address inadequate control of high blood pressure, the AHA has made hypertension a primary focus area of its strategic plans for 2014-17 as it seeks to improve the cardiovascular health of all Americans and reduce the death rate from cardiovascular disease and stroke by 20%, before 2020. Dr. Alan Go and co-workers recently published some surprisingly short treatment recommendations of high blood pressure with endorsement of AHA, ACC, and CDC [4].

References:

1. Gibbons GH et al. Circulation 2013;128:1716-17
2. James PA et al. JAMA 2013, Epub ahead of print
3. Bauchner H. JAMA published online 18 December 2013
4. Go AS et al. Hypertension 2013, Epub ahead of print

2014 ISH New Investigator Programme - Athens, June

In association with the forthcoming Joint Meeting of the ISH and ESH the ISH New Investigator Committee will be organizing a “New Investigator Programme” for scientists and clinicians in training. The sessions will provide a forum for young scientists to present and discuss, make new friends, and build research networks.

Highlights: Poster and Free Communication Sessions / Evening Social / Keynote lectures from field leaders

Please join us in Athens for an exciting programme!

A TRIBUTE TO JEFF MCCARTHY (Co-Founder Hampton Medical Conferences)

**Gerry and Jeff McCarthy
(from left to right) –
founders of Hampton
Medical Conferences**



I would like to take this opportunity to remember Jeff McCarthy co-founder of Hampton Medical Conferences who sadly passed away on 27th October.

Jeff founded Hampton Medical Conferences with his wife Gerry in 1988. Hampton Medical began its association with the ISH when it assisted with the organisation of the programme for the ISH Scientific Meeting held in Glasgow in 1996, and was subsequently appointed as the Society's Secretariat in 2005. Jeff was involved with the ISH until his retirement, and up to the sale of Hampton Medical to Rapiergroup, in 2010.

For many years, Jeff played an instrumental role in ensuring that the finances of the Society were on firm footing. He was a major support to me during my presidency 2006-2008. In particular, he ensured that the transfer of the Secretariat from Geneva in 2005, as well as the process of registering the Society as a Charity in England and Wales, including the drafting of the new ISH Constitution, was seamless and stress free. Jeff was a lovely man and the ISH owes him a lot! He will be deeply missed.

Lars H. Lindholm (ISH Past President)


ISH Council

Positions on the Scientific Council will become available at the next Scientific Meeting to be held in Athens.

The Council of the ISH is important as the key active body to further the aspirations and activities of the ISH.


Council members should reflect the diversity of ISH members in terms of geography and age. In this respect, the contribution of younger members and those from less represented regions is crucial for the future of the ISH.

A call for nominations will be issued very soon. However, please contact the Secretariat (email: secretariat@ish-world.com) to express interest in joining Council.




THE GEORGE INSTITUTE
for Global Health

Sydney, AUSTRALIA | Beijing, CHINA | Hyderabad, INDIA | Oxford, UK



LEADING THE GLOBAL FIGHT AGAINST
CHRONIC DISEASE AND INJURY

Affiliated with
 THE UNIVERSITY OF SYDNEY



JOHN CHALMERS
ISH Council Member
ISH Past President
1992-94
Senior Director, The
George Institute for
Global Health, Australia
University of Sydney,
Australia

The George Institute for Global Health started life as “The Institute for International Health” on 1 January 1999.

It was founded as an independent company, limited by Guarantee, and affiliated with the University of Sydney and the Royal North Shore Hospital. The Principal Directors were (and still are) Stephen MacMahon and Robyn Norton and they were attracted to Sydney from Auckland in New Zealand, by John Chalmers who was then the Chairman of Research at the Royal North Shore Hospital and Sub Dean for Research at the University of Sydney. Growing from 5 members in 1999 to around 35 members half way through 2000, the Institute outgrew its facilities at North Shore and moved to a small building provided by the University of Sydney and affiliated with the Royal Prince Alfred Hospital, adjacent to the Campus of the University. When new accommodation became available at that Hospital's “King George V” Building, the Institute became “The George Institute for International Health”.

By 2004 there were over 100 staff and the Institute rented additional space in Sydney's CBD. It has now grown and has around 250 staff in Sydney, split between the Hospital campus and the centre of the city. It is now formally called “The George Institute for Global Health”.

OUR PRINCIPAL DIRECTORS



ROBYN NORTON

Principal Director,
The George Institute
for Global Health
Professor Public
Health, University of
Sydney
Professor of Global
Health, University of
Oxford

**Responsible for
Governance and
Management**



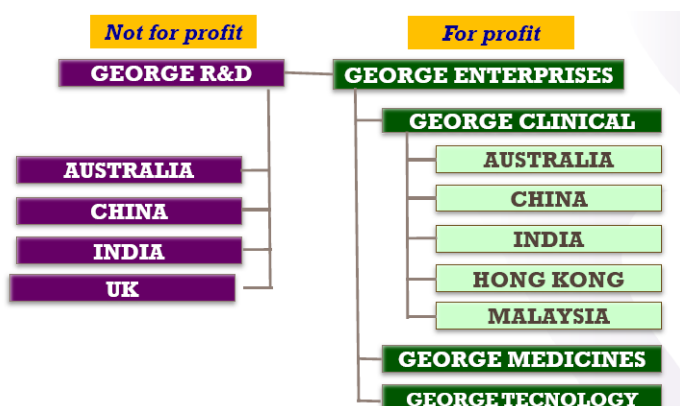
STEPHEN MACMAHON

Principal Director of
The George Institute
for Global Health
Professor of Medicine
at The University of
Sydney
Executive Director,
The George Institute
for Global Health, UK,
University of Oxford.

**Responsible for
Strategy and
Enterprises**

In keeping with the Mission to tackle the major burden of chronic disease across the world, the Institute has moved to a global structure with 4 major branches in Australia, China, India and most recently in Oxford (UK). There are now more than 350 staff worldwide including 50 at The George Institute China, in Beijing and 50 at The George Institute India, in Hyderabad and New Delhi.

GLOBAL STRUCTURE



STRUCTURE WITHIN AUSTRALIA

Executive Director's Office
Executive Director - Vlado Perkovic
Senior Director (Professorial Unit) - John Chalmers
Research Groups
Cardiovascular - Graham Hillis
Neurological and Mental Health - Craig Anderson
Renal and Metabolic - Martin Gallagher
Food Policy - Bruce Neal
Musculoskeletal - Chris Maher
Injury - Rebecca Ivers
Critical Care and Trauma - John Myburg
Respiratory - Norbert Berand
Operational Groups
Communications
Development
Business Management
Human Resources

Quite apart from direct research and development, the Institute has always sought to use its research to influence and change clinical practice and health policy for the better, in accord with the best available evidence. To this end the Institute has also established a number of key enterprises, to enable our mission to translate the fruits of research into better health outcomes and better health services and products across the globe, with a particular focus on disadvantaged populations, wherever they may be!

GEORGE CLINICAL
Scientific and Operational Excellence
in Clinical Trials

- Leverages The Institute's scientific expertise
- Offers global reach with strengths in Asia-Pacific
- Provides full service clinical trials management including:
 1. Design and management of trials
 2. Protocol and strategy development
 3. Biostatistical services
 4. Data management expertise
 5. Project management
 6. Quality assurance

A division of
THE GEORGE INSTITUTE
for Global Health

Australia | China | India | UK
Hong Kong | Malaysia

George Clinical is the major Enterprise that is now a well established and a going concern. It conducts major multicentre, multinational trials and has particular strengths in the Asia-Pacific region. The surplus income it generates helps to fund some of our landmark studies in lower and middle income countries.

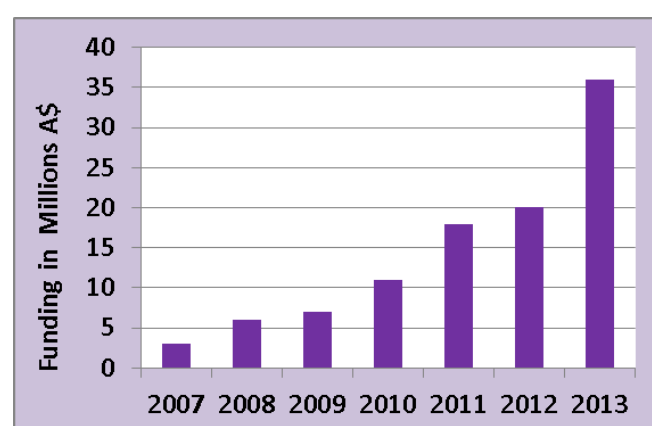
The Institute has launched, completed and published many landmark studies since its inception some of these are listed below.

Flagship Studies initiated and conducted by the Institute	
PROGRESS	Perindopril Protection against Recurrent Stroke Study - demonstrated that blood pressure lowering reduced recurrent stroke. <i>Lancet</i> , 2001;358:1033-1041.
SAFE	A Comparison of albumin and saline for fluid resuscitation in the intensive care unit - Established that saline as effective as albumin for resuscitation but much cheaper. <i>N Eng J Med</i> , 2007 Aug 30;357(9):874-84.
SAFE-TBI	Saline vs Albumin Fluid Evaluation Study of Traumatic Brain Injury - Found that patients resuscitated with albumin immediately after brain injury had a higher death rate than those given saline. <i>N Eng J Med</i> , May 2004; 27:350:2247-56.
CHEST	The Crystalloid versus Hydroxyethyl starch Trial - found that resuscitation with starch fluid increased the risk of kidney failure. <i>N Eng J Med</i> , Nov 2012; 15;367(20):1901-11.
ADVANCE	Action against Diabetes and Vascular Disease, Preterax and Diamicon MR Controlled Evaluation - established that blood pressure lowering in type 2 diabetes, irrespective of baseline blood pressure, reduced mortality and vascular events. Also showed that more intensive glucose control protected patients against serious kidney complications. <i>Lancet</i> 2007;370:829-40 and <i>N Eng J Med</i> 2008, 358:2560-72.
Seat Belt Intervention in China	A program involving social marketing, health education and enhanced law enforcement in China, increased seat belt use by 20% and saved lives. <i>Injury Prevention</i> , Oct 2008; 14(5):284-9..
INTERACT2	Intensive Blood Pressure Reduction in Acute Cerebral Haemorrhage Trial 2 - Demonstrated that rapid blood pressure lowering early after intracerebral haemorrhage in 21 countries worldwide, improved functional recovery and quality of

	life in survivors. <i>N Eng J Med</i> , Jun 2013; 368(25):2355-65.
ENCHANTED	Enhanced Control of Hypertension and Thrombolysis Stroke Study. This Study launched in 2012, is comparing two doses of tPA in 5000 subjects with ischaemic stroke and also examining the risks and benefits of early blood pressure lowering in these subjects. Completion is expected in 2016.
China Salt Substitute Study.	A low sodium, high potassium salt substitute was shown to substantially lower sodium intake among individuals in rural Northern China. A cluster randomised trial is now in train across more than 600 villages to see whether this strategy will reduce stroke incidence.

As a result of these activities we have attracted increasing funding and produced large numbers of peer reviewed publications, including many in the leading journals. Furthermore, for the past three years (2011, 2012 and 2013) the Institute has been ranked in the top 10, of over 3000 institutions worldwide, for the “Normalised Impact” of its research output, by the SCIMAGO Institutions Ranking (SIR).

PEER REVIEWED FUNDING – 2007 TO 2013



EDUCATIONAL ACTIVITIES

Many members of staff are actively engaged in teaching at the University of Sydney, particularly in Masters Courses (Master of Public Health and Master of International Health Courses), and in supervision of research students, particularly those pursuing doctoral studies. The Institute has a weekly research seminar and also conducts a weekly in-house educational program focusing on methodological issues for early career researchers.

COLLABORATION

Collaboration both within and beyond the Institute is at the core of all our activities. Our research groups have built up extensive national and international research networks reaching over 300 research institutions, hospitals, universities and community health groups across the world.

“SMART HEALTH” (TRANSLATIONAL AND HEALTH SERVICES RESEARCH)

Institute staff are increasingly addressing issues in translational and health services research and conducting research into the most effective ways to achieve change in practice. We call this program “SMART HEALTH” (Systematic Medical Appraisal, Referral and Treatment), for application to patients at high risk of premature death and disability. Initiated in rural and remote Australia, it has been extended to rural India. Examples of successful studies include the “Health Tracker” electronic decision support system to assist health professionals to implement guidelines, the TORPEDO Trial which has successfully validated the Health Tracker system and the CONNECT study which is evaluating a mobile phone “app” that allows patients to access their health information remotely and take action to improve their health. We hope to help lead the way into more affordable and effective health care for both advanced and disadvantaged populations.

INTERNATIONAL SOCIETY OF HYPERTENSION NEW INVESTIGATOR COMMITTEE (ISH NIC)

ISH New Investigator Network - the future is bright

MACIEJ TOMASZEWSKI,
ISH New Investigator Committee Chair



on behalf of New Investigator Committee members:

Dylan Burger, Fadi Charchar, Alta Schutte, Praveen Veerabhadrapa and

Working Group Members: Matilde Alique, Sofie Brouwers, Evi Christofidou, Karla Haack, Tomoyuki Honjo, Richard Wainford, Rama Guggilla, Andre Pascal Kengne, Ruan Kruger, Oneeb Mian, Stefan Naydenov, Augustine Nonso Odili, Ricardo Pena-Silva, Katrina Binger, Fady Hannah-Shmouni, Augusto Montezano, Krupa Savalia, Seema Bhanji, Keith Diaz, Rana El Bikai, Godsent Isiguzo, Francine Marques, César Romero

Since the inception of my career I have always been very fortunate to benefit from the support of the ISH. My first international fellowship (2000-2001) was funded by the Society. This fellowship took me to Professor Anna Dominiczak's laboratory at the University of Glasgow where I have not only

developed long-term interests in cardiovascular genetics but also learnt important leadership skills. Ever since, my career has been tightly linked to the Society through being mentored by distinguished ISH members (Professors Ewa Zukowska-Szczechowska, Anna Dominiczak, Nilesch Samani and Bryan Williams) contributions to the ISH Newsletter, publishing and reviewing in the Journal of Hypertension and more recently - through the ISH New Investigator Committee (NIC) Committee that I proudly chair.

The Committee was established in 2010 by Professor Stephen Harrap - then President of ISH. (2010-2012). **Stephen's vision was to create a foundation for a network that would embrace and support all young scientists and clinicians interested in hypertension research.**

Working together with the immediate-past (Stephen Harrap), current (Ernesto Schiffrin) and incoming (Rhian Touyz) ISH Presidents as well as the ISH Executive we have tried to develop an environment in which the next generation of ISH researchers find it easy and attractive to communicate with each other, meet and collaborate.

Sofie Brouwers, Brussels Belgium/Boston, USA

“A little over a year ago I met Prof Wainford at the 2012 2nd ISH New Investigators' Symposium in Sydney, over the course of the day we realized how closely our research interests intersected and that there was a great opportunity for a collaborative research project”.



Richard Wainford, Boston, USA



“Through our involvement in the New Investigator Committee Dr. Brouwers and I remained in contact and developed a collaboration that has enabled Dr. Brouwers to become a member of my research team at Boston University School of Medicine. During her stay in my laboratory, for which we have obtained funding from the Research Foundation Flounders, she is pursuing her novel studies which are investigating the role of brain AT2 receptors in the long-term neural regulation of blood pressure”.

We have grown since the inception of our activities and the Committee now consists of 5 core members together with additional 23 associate members assigned into 4 specific task-orientated working groups (see our “family tree” online). Our core and associated memberships covers 6 continents. The proliferation of our structure stems from our drive to work together with colleagues from different backgrounds and countries in building up the network of young ISH scientists and clinicians. Each member of ISH NIC brings slightly different expertise to the table and we use these differences to our best advantage.

Alta Schutte:**Finance & Awards Working Group Lead**

Alta Schutte (our direct link with the ISH Executive) together with her team (Matilde Alique, Sofie Brouwers, Evi Christofidou, Karla Haack, Tomoyuki Honjo, Richard Wainford) works towards securing funds for the Committee and making the portfolio of our awards as appealing as possible to our young scientists. Liaising with industry, publishing and pharma, the Committee secured almost 15,000 USD for travel grants and awards for our annual meetings last year alone.

Fadi Charchar:**Networking & Mentorship Working Group Lead**

Fadi Charchar's talent in team building has been channelled into leadership of networking and mentorship activities of the Committee. The most important part of his working group is to develop our mentorship programme so it is both accessible and appealing to all young scientists across the globe, in particular in countries where mentorship opportunities are limited. He has a young energetic team of 4 scientists (Katrina Binger, Fady Hannah-Shmouni, Augusto Montezano, Krupa Savalia) working together on this task.

FACTS

- Year of establishment: **2010**
- Number of core members: **5**
- Number of associate members: **23**
- Number of conferences organised: **3**
- Number of publications: **5**
- Number of followers on Facebook: **568**
- Number of followers on Twitter: **84**
- Total grants secured for awards/prizes last year: **15,000 USD**
- ISH Research Fellows who joined the Society last year: **56**

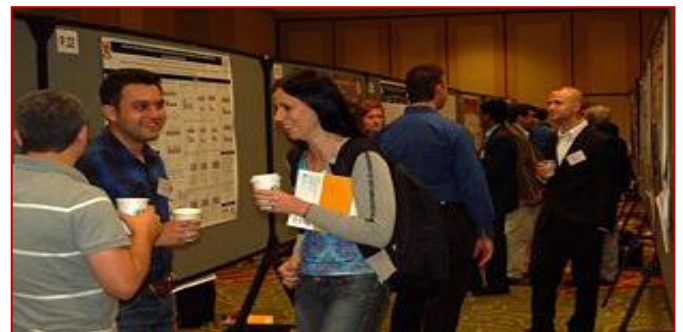
Dylan Burger:**Media Working Group Lead**

Dylan Burger is our expert in new communication platforms and media activity. He also acts as our link with the ISH Communications Committee. Together with his 7 "wizards" in new communications technologies (Rama Guggilla, Andre Pascal Kengne, Ruan Kruger, Oneeb Mian, Stefan Naydenov, Augustine Nonso Odili, Ricardo Pena-Silva), Dylan makes sure that our activities are widely visible, accessible and connect us with the rest of the world.

Praveen Veerabhadrapa:**Recruitment Working Group Lead**

Praveen Veerabhadrapa leads on the Committee's recruitment strategy. Leading a team of 6 (Seema

Bhanji, Keith Diaz, Rana El Bikai, Godsent Isiguzo, Francine Marques, César Romero) he works tirelessly to re-energise, retain and recruit members, in particular young scientists and clinicians in the Society. He is also our point of contact with the ISH NIC sister organisations around to ensure that we reach to all countries.

Annual ISH NIC Meeting Programme

Our annual ISH NIC Symposium has been a tremendous success. So far, we have organised 3 meetings for young scientists and clinicians interested in hypertension. Each of these meetings was run in parallel to the main annual conference (ISH or AHA) in Australia and in North America. We have developed the programme, evaluated the abstracts, decided on the awards and published all the proceedings of the Society.

- *Report of the first International Society of Hypertension (ISH) Trainee/New Investigator Symposium: A Global Hypertension Initiative: Journal of Hypertension, [March 2012 - Volume 30 - Issue 3 - p 631-632](#)*
- *Leading the change: Second International Society of Hypertension New Investigators' Symposium - Journal of Hypertension, [February 2013 - Volume 31 - Issue 2 - p 429-430](#)*
- *[Report of the 3rd symposium, New Orleans - submitted to Journal of Hypertension](#)*

Each year we also brought an internationally recognised leader in the field of cardiovascular research or publishing to give a keynote lecture during the meeting. These largely interactive sessions are very much enjoyed by our attendees.

Krupa K. Savalia, Omaha, USA

"As a 3rd year Doctoral Candidate in the MD/PhD Scholars Program at the University of Nebraska Medical Center, I had the privilege of attending the 3rd Annual New Investigators' Symposium in New Orleans this past September 2013. One of the highlights of my day at the symposium was the keynote address by Dr. Jane Recklehoff. Dr. Recklehoff delivered an exceptionally inspiring keynote address to a crowd of young investigators, many of us whom are still students aspiring to establish a career in science and academia. She was able to candidly articulate the current obstacles for scientists, which included the unpredictable funding climate as well as the culture of academia and the balance of work with personal life. As a young scientist in training, I was encouraged by her clever delivery and energy which resonated throughout the room. Most importantly, I walked away from the Symposium and her keynote address determined to persevere and even more motivated by my passion for science and education".



These meetings are essential in making the Society attractive to a young generation of hypertension scientists. We believe that the best research ideas and the long term collaborations are most frequently born in the informal environment over a cup of coffee or during peer-discussions next to the posters. These meetings create friendly yet scientifically rigorous atmosphere and that is why they are so attractive to the young scientists.

One of the major missions of the ISH is to secure the legacy of excellence in hypertension research. To this end our Committee is working tirelessly to sustain the spirit of international collaboration and ensure that it is treasured in the new generation of researchers. We believe that it is our responsibility to attract and retain the best young talent in cardiovascular research within the Society. Indeed, new investigators are the greatest resource of enthusiasm, energy, drive and positivity and we must make sure that all these excellent qualities are nurtured and channelled into appropriate activities. I believe that we are now on the right trajectory to develop the framework of support that young investigators need to be linked to people and places where they can foster their careers and grow into future leaders of the ISH.

On-going and future NIC initiatives

- **New Investigator Programme:** The 4th ISH New Investigator Programme will take place during the forthcoming Joint ESH-ISH Scientific Meeting, Hypertension Athens in June 2014. This is an opportunity for new investigators to present their work, network, discuss ideas and establish new collaborations.

- **Join the ISH as a Research Fellow:** Research Fellowships are designed for graduate students and are entirely free. This is a special opportunity for any young research or clinical scientist undertaking a higher degree to enhance their CV. Tenure of this category is limited to three years. Apply online at <http://ish-world.com/membership/application.htm>.
- **Mentorship Scheme:** Designed to bring together New Investigators (students and hypertension researchers who are within 10 years of a doctoral degree) and more experienced investigators and help build careers
- **New Investigator of the month spotlight feature:** An opportunity to be featured on the ISH website
- **Explore:** New Investigator quarterly newsletter

See www.ish-world.com/ISHNINN and/or join www.facebook.com/ISHN for updates.

Alternatively, email the ISH Secretariat at secretariat@ish-world.com.

Odd Corner

Happy New Year!

CHAMPAGNE-CORK INJURY TO THE EYE

DESMOND ARCHER

M.B. Belf., F.R.C.S.E., D.O.

RESIDENT SURGICAL OFFICER

NICHOLAS GALLOWAY

B.A. Cantab., M.B. Edin., F.R.C.S., D.O.

LATE RESIDENT SURGICAL OFFICER

MOORFIELDS EYE HOSPITAL, HIGH HOLBORN, LONDON W.C.1

Summary Nine cases of champagne-cork injury to the eye are reported. In three of these cases traumatic cataract has developed, but none of the remaining patients have so far any serious residual visual impairment. All such injuries could be avoided by care in opening the bottle and by awareness of this particular hazard.

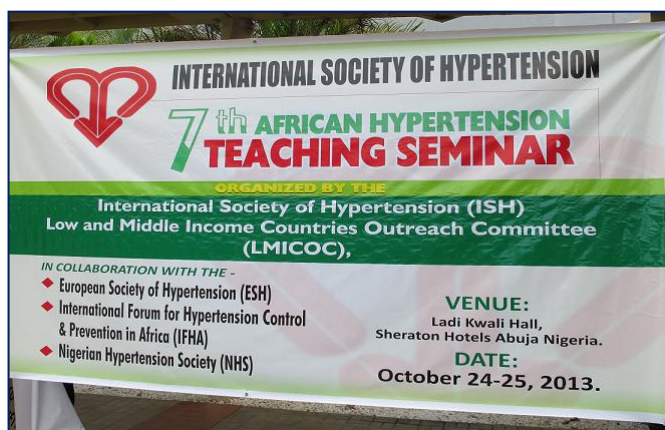
These injuries can be avoided by care in opening the bottle. The Comité Interprofessionnel du Vin de Champagne has published a handbook which describes how to serve it. A napkin should be held over the cork and the neck of the bottle while the wire is being undone, and the cork is gently eased off with the bottle pointing away from the face. There should be no "pop" but merely a sigh. White gloves may be worn but are not essential.

Extract from Lancet 1967;7514:487

REGIONAL ACTIVITIES & REPORTS

AFRICA

7TH ISH HYPERTENSION TEACHING SEMINAR, ABUJA, NIGERIA October 24-25 2013, Abuja, Nigeria



The seminar was organized by the International Society of Hypertension Low and Middle Income Countries Outreach Committee, in collaboration with the European Society of Hypertension, the Nigerian Hypertension Society and the International Forum for Hypertension Control and Prevention in Africa.



The mixed European/African faculty (shown below) consisted of seminar directors R. Fagard (Belgium) and B. Onwubere (Nigeria), and A. Damasceno (Mozambique), D. Lemogoum (Cameroon), P. Nilsson (Sweden) and Y.K. Seedat (South Africa).

There were 50 registered participants, mainly from Nigeria, and for the first time in the history of the seminar, delegates from Sudan could be welcomed. The opening ceremony was attended by Dr. Bridget Okoeguale, Nigerian Director of Public Health representing the Federal Minister of Health. The opening lecture was given by Professor Y.K. Seedat entitled - 'An overview of hypertension in the African perspective: are we on course?'

The seminar is meant for young doctors with an interest in hypertension and related domains and

its major aim is to provide a broad overview, with emphasis on the situation in Africa.



Epidemiological studies reveal that hypertension is quite prevalent in Africa and is responsible for target organ damage, such as left ventricular hypertrophy, and a major cause of cardiovascular complications such as stroke and heart failure, as well as renal failure. Blood pressure measurement is mainly performed by conventional methods, and out-of-office blood pressure monitoring, either by home blood pressure measurement or ambulatory blood pressure monitoring, is only rarely applied and almost no research has been done on their potential importance in sub-Saharan populations. The concept of total risk stratification has been discussed, including the simplified WHO/ISH risk stratification schemes for low and middle income countries, in which smoking and diabetes play an important role. Pathogenesis and mechanisms of hypertension may differ between blacks and whites, and early life influences on hypertension and cardiovascular risk should be considered in the African context. Apart from the potential role of lifestyle measures in the prevention and treatment of hypertension, many hypertensive patients need antihypertensive drug therapy. In view of particular pathophysiological features, it appears that diuretics and calcium channel blockers are considered drugs of choice in blacks. Unfortunately, mainly due to economic constraints, the percentage of treated patients is limited and blood pressure control is achieved in only very few patients. In view of the difficulties a lecture was devoted to 'how to organize the management of hypertension in low resource settings'.

Finally, because of the need for more research on hypertension in Africa, the seminar concluded with advice on how to set up an epidemiological study and how to set up an intervention trial. As in previous seminars, participants were given the opportunity to present and discuss their own research based on a call for abstracts. The participants enjoyed the scientific meeting and the lively discussions.

The seminar was followed by the 6th African Scientific Meeting on Hypertension, and the faculty of the seminar was happy to stay and contribute to this congress for established African doctors.

The 8th African Hypertension Teaching Seminar will be organized in Kinshasa, D.R. Congo, in the spring of 2015.

R. Fagard and B. Onwubere

23rd Indian Society of Hypertension Annual Meeting, Lucknow, India, 16-17th November 2013

This meeting took place in Lucknow, which is less than one hour by plane to the east of Delhi. It is the largest (5 million inhabitants) and most developed city in North India after Delhi and is an important centre of education, commerce, technology, culture, and art. Lucknow has several medical educational and research organisations, such as the King George Medical College (KGMC), the Sanjay Gandhi Post Graduate Institute of Medical Sciences, and the Central Drug Research Institute.

This meeting had parallel sessions in two halls at the KGMC and a poster display area. It was attended by almost 900 doctors (cardiologists, physicians and research fellows who came from all round India) and 90 nurses.

There was an attractive program with lectures and round tables on important clinical issues, including blood pressure variability, arterial stiffness, salt sensitivity, resistant hypertension, prehypertension, sodium intake, hypertension management in youth, elderly and pregnancy, chronic kidney disease, hypertension in thyroid disorders, vitamin D and hypertension, and several other topics. Moreover, there was a lecture on the 2013 European guidelines for hypertension, a symposium on stroke and hypertension, another on pulmonary hypertension, a session on hypertension surveillance programs in India and another for public education program.

As an ISH faculty member I had the pleasure to give a talk on "Nocturnal and masked hypertension: missed opportunities in diabetes". I also contributed to an interactive educational workshop on ambulatory blood pressure monitoring by giving an introductory lecture, and professors RB Singh, NS Verma, Muthusamy and Arvind Vaish discussed the Indian research and experience. The organizers acknowledged the importance of the ISH support and honoured me by granting to me the fellowship of the Indian Society of Hypertension.

In 1990 cardiovascular diseases caused 2.3 million deaths in India and in 2020 this is projected to double. Hypertension is the most prevalent chronic disease in India and its prevalence is rapidly increasing. Recent data show that for every known subject with hypertension there are two more with undiagnosed hypertension or prehypertension. These data call for urgent national programs for hypertension prevention and control.

**George Stergiou, MD,
FRCP, Associate
Professor of Medicine &
Hypertension
University of Athens,
Greece**



2013 COUNCIL FOR HIGH BLOOD PRESSURE RESEARCH FALL CONFERENCE SUMMARY

The 2013 Annual Fall Conference of the American Heart Association Council for High Blood Pressure Research (CHBPR) and Kidney in Cardiovascular Disease was held from September 11-14 in New Orleans Louisiana.



Dylan Burger

The ISH had a significant presence at the meeting this year as the New Investigator Committee held their third annual Symposium one day in advance of the fall conference (Sept 10). The symposium, covered more extensively on **pages 8-10** in this issue, was organized entirely by young scientists and provided a platform for new investigators to present their research in an open and supportive environment. The event continues to expand rapidly and was an outstanding success with over 100 attendees and the highest of quality research in hypertension and cardiovascular disease.



As is custom at the 2013 CHBPR meeting, the opening day included two pre-conference workshops: "**Recent landmark discoveries in hypertension, kidney and cardiovascular disease**" - chaired by David Harrison and Pedro Jose and "**Non-invasive methods to study the human circulation and kidneys**" - chaired by Ray Townsend and William White. Both sessions were highly informative and well-received by attendees.

The main conference opened with a stimulating lecture from Dr. Kathy Griendling of Emory University entitled "**The many faces of NADPH oxidases**" who spoke on the importance of NADPH oxidases in oxidative stress and cardiovascular disease. This lecture was followed by an adjudicated poster session featuring the top trainee abstracts. All told, the program included 101 Oral presentations, 544 Posters. The bulk of free communications consisted of preclinical research however this year there was a

renewed focus on clinical research. An abstract of particular interest was a report entitled ***“A Liquid Chromatography-Mass Spectrometry Assay for the Semi-quantitative Screening of 34 Cardiovascular Medications in Human Serum”*** presented by Dr. Candace McNaughton and colleagues who have developed a single assay to accurately detect the presence (or absence) of 34 cardiovascular medications simultaneously. This could ultimately be a powerful tool in the assessment of patient adherence. The renewed focus on clinical research was perhaps typified by the winner of the 2013 Excellence Award in Hypertension Research Dr. Murray Esler (Baker Heart and Diabetes Institute) who was recognized for his work in the area of Renal Denervation. Dr. Esler’s lecture ***“The Sympathetic Nervous System Moves Towards Center Stage in Cardiovascular Medicine: From Thomas Willis to Renal Denervation”*** provided a thorough review of research leading to the development of renal denervation and was followed by a reception and gala dinner (Authors note: Renal denervation should have been developed in the middle ages, not the 2000s).

In addition to Dr. Esler, the CHBPR also recognized several other scientists for their research excellence. Following a splendid series of presentations by the three finalists, the Harry Goldblatt Award New Investigator Award was presented to Dr. Richard Wainford (Boston University School of Medicine) for his work ***“PVN Gal2 Subunit Proteins – The Key to a Salt-resistant Phenotype?”*** Dr. Wainford will present his work at the forthcoming High Blood Pressure Research Council of Australia. Following the Goldblatt competition Dr. Kyungoon Lim (Australian High Blood Pressure Research Council Australia Young Investigator Award Winner) presented his work ***“The Contribution of Leptin and Insulin to Activation of Sympathetic Nervous System During High Fat Diet”*** to a receptive audience.

In addition, Dr. Clinton Webb (Georgia Regents University) was awarded the Irvine Page – Alva Bradley Lifetime Achievement Award while the “Mid-Career Award for Research Excellence” was awarded to Dr. Jens Titze (Vanderbilt University). The council also took the opportunity to recognize longtime council member Dr. Kenneth Bernstein (Cedars Sinai Medical Center) who will be named an American Heart Association/American Stroke Association Distinguished Scientists at this fall’s Scientific Sessions.

The CHBPR meeting annually features a series of memorial lectures and this year highlighted several distinguished scientists. On Thursday afternoon Dr. Mohan Raizada (University of Florida) delivered the Arthur C Corcoran Memorial Lecture ***“Dysfunctional Brain-Bone Marrow Communication in Hypertension”***. Friday morning featured Dr. David Ellison delivering the Donald Seldin Lecture ***“Potassium, Salt and Blood Pressure: A 25 Year Voyage”*** and The Harriet Dustan Award which was presented to Dr. Jane Reckelhoff (University of Mississippi Medical Center). Her lecture ***“Mechanisms Responsible for Postmenopausal Hypertension”*** was both entertaining and enlightening. Finally, on Saturday morning Dr. David Pollack (Georgia Regents

University) delivered the Lewis K Dahl Memorial Lecture ***“Clarifying the Physiology of Endothelin”***. These lectures were intermixed with free communications of the highest quality on topics including the renin-angiotensin system, oxidative stress, genetics, proteomics, epidemiology, nutrition, and clinical trials. Other highlights of the meeting included a series of breakfast “How-to” sessions. Topics included- heart rate variability, flow cytometry, proteomics, and *in vivo* imaging. The conference adjourned on Saturday with concurrent oral sessions on diabetes and cardiac hypertrophy. The 2014 Fall Conference will take place September 9-12 in San Francisco, California.

Dylan Burger, New Investigator Committee member, Ottawa, Canada

MEMBERSHIP

Membership subscriptions 2014

Please note (as stated in the Constitution): Membership shall automatically cease upon failure to pay the annual subscription fee for two consecutive years.

If you haven’t yet paid your membership fee this year and are interested in retaining your links to the Society, we would be delighted to receive your payment.

Please visit the membership section of www.ish-world.com. Alternatively, contact the Secretariat to receive a payment form.

Please help us to recruit new members

If you have a colleague who would like to become a member of ISH please offer to support their application and ask them to complete the downloadable Application Form that can be found in the Membership section of the Society’s website: www.ish-world.com.

Nominations are initially considered by the Membership Committee and ultimately approved by the Society at its Biennial Scientific Meetings.

Please contact secretariat@ish-world.com with any questions.



JOINT MEETING ESH-ISH

HYPERTENSION

ATHENS 2014

JUNE 13 - 16, 2014 - ATHENS, GREECE

Megaron Athens International Conference Centre









European Society of Hypertension

24th European Meeting on Hypertension and Cardiovascular Protection



Hellenic Society of Hypertension



International Society of Hypertension

25th Scientific Meeting of the International Society of Hypertension

IN COOPERATION WITH



Askleion General Hospital Athens

Official congress website
www.hypertension2014.org

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Registrations
now open...

EARLY BIRD – March 24th, 2014



...book your hotel
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ABSTRACT
SUBMISSION

OPENING

November 18, 2013

CLOSING

January 13, 2014

LATE BREAKERS

April 1-30, 2014

Dear Friends, Dear Colleagues,

it is a great pleasure for us to welcome you to the Joint Meeting of the European Society of Hypertension (ESH) and International Society of Hypertension (ISH), which will be held in Athens, Greece, June 13-16, 2014.

The **scientific program** will continue the tradition of the previous ESH/ISH meetings and will include: Original research with oral and poster presentations, State-of-the-Art lectures, Plenary sessions, Joint sessions with other Societies, Debates, Topical workshops, Breakfast seminars, Meet-the-expert sessions, Clinical cases, Training session in new techniques, Satellite Symposia organised by industry.

The meeting will cover a **large area of knowledge** in the field not only of hypertension but also of other diseases related to hypertension such as: Hyperlipidemia, Diabetes mellitus, Obesity, Obstructive sleep apnea, Coronary heart disease, Heart failure, Atrial fibrillation and new antithrombotics, Peripheral arterial disease, COPD etc.

We believe that Hypertension Athens will provide a full update of the most important achievements in the above topics over the last years.

The presence of **opinion leaders and experts from all around the world** shall ensure the success of the meeting.

The meeting will be held at Megaron (Concert Hall), a luxurious construction with high-tech facilities, located in the centre of the city and within walking distance from most of the hotels and archaeological sites.

We expect a large number of **investigators, researchers and clinicians** from Europe, North, Central and South America, Asia, Africa, Australia, Middle-East and Gulf Area to attend.

The meeting will be held in Athens, one of the world's most attractive destinations, due to the long history and beauty of the city.

Participants will be able to enjoy the beauty of Athens, either before or after the meeting, as well as the surrounding area and the rest of the Country.

We cordially invite all of you and the Greek Diaspora to join us in the Joint ESH/ISH 2014 Athens meeting.

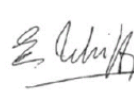
On behalf of the Organising and Scientific Committees



A.J. Manolis
Chairman of the
Organising Committee



A.F. Dominiczak
ESH President



E.L. Schiffrin
ISH President

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