WHL NEWSLETTER

News from the World Hypertension League (WHL).
A division of the International Society of Hypertension, and in official relations with the World Health Organization.

No. 147, March 2015

WHL News

American Society of Hypertension (ASH) Scientific Sessions

From left to right: Drs. John Kenerson, Daniel Lackland (first row), Michael Weber, Raymona Townsend and Donald DiPette (second row) at WHL Booth and ASH Scientific Conference on World Hypertension Day 2015

Note from the Editor

This quarter has been a very productive and high profile period for WHL. In this issue of the Newsletter, WHL co-sponsored hypertension sessions and activities at the scientific meetings of the American College of Cardiology and the American Society of Hypertension. The novel program in Kazakhstan is described with valuable results to be produced. As well, the global hypertension initiatives are presented. It is a great pleasure to congratulate Dr. Lawrence Appel who received the 2015 WHL Sodium Reduction Award. We would like to thank and recognize our summer volunteers, Mark-Anthony Holden and Mariana Obando Velez, who provided tremendous assistance with the WHL data bases. The report from The Journal of Clinical Hypertension Editor Michael Weber describes some of the high impact articles being published this quarter.

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ASH Scientific Sessions continued

64th Annual Scientific Sessions & Exposition of the American College of Cardiology (ACC)

From left to right: Drs. Venkata Ram, Director of WHL Regional Office India, John D. Bisognano, President-Elect of ASH, and Daniel T. Lackland, President-Elect of WHL at the 2015 Scientific Sessions of the ACC

New WHL Newsletter Team

Prof. Lawrie Beilin
Kimbree Redburn

Current WHL Newsletter Team

Prof. Daniel Lackland
Erika Pisch

As we transition to the new leadership, I would like to thank all the WHL Societies and Partners for the many contributions to the Newsletter. Indeed, these efforts have been a force in global risk factor control, and we look forward to the great impact on worldwide risk reduction for the future.

Daniel Lackland (center) with data base volunteer assistants, Mark-Anthony Holden (left) and Mariana Obando Velez (right)

Note from the Editor continued

This quarter also represents an important transition for the Newsletter. With this issue, the EIC responsibilities would be transferred to the able leadership of friend and colleague, Professor Lawrence Beilin.

Lawrie has had an extensive service to WHL and global high blood pressure control. There is also a transition in the Newsletter Editorial Assistant role with Kimbree Redburn, WHL Population Health and Economics Specialist, assuming the responsibilities from Erika Pisch. I am extremely appreciative to Erika for her commitment to the Newsletter and WHL. Her advice and guidance to me has been indispensable.

Daniel T. Lackland
Editor, WHL Newsletter
President’s Column

Reflections on a Presidency

To have been President of the World Hypertension League (WHL) from Sept 2013 to Sept 2015 is a true honour and represents the pinnacle of my career. This is my last Presidents’ column. I have greatly enjoyed working with and learning from many highly committed individuals and especially the executive, board, council and work group members of the WHL. My life has become much richer from the many experiences I have had.

In the last two years, the WHL has had many transitions and faced many challenges in working towards the United Nations targets of reducing uncontrolled hypertension 25% and reducing dietary salt 30% by 2025.

From a governance perspective, the league moved its’ office from Canada to United States, restructured to have a board that represents the major World Health Organization global regions, now has a staff with a Chief Executive Officer (Mark Niebylski) and a Population Health and Economics Specialist (Kimbee Redburn), an Executive Treasurer, updated bylaws, governance policies on conflicts of interest, travel and publications and updated mission, vision, values, objectives and goals statements. Roles and responsibilities of the executive and board have been more clearly defined. A constantly updated work plan is maintained by the WHL staff. Official working relations with the World Health Organization (WHO) were renewed. To better address culture and languages, regional offices of the WHL have been opened in China (East Asia), Sub Saharan Africa, Latin America and India. There are early discussions to have regional offices in the Middle East and Eastern Europe. The WHL works in collaboration with member organizations, partner organizations (especially the International Society of Hypertension (ISH)) and various work groups. A needs assessment of global WHL member organizations was undertaken as well as a specific needs assessment on member organizations in Sub Saharan Africa.

To increase its impact, the WHL has focused on strategic planning for hypertension control, increasing awareness of having a hypertension diagnosis and on reducing dietary salt.

The WHL developed a template for strategic planning, a global call to action and fact sheet as well as a Sub Saharan Africa call to action and fact sheet, a manuscript on how to develop a regional/national call to action and fact sheet, a slide deck on strategies to prevent and control hypertension, a compellation of various national and regional hypertension strategies, and presented workshops and talks on strategic planning. Several of the resources were co-sponsored by the ISH. WHL executive members work to identify best practices in hypertension prevention and control to highlight in the Journal of Clinical Hypertension.

A blood pressure screening work group has developed videos, slide decks, written tools and resources to promote blood pressure screening, a policy statement supporting the transition from manual blood pressure assessment to automated blood pressure assessment and is assisting in pilot testing the blood pressure screening resources in multiple countries with diverse economies. The working group is now developing a three level certification program for 1) assessing blood pressure in screening programs, 2) running a blood pressure screening program and 3) training people to run blood pressure screening programs. World Hypertension Day (May 17th) has been dedicated specifically to improving awareness of the hypertension diagnosis and to promote screening of blood pressure from 2013 to 2018. Each year the WHL will seek to increase blood pressure screenings for World Hypertension Day. The Goal in 2015 was to have 1 million people screened and although the tally is not yet complete, over 2.5 million blood pressure screenings have been reported.

A separate WHL working group developed recommended standards for analyzing blood pressure surveys.

To support reduction in dietary salt, the WHL in partnership with multiple international organizations lead the development of a call to action and fact sheet on dietary salt. Other WHL

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resources and actions include development of recommendations for standardized nomenclature on dietary salt, a call for quality research, collaboration in a weekly Medline science of salt update, development of a process to set recommended dietary salt research standards and to have regular literature reviews based on those standards, development of power point slide sets to support WHL positions and resources, and critic of weak research studies on dietary salt. The WHL is also partnering on a regular update of literature on dietary salt in the Journal of Clinical Hypertension. The WHL supports the WHO recommendations for dietary salt to be less than 5 g (sodium 2000 mg)/day (with lower amounts in children proportional to their lower energy requirements) and the United Nations target of a reduction in dietary salt of 30% by 2025.

For communications, the WHL is very excited to now have official relations with The Journal of Clinical Hypertension (JCH) which has a rapidly increasing impact factor. To support broad global dissemination of high quality evidence, the JCH is available to access free of charge. WHL also has a new editor of our newsletter (Professor Lawrie Beilin), reestablished connections with 25 WHL member organizations, and recruited 15 new member organizations. A new comprehensive website (whleague.org) has been established that hosts the growing number of WHL resources as well as links to many other important resources for hypertension prevention and control. Numerous publications, eight slide sets and two videos have been developed to support key WHL topics. With the assistance of Past Presidents and Secretary Generals, Georgiann Monhollen and Erika Pisch, a history of the WHL from its inception is being currently being written.

To recognize people and organizations who have had a substantive impact on preventing and controlling hypertension and in reducing dietary salt, the WHL developed a recognition program. Awards of notable achievement and excellence have been provided since 2014 to global leaders in all regions of the world. The WHL is also at the start of developing a Global Leaders program to facilitate knowledge exchange and best practices between global leaders on hypertension prevention and control.

The conduct and indiscriminate publicity around low quality controversial research on dietary salt is endangering millions of lives each year and challenging global public health efforts. Best evidence estimates over 3 million deaths in 2010 from over consumption of salt along with 300 million people with hypertension and 61 million years of disability (DALYs). Much of the controversy appears commercially influenced and is driven by a small number of highly vocal dissentient scientists, some of whom are financially conflicted or have ties to the salt industry or have conducted weak research and none of whom have substantive public health expertise. Although controversial research has been repeatedly dismissed by the careful systematic processes that develop national and international dietary salt guidance, it generates much publicity and confuses the public, policy makers and even scientists and clinicians who are not familiar with the details of scientific field. In 2015, the WHL lead the formation of a coalition of international and national health organizations to develop recommended standards for conducting clinical and population research on dietary salt and that will oversee systematic reviews of the evidence. The coalition has independent governance and will report recommended research standards in early 2016. Hypertension organizations are encouraged to host symposia that feature the best evidence from bench to population on dietary salt, and also the impact of low quality research and financial interests on research outcomes. Rather than catering to what is a largely a commercially driven debate featuring flawed research and obscure interpretations of science, hypertension and cardiovascular organizations should critically examine the systematic reviews of evidence and growing literature on the harms of high dietary salt.

The WHL has continued to face financial constraints and has yet to develop a viable long term business model for ongoing operations. There are several recent opportunities for global collaboration that are associated with funding that the WHL are pursuing and hope to be able to announce in 2015-16. The WHL executive is determined to maintain the WHLs’ scientific
Reflection on a Presidency continued

integrity and not enter commercial agreements that undermine its’ ability to act in the best interests of the global population.

Please visit the WHLeague.org for details of WHL activities. As my Presidency winds down I remain committed to be an active Past President on the WHL executive for the next 3 years. I have great confidence in Professor Dan Lackland who will be the new President Sept 2015 and take the WHL to new levels. I thank all the members of the WHL executive. I take special notice of Professor Liu Lisheng who has been a global force in hypertension prevention and control for 5 decades and is now stepping off the WHL executive having served for over 10 years in various positions including being President for 7 years. I would also like to end with special recognition to our Chief Executive Officer, Mark Niebylski and Population Health and Economics Specialist, Kimbree Redburn who have brought the WHL to new levels of productivity and impact.

Norm Campbell
President, WHL

WHL News

High stroke risk in Kazakh population

The International Agency for Research on Cancer (IARC) is coordinating the EU-funded project SEMI-NUC. The project aims to test whether a long-term epidemiological study in the area adjacent to the former Semipalatinsk Nuclear Test Site, Kazakhstan, is feasible. It is a collaboration project with partners from Kazakhstan, France, Germany, Norway, Japan and the Russian Federation. The population surveillance project initially focused on radiation exposure, but it soon became apparent that the population was burdened with hypertension related outcomes such as stroke and cardiovascular disease. This was shown in a previous cohort study and is supported by preliminary results from causes of death amongst the general population. These results led to the formation of the Eastern Kazakhstan Society of Hypertension under the leadership of Dr. Kazbek N. Apsalikov, National Research Institute for Radiation Medicine and Ecology (NIIRME), Kazakhstan. The project surveillance activities will expand the region and focus on factors associated with excess disease risks. The basis for further investigation will be the NIIRME registry that includes some 130,000 persons. It is assumed that, besides health effects from radiation, this registry with invaluable information including blood pressure for at least a significant proportion of the registers’ subjects, will give more insight into hypertension related risks.

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Message from the Editor-in-Chief, Michael A. Weber, MD

Once again it is my pleasure to be part of the WHL Newsletter. I am delighted that my friend Professor Lawrie Beilin has taken over the editorship of the Newsletter. Like his distinguished predecessor, Professor Daniel Lackland, Lawrie has been a truly major force in public health and in advancing the understanding and treatment of hypertension.

As you all know, The Journal of Clinical Hypertension is the official Journal of the World Hypertension League and serves to disseminate the WHL’s important policy statements, advisories and reports. Items of importance have included the “Hypertension Fact Sheet” and plans for progress in screening and treatment of hypertension in underserved parts of the World. Such vital concerns as establishing simple but reliable ways for measuring blood pressure that are taken for granted in more prosperous countries still remain a major problem elsewhere. As well, the WHL maintains its close involvement in the contentious issue of dietary salt. It should be emphasized that the WHL’s principal position on this topic is that there is a need to put aside some of the irresponsible sensationalism that has been published on this matter and instead emphasize the need for rigorous and responsible research that can objectively guide public policy.

The Journal is enjoying great progress. At the Journal’s meeting of the Editorial Board in May (held at the meetings of the American Society of Hypertension) I was able to report remarkable growth in article downloads across the entire World, a strong indication of the Journal’s scientific appeal to researchers and clinicians in hypertension. Growth was also demonstrated by a 25% increase in the submission of new articles in 2014, a trend that is continuing at the same tempo in 2015. We are proud that so many renowned authors send us their work for consideration.

I must now pass to a sad subject. During the past few months the Journal has published “In Memoriam” articles following the deaths of three distinguished colleagues. The first was for Dr. Marvin Moser who played a central role over several decades in transforming hypertension into a clinical science and a pivotal part of primary care medicine. Dr. Moser was also one of the creators of the well-known JNC reports and was the first Editor-in-Chief of the JCH. We also have lost Dr. Elijah Saunders, one of the founders of the International Society on Hypertension in Blacks and a major leader in directing clinical attention and research to the needs of hypertensive people of differing ethnicities. The impact of Eli’s work over many years has been felt throughout the world. And in addition we had the unhappy duty of reporting the loss of Dr. John Laragh, who was probably the first clinical scientist to understand the major role of the renin-angiotensin-aldosterone system in hypertension and cardiovascular disease. Based on his early work, Dr. Laragh played a major part in the development of new drugs, particularly the ACE inhibitors and angiotensin receptor blockers – that have had such a powerful impact in cardiovascular and renal prevention.

Finally, as always, let me encourage you to stay closely connected to the Journal. It is easy to sign up for regular email delivery of our electronic Table of Contents and easy to read and download our important original articles, commentaries and WHL policy statements.

All you have to do is create an account on Wiley Online Library, select the Get New Content Alerts icon in the left menu bar, and follow the instructions to schedule when you receive email alerts of new JCH content. Please view the full instructions online or email the Managing Editor, Brittany White, at Brittany@jeditorial.com for assistance.

My warm thanks to all of you for your support of the Journal.

Michael A. Weber, MD
Editor-in-Chief
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Impressum
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 a division of the International Society of Hypertension (ISH), and is in official relations with the World Health Organization (WHO).

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