



WHL · NEWSLETTER

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

No. 150, December 2015

Note from the editor

Two points to highlight:

1. The recent **SPRINT** trial on lower targets for blood pressure control in high risk hypertensives should generate a great deal of critical discussion and requires careful translation to the general care setting. It also highlights the continuing need for preventative efforts. In this respect the articles on Australian salt reduction initiatives and the WHL/AHA education program for hypertension detection and management are particularly relevant.

2. As a new initiative we are exploring a '**Research on a Shoe String**' mentor program. For this we are seeking 'mentors' who will be prepared to assess and provide personal feedback one page summary research proposals on hypertension submitted by anyone with good ideas on community based hypertension research. Several of our Board members will themselves be involved in this activity.

We invite WHL Member societies and their constituents to nominate (including volunteering) **WHL Research Mentors** and provide their contact details and brief CV to Kimbree in the Editorial secretariat so that we can communicate over this nascent program. Please help kick start this initiative.

Lawrie Beilin
Editor, WHL Newsletter



President's Column



It is with high enthusiasm to review the hypertension events from 2015 with great anticipation for the high impact activities for 2016. Professor Jacquie's Salt

Article continues to keep this important WHL objective at the forefront of the global theater. Similarly, the release and reporting of the SPRINT trial results at the American Heart Association Scientific Sessions demonstrate the exciting global high blood pressure control implications. Professional education for hypertension management and prevention remains a key WHL objection, and it is with great pleasure we announce our first series of online continuing education modules available to health care providers throughout the world. WHL participated in the WHO-NCD conference in Geneva, XXV^o Latino-American Congress and LII^o Chilean Congress of Cardiology and Cardiovascular Surgery in Santiago and the BPCON-2015 (Indian Society of Hypertension) in Delhi.

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President's Column Continued

WHL thrives to work closely with our member societies, regional offices, and partners with our joint mission of global hypertension control and prevention.

Please let us know your thoughts and recommendations how we might achieve these goals. Most important, as we enter this special season and time, our heart-felt appreciation for your support and collaboration with WHL and wonderful wishes and good thoughts for 2016.



Daniel Lackland
President, WHL

WHL News

Message to our Members from Mark at the WHL Home Office

As the year comes to a close and we begin to celebrate the holidays and season of lights, the pursuit and challenge of our Mission & Mandate takes on renewed meaning reaffirming a true purpose. Only through the collective efforts of our cherished WHL members will we succeed on the prevention and control of hypertension globally. This should take on special meaning for all of us during a special time of year.

As the year comes to a close, the WHL extends immense gratitude to the successes and contributions from WHL members in 2015. Too numerous to list but exemplified by publications, presentations, and conferences from or

in Sudan, Switzerland, Russia, Cameroon, China, Brazil, Chile, Washington DC, India, and beyond. To build upon these evolving efforts, we are developing a comprehensive WHL resource set for your use. Upon completion, we will certainly share with everyone in early 2016. For 2016, there are some important events to be aware of and prepare for to include:

Hypertension Seoul 2016: The WHL will have a strong presence at the 26th Scientific Meeting of the International Society of Hypertension (ISH) – Hypertension Seoul 2016 (www.ish2016.org). At the event being held at the Coex-Seoul (www.coex.co.kr/eng/), Please note that WHL will have: 1) WHL Executive, Board, and Council Business Meetings on Sunday Sept 25th, 2016 9 am – 5 pm, 2) a special WHL 90 minute scientific presentation session featuring expert speakers on WHL awards, fact sheets, guidelines, dietary salt, population wide interventions, best practices, and more, and 3) hopefully a half-day WHL training session to include a hypertension educational series for providers and ‘Train the Trainer’ on blood pressure screening. Detailed guidance on the WHL events will be sent to all WHL members in early 2016. Please make arrangements to attend and participate in the WHL Council meeting, a biennial event not held since Athens, Greece 2014. Your attendance is critical and we look forward to seeing you there.

World Hypertension Day 2016 – Save the Date & Plan to Celebrate!!:



May 17th-24th, 2016 will be the official dates to Celebrate World Hypertension Day (WHD) but to accommodate nation's resources and availability we will open up WHD blood pressure screening on April 17th. The theme will once again be ‘Know Your Numbers’ with the goal of increasing awareness of high blood pressure and the risk for hypertension-related non-communicable diseases (NCDs). Downloadable WHD 2016 logos are available on our website

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WHL News Continued

at <http://www.whleague.org/index.php/features/world-hypertension-day>. More information will be made available to you in future mailings and newsletters. Please Note: In 2015, together we achieved over 2,446,193 blood pressure screenings, far surpassing the 1 million goal. Will we do better in 2016? We have already heard from many on their WHD 2016 plans and it really is wonderful. The next WHL Newsletter will feature more detailed information.

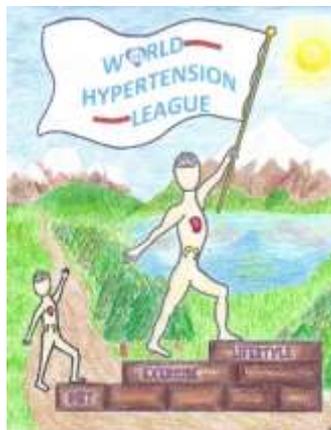
World Hypertension Day Awards 2016: As part of WHD 2016, the WHL will once again be featuring the **WHL awards for Excellence or Notable Achievement in Hypertension Prevention and Control and Dietary Salt Reduction at the Population Level**. Please think of any special person or group has made a substantive impact deserving of the award and suitable for nomination. Nomination forms and guidance are available at <http://www.whleague.org/index.php/news-awards-recognition/nomination-guidance-information-for-notable-achievement-awards>. Nominations are due March 31, 2016. Reminders along with detailed guidance will be sent out in early 2016. 2016 Awardees will be announced on WHD 2016 and congratulated at Hypertension Seoul 2016.

Sponsorship: WHL sincerely requests both Individual and Corporate Sponsors. We make every effort to ensure the sponsor funds are directed to the target of choice. For example, one may choose to sponsor the WHL student art completion or the WHL 2016 awards or on a grander scale the WHD 2016 for a specific population or the WHL Seoul Korea effort. There are plenty of options. If it falls within our Mission & Mandate, we will make full efforts to satisfy your request. Individuals are invited to donate according to ability, while corporate sponsorships run from \$2500.00 USD per year. If you or know anyone willing to be a WHL sponsor, please e-mail Kimbree or Mark at CEO@whleague.org. Every bit helps.

Member Dues: 2016 Annual dues in the amount of **\$300.00 USD** will shortly be solicited

Mark Niebylski, PhD, MBA, MS; CEO – WHL

WHL Student Art Competition Winner Selected



In 2015, the WHL resurrected the **WHL Student Art competition!**

Congratulations and claps of joy for Juliet Regine in Maryland, USA who was the 2015 Champion and whose art piece is depicted.

To help streamline the process, WHL will be accepting a single submission for the 2016 student art competition from each WHL member. The art piece should exemplify the WHL Mission & Mandate as evidenced by Juliet's piece which we soon hope to be made available as a poster for purchase. The submission process is in development but certain to be exciting. Stay tuned!

IWHL Education Series

By: Dr. Daniel Lackland

To help health care providers deliver better care for the large population of hypertensive patients, World Hypertension League has led the development of a three- series education online program for global access. The first series of 25 modules is now available for access and use. With hypertension detection, management and prevention as a true global public health and global issue, the availability of these education modules satisfies a critical need for health care providers throughout the world. Presented by international experts, these modules are available online and are designed to improve healthcare providers' knowledge on specific areas related to hypertension.

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IWHL Education Series Continued

The on-demand modules can be completed online and offer free CME credit and low-cost to no-cost nursing credit.

“High blood pressure is a major factor and risk for strokes, heart disease, and end-stage renal disease, all conditions with excess risks around the world. The prevention, treatment and control of hypertension can have high impact on these conditions and risks. These modules present the state-of-the-art evidence for the management of elevated blood pressure and are presented by an internationally recognized faculty,” according to Daniel T. Lackland, DrPH, president of the World Hypertension League. The modules have been first made available through the online platform through the website at <http://www.scahec.net/schools/>.

The 25 education modules with 1.0 hour programs are available to any health professional. The next two 25-module series are currently being developed and will be available in 2016-17. The first series faculty are:

- 1] Norman Campbell, MD**
Assessing Blood Pressure in the Clinic
- 2] Barry Carter, Pharm D**
Team-Based Care to Improve Blood Pressure Control: The CAPTION Trial
- 3] William Cushman MD**
Selection of Drugs in Hypertension: Does it make a difference?
- 4] William Cushman MD**
Chlorthalidone versus HCTZ in Management of Hypertension
- 5] Gordon Defriese PhD**
Enduring Hypertension Series: Quality Improvement Indicators and Management of Hypertension
- 6] Donald Dipette MD**
Hypertension through the ages: Today’s implications
- 7] Brent Egan MD**
American Society of Hypertension. Clinical Hypertension Specialists

- 8] Brent Egan MD**
Diagnosis and Management of Secondary Hypertension
- 9] John Flack MD**
Clinical Considerations in the Management of African Americans with Hypertension
- 10] Philip Gorelick MD**
Hypertension Management in the Stroke Patient
- 11] Joel Handler MD**
Initial Treatment Approach and Strategies for the Management of Hypertension: A Model for Success
- 12] Daniel Levy MD**
Hypertension and Heart Failure Lessons from Observational studies and Clinical Trials to Guide Patient Care
- 13] Michael Moore MD**
Strategies to Improve Patient Adherence to Anti-hypertensive Treatment
- 14] Mark Niebylski PhD**
Hypertension: Blood Pressure and Public Health 2014
- 15] Venkata Ram MD**
Resistant Hypertension and the Management of High Blood Pressure: Global Implications for the Patient from South Asia
- 16] Edward Roccella PhD**
Public Health/ Clinical Success. Impact of High Blood Pressure control programs
- 17] Clive Rosendorf MD**
The Management of Hypertension in Patients with Coronary Artery Disease
- 18] Ernesto Schiffrin MD, PhD**
Management of Hypertension in Special populations (Hispanic/Latinos)
- 19] Ross Simpson MD, PhD**
Performance Improvement and Quality of Care in the Healthcare System; Implications for the Management of Hypertension

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20] Herman Taylor MD

Management of Hypertension Series: Heart Health and Risk in a Contemporary Black Southern Cohort

21] Raymond Townsend MD

Managing the blood pressure of patients with Chronic Kidney Disease

22] Raymond Townsend MD

Home blood pressure monitoring in the patient with high blood pressure

23] Michael Weber MD

ACE Inhibitors and ARBs

24] Paul Whelton MD

Sodium, Blood Pressure, and Cardiovascular Disease: Interpreting Good, Bad and Indifferent Data

25] Paul Whelton MD

Blood Pressure Reduction: How Low to Go



Further Government Action on Salt Reduction in Australia Urgently Required

By: Dr. Jacqui Webster

The Australian Federal Government committed to a 30% reduction in average population salt intake by 2025 when it signed up to the World Health Organization's Global Action Plan to prevent Non-communicable Diseases in 2013.¹ However, there is currently no coordinated national government strategy to achieve this target. Regional studies have shown that mean daily salt intake levels are 8-9grams.^{2,3} In 2007, The Australian Division of World Action on Salt and Health (AWASH) launched its Drop the Salt! Campaign, uniting NGOs, health and medical and food industry organizations in an advocacy effort to persuade government to take action.⁴ The Federal Government subsequently launched its Food and Health Dialogue (FHD) in 2010, to improve the health of the food supply in Australia through voluntary partnerships with food industry, government

and non-government public health organizations. The focus has been on voluntary reformulation of foods, primarily through salt reduction targets. But public health groups have criticized the slow progress.⁵ More recently, in December 2014, the government launched its Health Star Rating scheme which uses stars on the front of food labels to highlight the nutritional profile of packaged foods. Both government initiatives have clear criteria for industry to meet, but both are voluntary and the extent of industry uptake is unclear. There is also no parallel public education/awareness campaign to try and influence consumer behavior relating to salt and no agreed mechanism for monitoring national changes in salt intake. So, whilst a range of salt reduction initiatives have been established, key elements for a coordinated population-level strategy are still missing.⁶ The Victorian Health Promotion Foundation (VicHealth) has recently instigated a State-level partnership to advance action and will launch its strategy in 2015.⁷ Other States may follow suit.

However, a prioritized Federal government effort including effective monitoring mechanisms is also urgently needed to ensure Australia will achieve a 30% reduction in salt intake within the next decade.

For a further detailed review of Australia's progress on salt reduction see Webster J (2010) Salt Reduction in Australia: from advocacy to action <http://www.ncbi.nlm.nih.gov/pub-med/26090332>

1. World Health Organization. Global Action Plan for the Prevention and Control of Noncommunicable Diseases. Geneva, World Health Organization (2013).
2. Land, M.A., et al. The association of knowledge, attitudes and behaviours related to salt with 24-hour urinary sodium excretion. *Int J Behav Nutr Phys Act* **11**, 47 (2014).
3. Keogh, J.B., Lange, K., Hogarth, R. & Clifton, P.M. Foods contributing to sodium intake and urinary sodium excretion in a group of Australian women. *Public Health Nutr* **16**, 1837-1842 (2013).

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Government Action on Salt Continued

4. Webster, J., Dunford, E., Kennington, S., Neal, B. & Chapman, S. Drop the Salt! Assessing the impact of a public health advocacy strategy on Australian government policy on salt. *Public Health Nutr* **17**, 212-218 (2014).
5. Elliott, T., *et al.* A systematic interim assessment of the Australian Government's Food and Health Dialogue. *Med J Aust* **200**, 92-95 (2014).
6. Webster, J., *et al.* Salt reduction in Australia: from advocacy to action. *Cardiovasc Diagn Ther* **5**, 207-218 (2015).
7. VicHealth. The State of Salt: the case for Salt Reduction in Victoria. <https://www.vichealth.vic.gov.au/media-and-resources/publications/state-of-salt> (2015).



JCH Update

Keeping Up to Date with the Journal of Clinical Hypertension

By: Michael A. Weber, MD, Editor

This has been another good year for the Journal with a record number of articles being submitted. I am sure that our affiliation with the World Hypertension League has been an important part of this success by strengthening our reach and influence around the globe.

The latter part of 2015 saw two important hypertension articles published in other journals that I believe could materially change the clinical practice of hypertension. One was the SPRINT study (1) and the other was the recommendation of the United States Public Service Task Force (USPSTF) on the use of ambulatory blood pressure monitoring (2). Both of these articles are the subject of editorials and commentaries that will appear soon in the Journal of Clinical Hypertension. Our Journal expects to play an important part in the discussion and interpretation of these new developments.

Let's first consider SPRINT. This large clinical outcomes trial reported that in non-diabetic high-risk hypertensive patients randomized to systolic blood pressure treatment targets of <140mmHg or < 120mmHg, there was a 25% reduction in event rates for the composite cardiovascular study endpoint and a 27% reduction in mortality in those patients treated to the more intensive target. In reality, this target of <120 mmHg was not uniformly achieved: the mean systolic BP in this group was 121mmHg, and a large proportion of patients remained above their goal. How this finding will be interpreted remains to be seen, but guidelines could decide to now recommend <130mmHg as a general target.

A key issue in SPRINT was that patients in the intensively treated group were significantly more likely than those in the <140mmHg group to be treated with blockers of the renin angiotensin system, calcium channel blockers and thiazides.

So, a critical question arises: Were the cardiovascular benefits in the <120 mmHg patients due to the lower achieved blood pressure, or were they due to the greater preventive actions of these drugs? We will await further analyses of the SPRINT data with great interest.

Ambulatory Blood Pressure Monitoring

The USPSTF recommendation that patients with high blood pressures in the office or clinic should be subjected to ambulatory blood pressure monitoring for confirmation of the hypertension diagnosis echoed an earlier recommendation by the NICE guidelines in Great Britain. The intended benefit of this recommendation is that patients identified as having unconfirmed or "white coat" hypertension -- around one-third of all patients with office hypertension -- need not be treated with antihypertensive drugs. This appears to be an attractive cost saving maneuver, but there is a serious concern. It is almost certain that all the landmark outcomes trials that have established the benefits of treating hypertension would also have included a similar proportion of patients with white coat hypertension (approximately one-third),

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JCH Update Continued

and so we cannot exclude the possibility that these white coat patients, despite their apparently normal ambulatory BP monitoring values, get meaningful cardiovascular benefits from modern antihypertensive drugs. So until it can be demonstrated that withholding treatment in white coat hypertensive patients does not deny them a potentially important cardiovascular benefit, the USPSTF recommendation must remain the subject of debate.

Please continue to follow the Journal of Clinical Hypertension, the Official Journal of the World Hypertension League, for more detailed discussions on these and other critical ideas and controversies in the field of hypertension.

1. New Engl J Med (2015) DOI: 10.1056/NEJMoa1511939
2. Ann Intern Med (2015) DOI: 10.7326/M15-2223

People

Congratulations Dr. Norm Campbell – WHL Past-President: Recipient of the Esteemed HRF Medal of Honour

At a Gala Celebration on November 17, 2015 in Montreal, Quebec, Canada, Dr. Norm Campbell was awarded the Medal of Honour from the Health Research Foundation (HRF) <http://www.hrf-frs.com/home>, Prix Galien Canada and Research Canada: An Alliance for Health Discovery to celebrate world-class contributions to recognize remarkable Canadian achievements in life sciences research and innovation. Dr. Campbell's dedicated efforts on hypertension prevention and control at the population level with the Libin Cardiovascular Institute, Alberta, Canada, the World Hypertension League, and beyond have been extraordinary. Job well done Dr. Campbell

WHL would like to congratulate Dr Nizal Sarrafzadegan who has been selected the recipient of the 2016 Kuwait Prize for Control of Cancer, Cardiovascular Diseases and Diabetes in the EMR for 2016! Dr. Sarrafzadegan received this honor as a result of her hard work

and dedication in the field of Cardiovascular research!

Congratulation Dr. Sarrafzadegan!

Events of Note

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

Find More Information At:

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



Find More Information at:

<http://www.whleague.org/index.php/features/world-hypertension-day>

WHL is now accepting nomination for the 2016 WHL Awards. Completed nominations are due by March 31, 2016. For additional information visit:

<http://www.whleague.org/index.php/news-awards-recognition/nomination-guidance-information-for-notable-achievement-awards>

Links of Note

WHL would like to share the link for Hypertension Canada's Online Newsletter Archives. Please follow the link to see what Hypertension Canada is doing!

<https://www.hypertension.ca/en/research/member-publications-research>

To Access the Article published by The SPRINT Research Group follow this link:

<http://www.nejm.org/doi/full/10.1056/NEJMo1511939>

Mission

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

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Calendar

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

The Novartis Foundation and the London School of Hygiene & Tropical Medicine
 December 1, 2015
 Melbourne, Australia
Information: Kiara Barnes
 E-mail: kiara.barnes@novartis.com

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

December 2-4, 2015
 Melbourne, Australia
Information: Anne Barden, Program Secretary
 HBPRCA
 E-mail: admin@yoursecretariat.com.au

Malaysian Society of Hypertension 13th Annual Scientific Meeting 2016

January 15-17, 2016
 Kuala Lumpur, Malaysia
Information: Fay Cheah, Contact Person
 E-mail: faycheah@gmail.com

Second Gulf Hypertension Conference

January 27-28, 2016
 Dubai, United Arab Emirates
Information: <http://www.arab-healthonline.com/conferences/list/hypertension-conference/>

World Hypertension Day

May 17th, 2016
Information: <http://www.whleague.org/index.php/features/world-hypertension-day>
 E-mail: CEO@whleague.org

26th European Meeting on Hypertension and Cardiovascular Protection

The European Society of Hypertension
 Paris, France
 June 10-13, 2016
Information: <http://www.esh2016.org/>
 E-mail: esh2016@aimgroup.eu

Hypertension Seoul 2016

The 26th Scientific Meeting of the International Society of Hypertension
 Seoul, Korea
 September 24-29, 2016
Information: <http://www.ish2016.org/>
 E-mail: info@ish2016.org