

WHL • NEWSLETTER

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

No. 182, December 2023

Note from the Editor

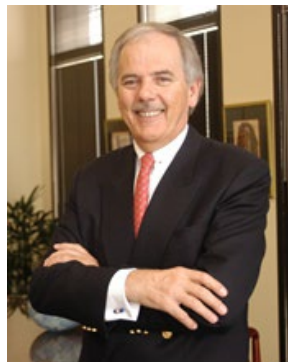


As we submit our final Newsletter of 2023, please accept my sincere thanks for all your contributions, your suggestions for improvements, and your collegiality.

We constantly try to make the Newsletter a valued resource for global high blood pressure, and this is only possible because of you. Please consider nominations for the [2024 WHL Excellence Awards](#), publications to be showcased in the 'Hot Off the Presses' section, activities and population efforts for the 'Hypertension on the Ground' section, art submissions for the 2024 '[Children's Art Program](#)' and your plans for 2024 [World Hypertension Day](#). And most important, we wish for all of you all the peace and prosperity of the Season throughout 2024.

Dan WHL Newsletter Editor-in-Chief

President's Column



Dear Colleagues,

Greetings from New Orleans. During the last few months, I had the pleasure of meeting with some of you at conferences, either in person or virtually, held in Brazil, Canada, the Dominican Republic, China, Saudi Arabia, Taiwan, and the US. I will be traveling to India next month (at the invitation of Dr. Narasingan) and am particularly looking forward to visiting Chennai, the location for our World Hypertension Congress in February 2025.

I was fortunate to hear several very important presentations last month during *Late Breaking Science* sessions at the American Heart Association Scientific Sessions (AHSSS 2023) in Philadelphia. Elsewhere in this Newsletter, Dr. Campbell reports on one of these - a novel application of the DASH Diet in a community-based trial. In addition, there were a number of groundbreaking reports from randomized controlled trials that compared outcomes during more and less intensive antihypertensive therapy. I'll briefly mention three of them. First, the main results of an important trial (ESPRIT) that compared cardiovascular disease (CVD; principal outcome) and all-cause mortality in 11,255 Chinese adults with hypertension and an increased risk of CVD who were randomized to a systolic blood pressure (SBP) target of <120 mm Hg or <140 mm Hg. Those randomized to the lower SBP target experienced significantly fewer CVD events and deaths from any cause. This is the fourth trial to show the same pattern of benefit following randomization to a SBP target of <120 vs.

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<140 mm Hg. Three additional large trials of SBP <120 vs <140 mm Hg treatment targets are ongoing - the OPTIMAL-Diabetes and OPTIMAL Stroke trials in Brazil and the BPROAD trial in China. A new report from the *China Rural Hypertension Control Project (CRHCP)* a community health-care worker led antihypertensive treatment trial identified a statistically significant and clinically important 15% reduction in dementia events, 16% lower risk of memory impairment, and less serious adverse events in the participants randomized to more vs. less intensive treatment (SBP/DBP targets of <130/80 and <140/90 mm Hg, respectively; mean SBP 128 vs. 148 mm Hg @ 48 months). A third presentation revealed the main results of the *Implementation of Multifaceted Patient-Centered Treatment Strategies for Intensive Blood Pressure Control (IMPACTS)* study, a cluster randomized trial conducted in 36 Federally Qualified Health Center (FQHC) clinics in Louisiana and Mississippi. The mission of FQHCs is to provide primary healthcare services in underserved US rural and urban communities, regardless of a patient's ability to pay for their care. A principal goal of the IMPACTS study was to test the effectiveness of a multifaceted intervention program aimed at implementing the SPRINT intensive BP management algorithm (SBP target <120 mm Hg) compared with enhanced usual care in a real-world setting. Those randomized to the multifaceted intervention had a net reduction in SBP from baseline to 18 months that was more than 7 mm Hg greater than the enhanced usual care group. I look forward to reading the full reports of these and the many other exciting BP presentations at the AHASS 2023 when they are published.

As we approach the holidays and the end of this year, I want to thank the WHL Executive Team, Board, Council, partner organizations and all others who have contributed to making the past year a memorable one for our organization. I look to the future with great hope that ongoing efforts around the world will finally result in meaningful success for prevention and control of high BP.

Happy holidays and best wishes for a healthy, successful New Year.

Paul

WHL President

WORLD HYPERTENSION CONGRESS CHENNAI INDIA



6th World Hypertension Congress February 21-23, 2025, Chennai, India “Controlling Hypertension Together” **SAVE THE DATE!**

The three-day program will include the following:

Day 1

- **Opening Program:** High Blood Pressure – The Way Forward

Sessions:

- Blood Pressure Measurement
- Dissemination and Implementation
- Global Hypertension Control: The HEARTS Initiative

Day 2

- **Keynote Address:** The Future of Implementation

Sessions:

- High Blood Pressure Clinical Practice Guidelines
- High Blood Pressure and Heart Disease
- High Blood Pressure and Stroke
- High Blood Pressure and Kidney Disease

Day 3

- **Keynote Address:** The Role of Artificial Intelligence in High Blood Pressure

Sessions:

- High Blood Pressure in India
- Renal Nerve Denervation

SEASON'S GREETINGS FROM THE WORLD HYPERTENSION LEAGUE



During this special season and time, we send our heart-felt appreciation for your support and collaboration with WHL, with wonderful wishes and good thoughts for 2024.

The WHL Board & Staff

HOT OFF THE PRESSES

More on reductions in dietary sodium and reductions in blood pressure

Authors: Prof. Norman R.C. Campbell, Prof. Paul K. Whelton, Prof. Michael A. Weber

Gupta et al recently published a randomized crossover trial of a high (median 5000 mg/day) vs low (1279 mg/day) sodium diet for one week in 213 adults between age 50 and 75 years (1). The median decrease in systolic blood pressure was 8 mmHg, with 74% of people having a reduction in systolic blood pressure and 63% having a reduction in diastolic blood pressure. There were similar blood pressure responses in older vs younger, blacks vs whites, those with and without hypertension and drug treated vs nondrug treated people with hypertension.

These similarities contrast with past meta-analyses of randomized controlled trials and may reflect a lack of statistical power in Gupta et al's study. The authors noted that the blood pressure changes were similar to that seen with a single antihypertensive drug. However, about twice the reduction in blood pressure would be likely if the

dietary sodium reduction intervention had been longer than 2 weeks (2). High dietary sodium has also been associated with aging related increases in blood pressure and irreversible increases in blood pressure that cannot be detected by lowering dietary sodium after the damage has been done.

The results from Gupta et al are otherwise consistent with high quality research, which report linear increases in blood pressure with increases in dietary sodium above 800 mg/day and that dietary sodium affects blood pressure throughout the life course and in diverse groups of people (2-4). Further, modest reductions in dietary sodium are associated with substantive reductions in cardiovascular disease (4).

The challenge is reducing dietary sodium in the current food environments where sodium is ubiquitously added during commercial and home food processing. Hunter gather populations had small amounts of naturally occurring sodium in their diets and little to no hypertension or increases in blood pressure with age.

Major regulatory changes to the food industry are required to effectively reduce dietary sodium, with at present, few countries applying appropriate regulations (5). The hypertension and cardiovascular community need work to balance the traditional public health obsession with infectious diseases to address the current major causes of death and disability by unhealthy diets causing dyslipidemia, increased blood pressure, obesity, diabetes, cardiovascular, cerebrovascular and renal diseases.

References

1. [Gupta DK, Lewis CE, Varady KA, Su YR, Madhur MS, Lackland DT, et al. Effect of Dietary Sodium on Blood Pressure: A Crossover Trial. JAMA. 2023.](#)
2. Huang L, Trieu K, Yoshimura S, Neal B, Woodward M, Campbell NRC, et al. Effect of dose and duration of reduction in dietary sodium on blood pressure levels: systematic review and meta-analysis of randomised trials. *BMJ*. 2020;368:m315.
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5. World Health Organization. WHO global report on sodium intake reduction. Geneva: World Health Organization; 2023.

Targeting Health System Change to Improve Population Hypertension Control

By Pedro Ordunez MD PhD and Jeffrey Brettler MD, Pan American Health Organization (PAHO)

The conversation around hypertension control should move out of conference rooms. The new paradigm is the implementation of standardized, population, and evidence-based recommendations through public health programs designed to have a high impact, effectively and efficiently. This is one of the key messages of a new paper published by the HEARTS in the Americas team in Current Hypertension Reports. (Ordunez P et al HEARTS in the Americas: Targeting Health System Change to Improve Population Hypertension Control. Curr Hypertens Rep. 2023 Dec 2. doi: 10.1007/s11906-023-01286 w.) <https://lnkd.in/etxdbESC>)

This review emphasizes that suboptimal control of population hypertension can no longer be attributed primarily to the responsibility of the patient or physicians. This mindset is at the root of the long-standing failure to adopt practical and effective solutions to improve population hypertension control. Instead, hypertension programs should identify barriers to access, implement interventions to overcome bottlenecks, and optimize the delivery processes involved in the hypertension treatment cascade to improve the health system's performance.

The overarching goal of the HEARTS in the Americas initiative is to drive health services to change managerial and clinical practice in primary care settings to improve hypertension control and CVD risk management. Thus far, 33 countries in Latin America and the Caribbean have committed to integrating this program across their primary healthcare network by 2025. This review describes the regional epidemiological situation of CVD mortality and population hypertension control trends, and the rationale for its main intervention components: the primary care-oriented management system and the HEARTS Clinical Pathway. Finally, the key factors for accelerating the expansion of HEARTS are examined: medications, team-based care, and a system for monitoring and evaluation. The increase in hypertension coverage and control in primary health care settings compared with the

traditional model is promising and confirms that the interventions under the HEARTS umbrella are feasible and acceptable to communities, patients, providers, decision-makers, and funders.

Scaling up effective treatment for hypertension and optimization of CVD risk management is a pragmatic way to accelerate the reduction of CVD mortality while strengthening primary healthcare systems to respond effectively, with quality, and equitably, to the challenge of optimally managing non- communicable diseases.



In Chile, community health care workers receive training on blood pressure measurement.



In Ecuador at a primary health care center, a pharmacist gives patient counseling.

New Home BP Monitoring Course

PAHO/WHO recently launched their new Home Blood Pressure Monitoring Certification Course for health care providers, to help them empower patients to self-control their BP, at [this link](#). The stand-alone video provides a step-by-step process on Home BP Monitoring and can be accessed on YouTube [here](#).

HYPERTENSION ON THE GROUND

Primary Hypertension Prevention among Health Care Providers

A Neglected Priority

Submitted by Dr Philip S Lewis BSc (Hons) MBBS FRCP FRCP(Edin) FBIHS ISHF | BIHS Executive Member

Hypertension is one of the world's leading preventable risk factors for death and disability and the association between salt and hypertension has been known for over 60 years.

Within the North Karelia Project, a special "Salt Project" was initiated in 1978 which included whole population health education, patient education including nutrition counselling, training of personnel, and environmental changes. As a result of these interventions and with cooperation of the food industry, salt intake in North Karelia reduced by 30%. Between 1972 and 2012, average population systolic blood pressure fell concomitantly from 149 to 134 mmHg in men and from 153 to 129 mmHg in women. Similar changes followed elsewhere in Finland later. In England, a national salt-reduction programme was successful in reducing salt intake by 19% between 2003 and 2014, followed by a subsequent increase to 90% of the intake in 2003. A similar reduction in blood pressure and CVD mortality was observed between 2003 and 2014 followed by a plateau up to 2018.

Interventions using low salt, potassium enriched substitutes in rural Chinese communities have proved effective in reducing blood pressure in studies over periods of up to three years. This is made more successful because their primary source of salt is in food preparation whereas in non-rural societies the preponderance of salt consumed is already present in food at the time of purchase.

Why have such potent population interventions not caught on?

Charles Lewis, in "Implications of Preventability for Teachers of Preventive Medicine", stated that medical students' individual concern with the practice of preventive medicine was related to their personality and health and illness

behaviour largely shaped by their experiences before starting medical training.

We need to set the medical house in order first to improve the likelihood that primary prevention of hypertension becomes a foundational approach rather than being applied just to those people with established hypertension. The pressures of increasing demand, expectation, complexity and urgency are overwhelming health care teams so that many find little time to prioritise their personal prevention strategies. Long days, early starts, late finishes, and emails extending into home and holiday time are becoming the norm in many countries. Fast food or quickly prepared meals or missed meals followed by a calorific "binge" of anything to hand is a poor example when we are trying to recommend the DASH diet and other preventive measures to hypertensive patients, let alone recommend a similar approach before blood pressure requires treatment.

With these factors in mind, primary prevention training should be fundamental for all healthcare professionals as well as their personal participation in awareness and screening strategies as both screeners and screenees. May Measurement Month or similar screening campaigns could sometimes be aimed intentionally at healthcare providers, and the impact on their subsequent personal and professional healthcare practice assessed.

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- ¹ Vartiainen E. The North Karelia Project: Cardiovascular disease prevention in Finland. *Global Cardiology Science and Practice*. 2018 Jul 23;2018(2)
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- ³ Asri M, Irwan AM, Sjattar EL, Hardianto Y. Effectiveness of a low-salt diet in rural hypertensive patients: A systematic review. *Clinical Epidemiology and Global Health*. 2022 May;15:101024
- ⁴ Charles E. Lewis MD, ScD (1969) Implications of Preventability for Teachers of Preventive Medicine, *Archives of Environmental Health: An International Journal*, 19:3, 416-418

SAVE THE DATE – WHD 2024

WORLD HYPERTENSION DAY

May 17th 2024

Measure Your Blood Pressure Accurately
Control it, Live Longer.

Initiated by the World Hypertension League www.whleague.org

For more information [click here.](#)

Journal of Human Hypertension (JHH) SPOTLIGHT

Journal of
Human Hypertension



SPRINGER NATURE



BIHS

PERSPECTIVES ON RECENT STUDIES IN HYPERTENSION

Lifestyle Management of Hypertension - News on the International Society of Hypertension and WHL endorsed position paper

Submitted by Fadi J Charchar, Director, Health Innovation and Transformation Centre, Federation University Australia, Treasurer, International Society of Hypertension

The latest position paper released by the International Society of Hypertension (ISH), endorsed by the World Hypertension League (WHL), underscores the immense significance of lifestyle in controlling blood pressure (DOI: [10.1097/HJH.0000000000003563](https://doi.org/10.1097/HJH.0000000000003563)).

Lifestyle adjustments, such as dietary modifications and physical activity, stand as the foremost choices individuals can make for their health. While these changes are simple and impactful, ongoing research highlights the depth of knowledge yet to be explored in this realm. A recent publication in the *Journal of Human Hypertension* by Zhang and colleagues titled 'Knowledge and practices related to salt consumption in China: findings from a national representative cross-sectional survey' (<https://doi.org/10.1038/s41371-023-00861-7>) illuminates the necessity to enhance awareness and practices regarding salt reduction across China.

The ISH experts from 18 countries advocate for a global reduction in salt consumption as one of their primary recommendations. Additionally, they offer guidance on various emerging areas, including precision medicine, behavioural modifications, the microbiome, and digital health. These recommendations serve as a comprehensive guide for individuals with hypertension and those at risk of developing the condition. The authors aimed to provide international perspectives on each section, supplemented by specific implementation strategies following each set of recommendations.

What do these recommendations entail?

The diagram below encapsulates the recommendations outlined in the paper. They encompass well-known factors such as weight management, increased physical activity, consumption of a balanced low-sodium diet, alongside smoking and alcohol cessation. However, the authors delve deeper into each recommendation, providing examples to achieve ideal potassium and fiber intake, as well as detailing types, intensity, and duration of recommended exercises.

What's innovative about these recommendations?

Holistic Approach: Emphasizing a holistic approach, the paper proposes effective blood pressure management by considering factors beyond diet and exercise. Stress reduction, minimizing pollution exposure, improving sleep quality, and cautious use of non-prescription medication and nutritional supplements are advised. Implementing these suggestions is discussed.

Digital Technologies: Recognizing the potential of digital tools, the paper recommends their use

for monitoring exercise, calculating meal composition, promoting mindfulness, and enhancing overall habits.

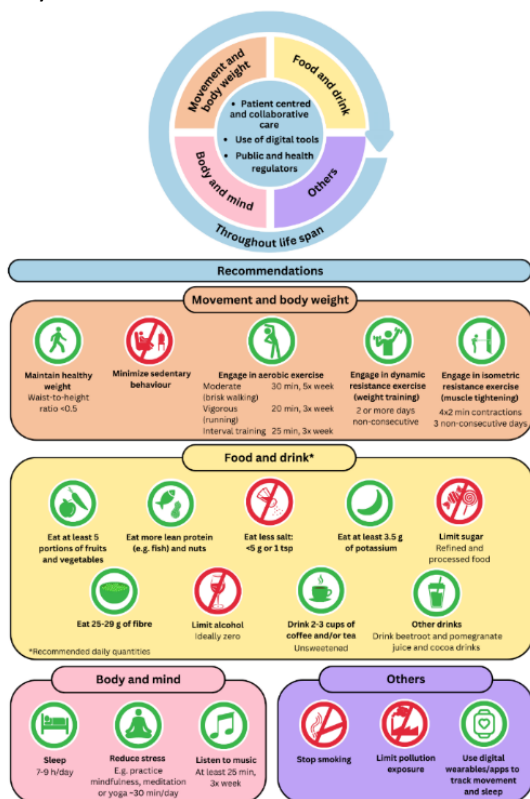
Food Quality and Microbiome: The paper addresses the significance of food quality, advocating for whole foods over processed alternatives to improve our microbiome.

Innovative Weight Loss Methods: Exploring novel weight loss methods like fasting and elucidating their benefits are part of the recommendations.

Behavioral Change: Most sections include strategies for behavioral change, stressing the importance of initiating this change from an early age. The significance of patient-centered and collaborative care is highlighted.

International Perspectives: The role of public health regulators in preventing blood pressure-related issues is discussed, emphasizing global perspectives.

These recommendations represent a comprehensive and forward-looking approach to blood pressure management, amalgamating various facets of lifestyle and health interventions.



CHILDRENS ART PROGRAM OPEN FOR SUBMISSIONS



Please click on [this link](#) to view this year's instructions and download the submission form, available in both English and Spanish. Submissions will be presented on World Hypertension Day, May 17, 2024.

Deadline for Submissions: April 1, 2024.

CALL FOR NOMINATIONS EXCELLENCE AWARDS

The 2024 Excellence Awards process is now open. You can access the [Submission Form](#) on the WHL website. See award categories below:

- Detlev Ganten Excellence Award in Basic Research in Hypertension
- Peter Sleight Excellence Award in Hypertension Clinical Research Trials
- Claude Lenfant Excellence Award in Population Hypertension Control Through Educational Activities and Guideline Implementation
- Liu Lisheng Excellence Award in Cardiovascular Risk Factor Control in Low- and Middle-income Populations
- Norman Campbell Excellence Award in Population Hypertension Prevention
- Daniel Lackland Excellence Award in Collaboration and Advocacy for Population Hypertension Risk Reduction
- Graham MacGregor Excellence Award in Dietary Salt Reduction at the Population Level
- Organizational Excellence Award in Global Hypertension Control

Deadline for Submissions: March 1, 2024.

AMERICAN MEDICAL ASSOCIATION

Optimizing the value of self-monitored blood pressure (SMBP) within a structured quality improvement program to improve hypertension (HTN) control

Submitted by Brent M. Egan, MD and Michael K. Rakotz, MD, American Medical Association, ¹Greenville, SC and ²Chicago, IL, USA

Opportunity. While SMBP and quality improvement in HTN can be undertaken separately, combining these two approaches raises the potential for improving BP control.

MAP™ HTN program. In a prior issue of the WHL Newsletter, we introduced the AMA's MAP™ program for improving HTN control. MAP includes: (i) Measuring accurately to determine if HTN is present and its severity/control (ii) Acting rapidly to provide a treatment plan to control HTN (iii) Partnering with patients to promote healthy lifestyle behaviors, medication adherence, and monthly follow up for uncontrolled HTN. MAP HTN has led to 10 percentage point gains in BP control, including historically underserved populations.^{1,2}

SMBP with data relay to the care team then advice to the patient (support) has led to 15 mmHg reductions of systolic BP among medically underserved adults with HTN.³ SMBP is useful in confirming HTN and identifying patients with office and masked HTN.⁴ SMBP adds prognostically important information on cardiovascular risk beyond office BP alone.⁵

SMBP and MAP HTN. Measure accurately: SMBP confirms or refutes the HTN diagnosis. **Act rapidly:** SMBP with data relay supports timely treatment intensification between office visits and verifies whether treatment goals are met. **Partner with patients:** SMBP can improve treatment adherence and improve timely follow-up by reducing the need for in-person clinic visits.

Essential elements of an effective SMBP program include:^{6,7}

- deciding criteria for patient inclusion based on patient need and staff and financial resources
- selecting affordable validated device(s) for SMBP

- training patients to perform SMBP and relay data; prompting SMBP measurements and relay for patients not providing timely data – most patients need prompting at some point
- receiving of data by medical team providing timely guidance from medical team to the patient
- tracking process and outcome (BP control) data to assess impact of SMBP and MAP
- recurring data review to inform improvements when needed to meet program goals

SMBP can work with various resource levels.

SMBP is enhanced by telemonitoring with automated relay and processing of BP data⁶ but can be effective with limited resources. For example, community health workers can train patients in SMBP and encourage them to obtain timely data, review and relay BP data to other healthcare team members, and provide guidance to patients. Electronic medical data are the norm internationally. Structured data queries can inform process improvement to ensure goals are met.

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OPINION PIECE/Letter to the Editor

Submitted by Prof. Norman R.C. Campbell

Natural foods have very little sodium. On a superficial level the issue is very simple. Too much sodium is added to foods in commercial and home processing. The solutions are also superficially very simple (and feasible). Add much less sodium to food. There is no need to develop new complex, innovative technology to remove sodium from foods.

The superficial solutions are complex to implement largely due to human nature and our

current societal structure. Food industry profits supersede societal health needs, financial conflicts of interest within and outside the scientific sector are common, misinformation is pervasive, substandard research methods that are not accurate or reproducible are accepted by journals and granting agencies and defended because they are easy to implement, scientists commonly promote their own (low quality) research without regard for population health, acquired taste for sodium dictates gradual reductions in sodium content of food, and there is a lack of political will to take on a major commercial sector as examples of challenges that have little to do with how simple it is to add less sodium to foods.

The health and scientific sectors have not adequately addressed the need to reduce the amount of sodium added to foods. Scientists, some with conflicts of interest, strongly advocate for their own controversial often low-quality research findings and the scientific community has provided them recognition awards and high offices, invites them to give prestigious presentations and invited reviews in high quality journals. Institutional investigations and manuscript retractions have not occurred even in a setting where outright fraud seems likely. Major health organizations continue to promote scientific debate providing credibility and false equipoise to low quality research with unreliable findings.

Public health organizations remain highly focused on infectious diseases regardless of the disproportionate death and disability caused by non-communicable diseases. The food sector is one of the largest and most influential commercial sectors, and in general opposes public health regulations to reduce dietary risks. Perhaps as a result, national governments have adopted very few of the recommended regulations to reduce dietary sodium.

The tobacco industry likely developed the play book on how to prevent effective public health policy. The same play book is used by the food industry. It is not that it is not feasible to reduce dietary sodium. It is that little effective effort has been made.

SCIENCE WRITERS CORNER

Tips on Writing the Introduction Section of a Scientific Manuscript

The introduction section of a manuscript sets the stage for the entire research work. It serves as a brief primer on the knowledge gap, providing readers with a comprehensive overview of the study's background, context, and significance. A well-crafted introduction captures the readers' interest by showing the unique and valuable information a manuscript offers.

The introduction section describes the following:

- The scope, nature, or magnitude of the studied public health topic.
- What is known and unknown about the specific topic under study, focusing on the knowledge gaps and the importance of addressing those gaps.
- The approach used to fill the gap.
- The study objective, highlighting the unique value the study intends to add to the evidence base.

Some best practices to keep in mind when writing the introduction:

- Keep it short. Journals typically prefer succinct introductions, not exceeding three paragraphs.
- Conduct a robust review of the existing literature to ensure your study is helping to meet a gap in the current knowledge. Keep the number of references to a minimum.
- State the study objectives and/or hypothesis in the last sentence.
- Use the funnel approach from what is known to the purpose of your manuscript.

To learn more about writing the Introduction section, we offer two resources:

A. Introduction with Purpose: This lecture was presented by the WHL faculty in 2022 as part of the 8-part webinar series on How to Write and Publish a Scientific Paper, attended by 726 participants from 94 countries. The lecture series was offered with CDC, CDCF, and TEPHINET support.

B. Module 4: Introduction Section of the self-study online *Writing a Scientific Manuscript Course* guides the writers through components of writing a focused introduction. The 8-module course is available in English and Spanish. ■

NEWS FROM OUR PARTNERS

Resolve to Save Lives



[Resolve to Save Lives](#) (RTSL) is committed to saving lives from heart disease and preventing epidemics— forming partnerships with national and local governments and organizations in low- and middle-income countries to advocate for, implement, and scale up proven strategies. RTSL works with global organizations to develop and promote policies that maximize health gains.

RTSL’s cardiovascular health work focuses on proven, high impact interventions: [improving control of high blood pressure](#), [reducing salt intake](#), and [eliminating trans fat from the global food supply](#).

Some recent highlights from RTSL’s work to improve blood pressure control include:

[Working with WHO on its first-ever global hypertension report](#)

[Supporting partners in Bangladesh to implement the Simple app for patient records and program monitoring](#)

[Developing a toolkit for integrating hypertension and HIV management](#)

[Supporting hypertension control programs treating more than 17 million patients in 32 countries and counting](#)

ISH News



International Society of Hypertension

ISH publishes latest position paper on lifestyle management of hypertension

The ISH has published its latest position paper – a [comprehensive review](#) of lifestyle changes that can help prevent and manage the condition.

The paper highlights perhaps less obvious strategies such as stress management, sleep quality and mindfulness practices, alongside long-standing recommendations to:

- maintain a healthy weight
- exercise regularly
- eat a healthy diet
- reduce consumption of salt
- stop smoking
- limit (ideally stop) alcohol consumption.

For the paper, published in the *Journal of Hypertension*, the ISH convened an international panel of experts from 18 countries to make recommendations on effective lifestyle changes for blood pressure control, based on the latest clinical and scientific evidence.

The World Hypertension League endorsed the position paper, as well as the European Society of Hypertension.

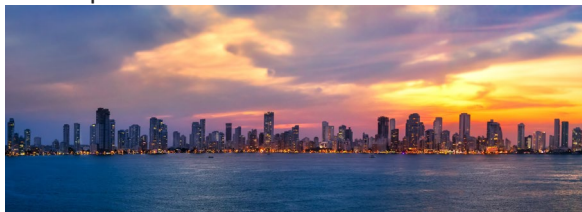
Lead author of the ISH position paper, Professor Fadi Charchar, said: “Our aim was to provide a holistic set of recommendations for changes to lifestyle, which focus on all areas of health, including movement and bodyweight, food and drink, the body and mind, as well as other factors such as exposure to air pollution.

“Our recommendations apply across the whole life span. They are designed to help people with hypertension manage their condition, as well as help prevent the onset of the condition. The recommendations are for everyone.”

[Read the paper.](#)

Register for ISH2024 – 19-22 September 2024, Cartagena, Colombia

For more information on the 2024 meeting, visit the [ISH2024 website](#), follow ISH2024 on [Instagram](#), [Facebook](#) and [Twitter/X](#), and [sign up](#) for regular email updates about the conference.



Latest e-bulletin



Read the [October](#) e-bulletin from the ISH, and access the e-bulletin [archive](#).

Introduction from the ISH Secretary



Welcome to the August issue of the ISH e-Bulletin!

We have GREAT news this month as we announce that our president Bryan Williams has been appointed Chief Scientific and Medical Officer of the British Heart Foundation. A great achievement for Bryan, but also great for the ISH to have him! But we have sad news as well, as we have been informed of the passing of Richard Gordon, a pioneer of endocrinology and hypertension research in Australia.

We also report this month on an important statement for treating hypertension globally, which was recently published by the WHO and US CDC initiative HEARTS in



Emerging Authors Program Update

In 2023, the Emerging Authors Program for Global Cardiovascular Disease Research (EAP) concluded its third wave and launched the fourth wave of manuscript writing. In 2023, EAP published 11 articles in four journals under the guidance of 9 global mentors by 10 authors from China, Ethiopia, India, Nigeria, Pakistan, Sierra Leone, Thailand, Uganda, and Vietnam. The Preventing Chronic Disease (PCD) published 8 manuscripts from 7 countries. The Journal of Human Hypertension, the International Journal of STD and AIDS, and BMC Primary Care each published one manuscript. In December, the *Journal of Human Hypertension* accepted an Editorial authored by the EAP collaborators.

Since early 2020, the EAP has published 32 articles by 33 emerging authors from low- and middle-income countries. For the fourth wave this year, the EAP team selected ten authors from Bangladesh, China, Ethiopia, India, and Thailand to work under the guidance of 19 global mentors.

REGIONAL NEWS



**Egyptian
Hypertension
Society**

Egyptian National Hypertension Prevention Program (NHPP) 2023

The year 2023 is the second year for the NHPP in Egypt. After a successful first year, the program continued visiting different governorates. (This year: Giza, Beni-Suef, Port Said, Ismailia, and Alexandria). The aim is to spread the word about the importance of lifestyle modification in preventing and controlling high blood pressure through reducing salt consumption, reducing weight, and exercising regularly. This was achieved through giving lectures both in English (for physicians and healthcare providers) as well as in Arabic (for the public), followed by an open discussion with the panellists.

During each visit, individuals were examined for their blood pressure, blood sugar and cholesterol levels. All data were reported on an online prespecified google form (data will be presented in the next annual meeting of the Egyptian Hypertension Society, which will be held on 1-2 May 2024).

The Society acknowledges Omron company for their sponsorship of the NHPP events.



Faculty and Panelists gather at the NHPP 2023.

IRAQ

Establishment of First Women's Hypertension Clinic



FHSC
EAS Familial Hypercholesterolemia Studies Collaboration

NATIONAL LEAD INVESTIGATORS' REPORTS

Establishment of the first Women's Hypertension Clinic in Iraq



To continue our fight against cardiovascular diseases by targeting their risk factors, we launched a new initiative in Iraq targeting hypertension in the same way of our past initiative to target severe dyslipidemia.

In September 2022, the World Hypertension League (WHL) published its Call-to-Action paper to increase awareness about hypertension and increase the rate of detection and treatment. In accordance with that paper, we launched this new initiative, "The National Hypertension Control Program"

To discuss with healthcare providers across Iraq on how to implement this Call-To-Action and achieve its objectives.

Since we prioritise Women's cardiovascular health, our first site was Khadeejat Al-Kubra Women's hospital in Kerbala, Iraq where we established the first Women's Hypertension clinic, as just the first step in a grand project which will continue indefinitely to achieve our long-term goals.

National Lead of Iraq Dr. Mutaz Al-Khniifawi

Mali

On November 25, 2023, the Malian Association for the Prevention and Treatment of Arterial Hypertension "Tension-Ton" organized a day of free consultation, screening and donation of medicine for the benefit of the rural population of Djalakorodji, 5k from Bamako, the capital of Mali.



Slovak Society of Hypertension Kalórie

Submitted by Dr. Stefan Farsky, Committee Member and National CVD Prevention Coordinator of the European Association of Preventive Cardiology for Slovakia

An interesting product of the Society is a social and educative board game named "KALÓRIE". It is aimed at people with obesity and hypertension, with a goal to increase fiber consumption in food. See photos below. The Society's website is located [here](#).



45 kcal VIASKYNA 1,2 g JAMBUK 100 g	110 kcal VIASKYNA 1,2 g KUKURICA 100 g	60 kcal VIASKYNA 1,2 g MARIJULE 100 g	65 kcal VIASKYNA 1,2 g DARUKA 100 g	315 kcal VIASKYNA 1,2 g PSTAFIE 100 g	72 kcal VIASKYNA 1,2 g ZEMNY VARIEN 100 g
50 kcal VIASKYNA 1,2 g MRKVA 100 g	120 kcal VIASKYNA 1,2 g MARIJULE SUSENE 100 g	55 kcal VIASKYNA 1,2 g BROSKYNE 100 g	25 kcal VIASKYNA 1,2 g PAPRIKA 100 g	340 kcal VIASKYNA 1,2 g ORECHY LISKOPTE 100 g	70 kcal VIASKYNA 1,2 g OLIVY ZELENE 100 g
20 kcal VIASKYNA 1,2 g SALAT HELAVKOVY 100 g	20 kcal VIASKYNA 1,2 g KVANSNA KAPUSTA 100 g	120 kcal VIASKYNA 1,2 g SLAVKY SUSENE 100 g	40 kcal VIASKYNA 1,2 g GRAPU RUT 100 g	50 kcal VIASKYNA 1,2 g HROZNO 100 g	25 kcal VIASKYNA 1,2 g SPARGELA 100 g

LINKS OF NOTE

[LINKS](#) collaborative effort of [the World Health Organization](#), the [U.S. Centers for Disease Control and Prevention](#) and [Resolve to Save Lives](#), to improve cardiovascular health globally.



[WHO Essential Medicines List \(EML\) for Hypertension Combination Therapy](#)



[NCD Alliance Newsletter: Click here](#)



[ISH Newsletter: Click here](#)



[WSO Newsletter: Click here](#)

PAST MEETINGS OF NOTE

8th Saudi Hypertension Conference

Submitted by Prof. Bader Almustafta, Clinical Hypertension Specialist, The Saudi Hypertension Management Society, Qatif, Saudi Arabia & WHL Secretary-General

The Saudi Hypertension Society concluded its biennial hybrid conference held at King Faisal Specialist Hospital and Research Centre in Riyadh, for 3 days from 19-20 November.

The conference attracted 397 participants from different medical disciplines. It discussed many aspects of hypertension care through 41 lectures and workshops by 34 national and international experts from various medical specialties. Among those, the World Hypertension League and the International Hypertension Society were both highly represented.

The first day was dedicated as a basic hypertension course for physicians. It is worth mentioning that hypertension and cardiometabolic risks are very common in Saudi Arabia and the Gulf. National studies shows that about 23% of adults suffer from high blood pressure, and the percentage of awareness is low to about 42%, while the level of control does not exceed 34% of the total detected cases.

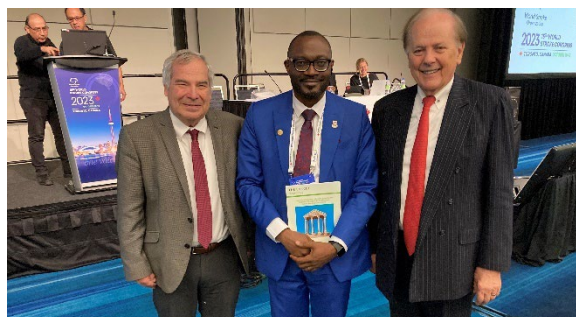


The conference brought high attention to the notes made by multiple speakers, including prevention and adherence to effective methods of care, including appropriate training and certification of blood pressure measurement devices, appropriate health information systems, adoption of lifestyle corrections in the community and regular practice audits, especially in primary care. The conference concluded its activities by inviting multiple health officials to create continuous collaboration in care provision, academia, education, media and legislation.

World Stroke Organization/World Hypertension League - Joint Session on “Management for Primary and Secondary Hypertension”



Above: Panelists and audience of the joint WSO-WHL session, held during the 15th World Stroke Congress in Toronto, Canada, October 2023.



World Hypertension League Board members get together at the World Stroke Congress. Left: Prof. Dan Lackland; Center: Prof. Mayowa Owolabi; Right: Prof. Paul Whelton.



WORLD
HEALTH
SUMMIT

News from the World Health Summit: Hypertension in India

Submitted by Daniela Levy, WHS Berlin

Hypertension was one of the many crucial topics at the World Health Summit 2023, October 15th to 17th in Berlin, where more than 3,000 participants on-site, over 12,000 online, and 370 speakers from around the world came together to shape the future of global health.

The session **Scaling Up Integration of NCDs in Primary Care - India's Commitment to Reaching 75 Million People with Diabetes and Hypertension by 2025** focused on India, which has the second highest number of people living with diabetes and hypertension in the world. As part of its G20 presidency, India's Ministry of Health and Family Welfare announced an ambitious "75/25" initiative - to bring 75 million people with hypertension and diabetes into standard care through primary health care centers by 2025.

You can watch the session including the Indian Minister of Health and Family Welfare and various international experts [here](#).

UN Side Meeting



Helen McGuire, PATH's global program leader for noncommunicable diseases, Roshini George, PATH's Senior Program Officer for noncommunicable diseases (NCDs) and Prof. Dan Lackland, WHL Past President, meet at a UN side event.

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WHL EXCELLENCE AWARDS



Dr. Sheila Martins receives the Daniel T. Lackland Excellence Award in Collaboration and Advocacy for Population Hypertension Risk Reduction during the Joint WSO/WHL Sessions in Toronto, Canada, Oct 2023.



Maria El Koussa, MPH, Senior Advisor, Cardiovascular Health, Resolve to Save Lives, receives the WHL Organizational Excellence Award in Population Global Hypertension Control from Prof. Dan Lackland and Mary Trifault and during a UN Side Event, NYC, Sept 2023.



Dr. Mary L'Abbe is presented the WHL Graham McGregor Excellence Award in Dietary Salt Reduction at the Population Level by Prof. Dan Lackland (l) and Prof. Paul Whelton (r) in Toronto, Canada at the WSO meeting, Oct 2023.



Prof. Prabhakaran Dorairaj (center) receives the WHL Claude Lenfant Excellence Award Winner from Prof. Paul Whelton (l) and Prof. Dan Lackland (r) in Philadelphia at the American Heart Association Scientific Sessions, Nov 2023.

<p>World Health Summit October 13- 15, 2024 Berlin, Germany & Digital Click here for more information</p>
<p>15th World Stroke Congress October 23-26, 2024 Abu Dhabi, UAE Click here for more information</p>
<p>AHA Scientific Sessions November 16-18, 2024 Chicago, IL Click here for more information</p>
<p>6th World Hypertension Congress 2025 February 21-23, 2025 Chennai, India</p>

Calendar of Events
<p>Hybrid First Hypertension Conference in Pediatrics and Adolescents December 19-21, 2023 Dammam, Saudi Arabia Click here for more information</p>
<p>7th Big Sky Cardiology Update February 2-4, 2024 Fujairah, UAE Click here for more information</p>
<p>World Kidney Day March 14, 2024</p>
<p>1ST NIGERIA HYPERTENSION SUMMIT (NHS) March 21-22, 2024 Ikeja, Lagos State, Nigeria</p>
<p>Hypertension and Obesity in Canada April 3-6, 2024 Banff, Alberta Canada Click here for more information</p>
<p>ISN World Congress of Nephrology (WCN) April 13-16, 2024 Buenos Aires, Argentina Click here for more information</p>
<p>World Heart Congress May 24-26, 2024 Geneva, Switzerland Click here for more information</p>
<p>AHA Hypertension Scientific Sessions September 5-8, 2024 Chicago IL, USA Click here for more information</p>
<p>World Heart Day 2024 September 29, 2024</p>

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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