



International Society of Hypertension Hypertension News

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HOT OFF THE PRESS



Lars Lindholm

Update of the British Hypertension Guidelines on its way

Today, we have many international and national guidelines on how to diagnose and treat high blood pressure, and more are on their way. Although these guidelines are based on the same evidence and the same studies their recommendations differ. This is hardly surprising since their target populations differ as well.

In this issue of Hypertension News, Bryan Williams presents the fascinating development of the update of the British Hypertension Guidelines by the National Institute for Health and Clinical Excellence (NICE) in the UK in cooperation with the British Hypertension Society (BHS). The recommendations will be bold and I am sure influential. Bryan Williams writes that in the past, the NICE hypertension guidelines have been accessed 20 times more than any other hypertension guidelines in the world. This is indeed impressive and was previously unknown to me. The new update will be released after summer but a draft is available today on:

<http://www.nice.org.uk/guidance/index.jsp?action=download&o=54727>.

Further information will follow in the next issue of Hypertension News.

Blood pressure treatment in patients with diabetes

For many years, most guidelines have recommended a blood pressure treatment target below 130/80 mm Hg for patients with diabetes. This has been questioned, as the evidence for this recommendation was weak, and recent randomised controlled trials did not support this treatment goal. In a recent comprehensive systematic review by Reboldi et al, published ahead-of -print in the Journal of Hypertension, the results from 31 randomised controlled trials including 73,913 patients of antihypertensive drugs in patients with diabetes were summarised. They concluded that for every 5 mm Hg reduction in systolic blood pressure, the risk for stroke decreased with 13 %. However, the risk for myocardial infarction did not decrease significantly.

This review summarises all published data from randomised controlled trials. However, there are only a few trials studying interventions toward the lowest blood pressure targets. *Reboldi G, Gentile G, Angeli F, Ambrosio G, Mancina G, Verdecchia P. Effects of Intensive blood pressure reduction on myocardial infarction and stroke in diabetes: a met-analysis in 73 913 patients. J Hypertens 2011, published ahead of print 19 May.*

Preventing heart failure with antihypertensive drugs

In a very large network meta-analysis including randomised controlled trials with 223,313 patients, Sciarretta and co-workers have analysed the effect of treatment with different antihypertensive drug classes on the development of heart failure. They found that diuretics and renin-angiotensin blockers were most effective in preventing heart failure and alpha-blockers followed by beta-blockers were least effective. However, the authors also discussed the limitations with this kind of study; it was not possible to control for blood pressure reduction, different trials have different definitions of heart failure etc. *Sciarretta S, Palano F, Tocci G, Baldini R, Volpe M. Antihypertensive treatment and development of heart failure in hypertension: a Bayesian network meta-analysis of studies in patients with hypertension and high cardiovascular risk. Arch Intern Med 2011;171:384-94*

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NOTES FROM THE EDITORIAL TEAM

Last year, many of us met at the ISH scientific meeting in Vancouver, one of the most beautiful cities in the world. Next year, the ISH meeting will be held in Sydney, another of the world's leading destinations. You will read more about the Sydney meeting in this issue of *Hypertension News*.



Bo Carlberg

You will also read about the exciting New Investigators Network. In order to attract young creative researchers to the society, ISH has just launched an interactive website for hot topic discussions, blogs, conference reports and so forth.

Reading Hypertension Guidelines has not been extremely thrilling during the last few years. Until recently, most guidelines have been formulated from subjective and non-systematic reviews of the literature. The British NICE uses a systematic methodology for guideline development and this has led to interesting new recommendations about how to diagnose hypertension and diuretic therapy. The guideline development process is described in this issue by Professor Bryan Williams. Read it before you read and discuss the recommendations!

Many of us will meet at the ESH 2011 meeting in Milan later this week and the joint CHBPR/IASH meeting in Orlando in September. If we don't see you at these events have a good summer (or winter).

Best wishes

Bo Carlberg

PRESIDENT'S MESSAGE

With the approaching summer in the northern hemisphere, thoughts are turning to meetings. Soon will be the ESH meeting in Milan, but at the same time plans are crystallising very nicely for Hypertension Sydney 2012 (about which you can read more in this edition of the Newsletter).



Milan will provide an opportunity for the ISH Scientific Council and Executive to meet face to face and deal with some important business. On the agenda will be the **selection of the President-Elect** of the Society who will assume leadership of the Society in Sydney next year.

The Executive and Council will also be dealing with our global and new investigator initiatives.

In particular we'll be looking at the proposals that have emerged from each of the Regional Advisory

Groups (RAGs) that can be supported in the current round. As foreseen, the range of suggestions is diverse, each capturing the matters relevant and appropriate for the individual regions. Many are imaginative and innovative and hopefully might have long-term potential benefit.

En passant I'd encourage both individual members and our Affiliated National Societies of the ISH International Forum to familiarise themselves with the RAGs covering their geographical area, so that there can be opportunities to make contact to suggest ideas and draw information of local relevance. Visit www.ish-world.com/default.aspx?Regional_Advisory_Groups to see who is on your RAG.

REGIONAL ADVISORY GROUPS (RAGS)

1. Africa
2. Asia & Australasia
3. Central & South America
4. Eastern Europe & Middle East
5. Western Europe & North America

In addition, the Executive and Council will be updated on the pleasing progress in initiatives that support new investigators, ranging from the new Facebook and Twitter pages to new Awards. The most immediate and exciting project is the first iteration of a **Hypertension Future Leaders (New Investigators) Symposium** that will be held in Orlando as part of the AHA Council for High Blood Pressure Research meeting in collaboration with the Inter-American Society of Hypertension, Latin American Society of Hypertension and the ISH. This is a symposium planned and run exclusively by new investigators, to which the ISH is pleased to provide support in the form of Travel Awards and infrastructure. This will be a fabulous opportunity for the emerging leaders to interact professionally and personally and get a real sense of independence and self-direction.

Milan also provides a good opportunity to work with our friends and colleagues in the ESH in preparation for the joint **ISH/ESH Scientific Meeting in 2020** and members of the ISH Executive will start planning the details of the joint committees and the call for proposals to host the 2020 meeting.

For those of you travelling to Milan, I look forward to catching up in person. Don't hesitate to say hello and I'd be delighted to hear any ideas that you might have for making the ISH a stronger, more relevant and vibrant society for its members.

Stephen Harrap

ISH NEW INVESTIGATORS NETWORK

The **NEW INVESTIGATORS NETWORK** webpages can now be viewed at www.ish-world.com/NIN.



As detailed in the last newsletter, the *ISH New Investigators Network (NIN)* has been established by the ISH New Investigator Committee to serve as a platform for interaction between students and new investigators and allow new avenues for communication, collaboration and education.

The hub of activity for the Network is centred on an interactive, newly launched, New Investigators Network section of the ISH website - www.ish-world.com/NIN.



Those joining the Network and our Facebook Group will be provided with:

- Information on national and international symposia
- Details on financial support
- Mentorship opportunities
- Blogs
- Discussion Forums

www.facebook.com/ISHNIN



www.twitter.com/ISHNIN



We encourage all hypertension trainees to join the Network and would welcome members' assistance in the promotion of this new ISH initiative.

Join today, spread the word, and together we can work towards a cure!

ISH New Investigators Symposium 21st September 2011 The Dolphin Hotel, Orlando FL, USA

One of the first tasks for the New Investigator Committee has been to organise a 'New Investigators Symposium'.

This event will take place on the afternoon of 21st September 2011 in conjunction with the joint Council for High Blood Pressure Research (CHBPR)/Inter-American Society of Hypertension (IASH) Meeting. The Symposium will be organised and carried out exclusively by students, post-doctoral fellows and early career scientists and sponsored by the ISH, with the support of the CHBPR and IASH.

The Symposium is open to all students and scientists within 10 years of a doctoral degree and will include both an oral session and a poster session. **Awards will be given for top scoring abstracts, as well as the best poster presentations.**

For further information on the Symposium **join our Facebook Group** (www.facebook.com/ISHNIN) or email the ISH Secretariat: secretariat@ish-world.com.

ISH Research Fellow Scheme for GRADUATE STUDENTS

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.

Our aim continues to recruit new and young hypertension researchers.

We would be delighted if members could assist us with this process by encouraging the students, post doctorate and research associates from their laboratories, groups and departments to join the Society.

Please view the ISH website or contact the Secretariat for further information.

THE NICE WAY TO DEVELOP HYPERTENSION GUIDELINES

Bryan Williams MD FRCP FAHA FESC

Professor of Medicine, Department of Cardiovascular Sciences, University of Leicester, UK and Chairman; NICE Hypertension Guideline Development Group

A number of different processes have emerged to develop guidance for the treatment of hypertension. These include the European Society of Hypertension, the Joint National Committees (JNC) in the USA, the World Health Organisation (WHO), as well as National hypertension societies.



Bryan Williams

Although the data and evidence base reviewed in the preparation of these guidelines is the same, the conclusions have often been different in a number of ways. This reflects the fact that different guidelines have been targeted at different populations in different economic settings and with different expectations. Over 10 years ago, in the UK, the National Institute for Health and Clinical Excellence (NICE) was established to standardise guideline development in the UK with a focus on rigorous and independent systematic review of the evidence accompanied by formal analysis of cost effectiveness so that recommendations could be considered in the context of value for money and compared across a wide range of health care interventions. Another key aspect of this process was the concept of evolution of guidelines. This means that once a guideline has been developed, at every five year cycle, new studies are scanned to determine if new evidence has emerged that might prompt update of the guideline recommendations. In this regard, all subsequent iterations of the guideline are “partial updates” focussed around specific questions.

One of the strengths of the NICE guideline process is its openness, inclusiveness, structure and rigour, founded on systematic review of data relevant to a specific question, undertaken by a dedicated team of analysts with expertise in this process. NICE commissions teams with proven expertise in the analysis process and guideline development. In the case of the ongoing update of the hypertension guideline, the National Clinical Guideline Centre (NCGC) from the Royal College of Physicians, London, were appointed to undertake this work. The NCGC and NICE representatives then formulate the Guideline Development Group (GDG) who will undertake the development of the guideline under the guidance of NICE and the NCGC.

The Guideline Development Group (GDG): The GDG is appointed by NICE, each time the guideline is updated. The GDG comprises members from NICE, the NCGC, including a project manager, analysts and

health economist. The Chairman of the GDG plays a key role in framing the questions to be considered in the guideline update. The GDG Chairman is selected and appointed after application to National advertisement and interview. The GDG Chairman, along with representatives of the NCGC and NICE guideline team, then selects and appoints members to the GDG who have also responded to National advertisement. The composition of the GDG is balanced to include clinical representatives from primary and secondary care, nurse specialists in hypertension, pharmacy and patient representation.

The British Hypertension Society (BHS) also play an important role in developing and implementing the guideline and many of the members of the GDG are also members of the BHS. In addition, recognising the important of the NICE and BHS collaboration in the development of the hypertension guideline, key elements of the guideline output and recommendations are joint badged with the BHS logo.

The Guideline Development Process: The process for guideline development is structured and time constrained. The date for publication is set at the time the guideline update is commissioned. The Chairman of the GDG, working with the NCGC, scans the data since publication of the last guideline and frames a series of questions to be considered for the guideline update - this is the “Scope” of the guideline. The guideline scope is very specific and defines what will, and what will not be reviewed. The guideline scope is then made available on the NICE website for national consultation by stakeholders, asking the question “have we got the scope right, is there anything else we should be including?” This scope review includes an open forum in London to discuss the final scope. Once the final scope has been agreed and approved by NICE, the work of the GDG begins. A total of 8 one day meetings were allocated for face-to-face meetings of the GDG over a period of one year. The work to be undertaken at each GDG is planned by the GDG Chairman and the NCGC. The analysts then begin their work screening for publications that meet the criteria for each question to be considered by the GDG. The GDG Chairman has oversight of this process to ensure that the data searches are focussed and inclusive. Prior to each GDG meeting, the Chairman and the NCGC team meets to review the data and develop the agenda for the GDG, which includes review of the question to be considered, presentation of the systematic data review and its conclusions. This is then presented to the GDG for review and discussion and framing of any changes to recommendations. The GDG also decides which of the scoping questions should be considered for formal cost-effectiveness analysis and these are scheduled for review at the relevant GDG meeting. Another important consideration of the evidence generated by the systematic reviews, is the quality of the evidence which is graded to highlight its strengths and weaknesses to support any recommendations in specific areas. Alongside, the GDG considers how the data could be strengthened in future by addressing key research questions and these are specified in the

guideline output. The overall pace of the guideline development process at times seems relentless and involves a major time commitment from the GDG Chairman in particular. However, it is manageable and enjoyable because of the skill, professionalism, experience and support provided by the project management team at the NCGC.

From Evidence to Recommendations: As the data is reviewed and the GDG frames its recommendations, the GDG chairman writes the “Evidence to Recommendations” (E2R) statement for each recommendation. This is a key aspect of the guideline because it describes how the evidence was assimilated by the GDG and is a précis of the discussions, noting any reservations about the data expressed by the GDG and the strength and balance of opinion that led to the specific recommendations. The E2R and any update of the background section for the guideline update are then merged with the existing guidance, with the new guidance highlighted. By this stage, the master document, including all of the evidence tables, the E2Rs etc, is over 400 pages long. This is then reviewed by the NICE editorial team to scan for errors and inconsistencies. The final draft document is then posted on the NICE website for open review by registered stakeholders.

The Guideline Review Process: As indicated above, there is extensive review and public consultation prior to and after the generation of the initial draft document containing the guideline recommendations. This review involves the NCGC, the GDG members, registered stakeholders (including the BHS and other professional societies and organisations with an interest in the guidance, including the department of health), the NICE editorial and technical team and the patient representative team at NICE. The comments from the review process are then considered by the GDG and the document is amended accordingly. There then follows a further cycle of internal reviews by NICE. Alongside, preparations begin to prepare the full guideline, a quick reference guide (QRG) and an information for the public (IFP) guide, all in a consistent NICE guideline format. There are also meetings with the NICE implementation team to develop materials to support implementation.

From the brief description above, it is clear that the NICE hypertension guideline process is extraordinarily detailed and rigorous and has become more so as the process has matured over the years. The success of the process and its international appeal is illustrated by the fact that the NICE hypertension guidance is accessed more than 20 times more commonly than any other hypertension guideline in the world. The ongoing JNCVIII review has adopted much the same process as NICE but from a standing start. This may explain some of the delays in developing JNCVIII, as the expertise and experience of the support teams, which are well established at NICE, are critical to ensuring the process moves along efficiently. In my view, it is difficult to justify any other approach when developing guidance that will influence the

treatment of millions of people. This does not mean to say that NICE and JNCVIII will necessarily reach similar conclusions because in many areas the data is not clear cut and national factors and priorities will influence guidance in some areas.

From Evidence Review to Research

Recommendations: Another important by-product of extensive evidence reviews around focussed questions is that they highlight the gaps in evidence that should frame future research questions. Indeed, it is remarkable how weak the evidence is for some very fundamental questions, even basic questions such as the appropriate blood pressure thresholds for intervention and targets for treatment have been very poorly addressed. Having these chasms in evidence highlighted by National guidance can provide a powerful justification for future grant support to address these questions with high quality studies. It is remarkable that many millions of pounds, dollars and euros continue to be spent on hypertension research of dubious value whilst fundamental questions remain in a dark wilderness undisturbed by academia. Funding bodies should and will take note of where investment is needed for public benefit if it is highlighted by reviews such as those undertaken by NICE.

The questions addressed by this NICE/BHS hypertension guideline update:

The guideline focuses on the treatment of primary hypertension in primary care. It is not meant to be a cross between a guideline and a text-book for specialists and their opinions like some guidelines have become. This update asked some key questions;

- i) **How should hypertension be diagnosed?**
Should we rely solely on office BP measurements or should ABPM or Home BP monitoring be deployed more routinely to confirm the diagnosis of hypertension? This is a fundamental question that has huge implications for routine practice. The recommendations in this area are likely to stimulate much debate.
- ii) **What are the appropriate BP thresholds to initiate treatment for hypertension?**
- iii) **What are the appropriate levels to which BP should be lowered on treatment?**
Addressing these two questions on thresholds and targets presented the GDG with significant problems because the evidence base is weak. It is remarkable that we have still not had a trial defining optimal systolic BP levels for treatment of hypertension.
- iv) **What is the appropriate strategy for pharmacological treatment of hypertension?** This builds on the NICE/BHS ACD algorithm and simplifies it further and addresses questions such as; ACE-inhibitor versus ARB, the role of CCB

or diuretic as the preferred combination at step 2 of the treatment algorithm.

- v) **What thiazide-type diuretic should be used for treatment of hypertension?** This section reviews the data with the various types of diuretics in low dose. Specifically reviewing data with thiazide diuretics (hydrochlorothiazide and bendroflumethiazide) and thiazide-like diuretics (chlortalidone and indapamide).
- vi) **What is the most appropriate treatment for resistant hypertension?** The guideline formally defines resistant hypertension which will help in the design of future studies, and reviews the available data. The data in the area was also very limited.
- vii) **Whether and how to treat hypertension in the very elderly?** This question has benefited from recent trials specifically addressing this question which has allowed guidance to be formed up in this area.

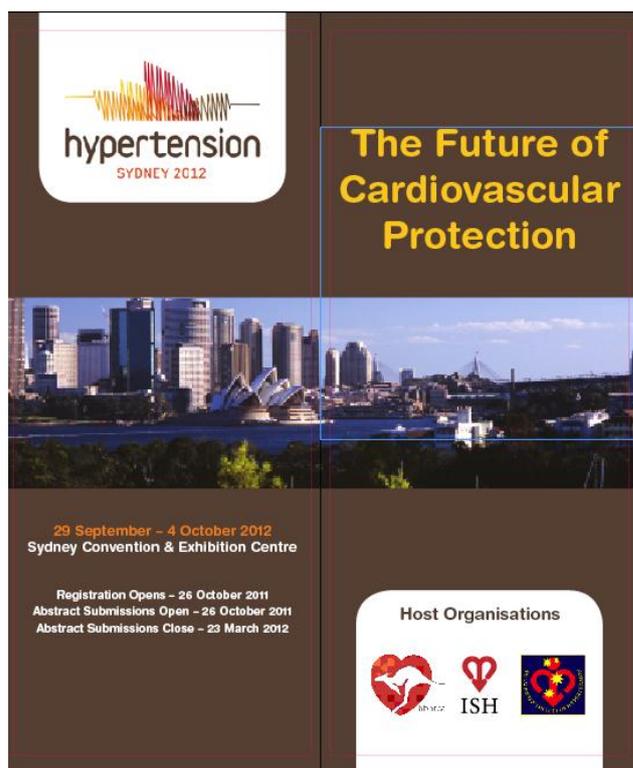
The guideline update did not review lifestyle interventions as a full evidence review of this area was unlikely to change existing recommendations. It is also worthy of emphasis that the guideline does not review data specifically related to diabetes and chronic kidney disease and management of CVD risk - these are cross referenced to existing NICE guidance in these areas.

Finally, the GDG was presented with two major pieces of work involving **health economic analyses** which had been prioritised for two areas; i) Cost effectiveness of routinely using ABPM to confirm the diagnosis of hypertension, and ii) The cost effectiveness of treating hypertension with various classes of drugs, versus no treatment at all. The results of these analyses are remarkable and important and helped consolidate the recommendations in the guideline.

Timelines: The NICE Hypertension Guideline update will be published on-line on August 24th 2011.

Reflections: The NICE guideline development process, in collaboration with the BHS has been a fascinating process and hard work! The recommendations as ever, are bold and will be influential. I think the process of framing specific questions and undertaking targeted systematic reviews is much more informative than usual guideline development process. As Donald Rumsfelt might have said, sometimes we think we know but we don't really know the unknowns. Moreover, the knowns are not as well-known as we thought they were. There is of course nothing wrong with expert opinion in guidelines, as long as we recognise that it may not be right and is opinion unless backed up by a formal evidence review. Having experienced all different styles of guideline development, in my

view, this open and inclusive process backed up by professional analysts and project management is the only way forward for modern guideline development.



MEETING REPORTS

A global hypertension initiative:

The Fall meeting of the Council for High Blood Pressure of the American Heart Association joins forces with the Inter-American Society of Hypertension and the ISH in Orlando, September 2011



This year the Inter-American Society of Hypertension (IASH) will join the Council for High Blood Pressure Research (CHBPR) and Council of the Kidney in Cardiovascular Diseases in sponsoring the Annual Fall Hypertension Conference that will be held in Orlando, Florida on September 19-24, 2011.

The meeting has been endorsed by the International Hypertension societies from the Americas and other regions around the world. The IASH and CHBR leadership have been planning this meeting to produce a unique congress representing the best research in hypertension and associated cardiovascular diseases from all parts of both American continents. The Annual Fall Hypertension Conference has traditionally been viewed as one of the most important meetings on the topic of hypertension and related cardiovascular diseases in the world. As in all previous council meetings, the sessions will include oral and poster presentations selected from abstracts submitted by clinical and basic researchers from over 20 countries.

A new aspect of the meeting this year is that on Wednesday, which has traditionally been set aside for a single workshop, the plan is to have up to three concurrent sessions on clinical and basic topics related to the overall theme of the meeting. In addition, during the remaining days we will have three, instead of usual two, concurrent sessions. Our hope is to have a fully integrated meeting and there will not be separate Council and IASH sessions. As usual, the scientific program will include presentations on a wide variety of topics concerning the causes, consequences, diagnosis and treatment of high blood pressure and related cardiovascular diseases.

One of the many highlights of the program is the jointly sponsored ISH/IASH/CHBPR session that will be organized by and run by trainees (as mentioned above).

This session focuses on the best science of our next generation of hypertension researchers. This truly is a global hypertension initiative that brings together,

through our trainees, the members of the ISH, IASH and CHBPR. Moreover many new research and travel awards have been established for the 2011 meeting, which will provide opportunities for students, fellows and new investigators to attend and participate in the Fall Conference.

Please plan on joining us for this exciting new venture, and remember that while the deadline for regular submissions was May 16, **late-breaking abstract submissions are still possible through July 11, 2011.**

Please visit the website at:

<http://my.americanheart.org/professional/Sessions/HBPR>

- Rhian M. Touyz MD, PhD, FAHA. Chair CHBPR
- Gabby Navar PhD, FAHA. President IASH
- Greg Fink PhD, FAHA. Vice-Chair CHBPR and Treasurer IASH

DRIVEN BY A SHARED VISION

A History of the Indonesian Society of Hypertension (InaSH) and a Brief Report of the 5th InaSH Scientific Meeting 2011

Hypertension has been a public health problem in Indonesia for a long time. The prevalence is increasing from about 12 - 15% (2004) to 30 % (2008) and its complications are a major concern to all medical doctors in the country.



In the 1990s, awareness of this issue developed substantially amongst doctors and in order to combat the problem comprehensively collaborative efforts were made between all related medical professions. They had a shared vision and steps were being made in order to realise this.

This all started in 1997 during the Pacific Rim Conference on Hypertension in Manila, the Philippines when, Indonesian delegates, (Prof. Asikin Hanafiah, MD; Arieska Ann Soenarta, MD; Santoso Karo Karo, MD, MPH; Andang Joesoef, MD; and Pudji Rahardjo, MD) participated, on behalf of the Indonesian Heart Association, in a bid to host the next conference. Their bid was successful and Indonesia was appointed

as the host country for the subsequent Pacific Rim Conference on Hypertension.

To mobilize resources and initiate collaboration between all medical professions in the organization of this big event, medical doctors of three organizations (Indonesian Heart Association, Indonesian Society of Nephrology, and Indonesian Neurological Association) united in a common interest organization called Indonesian Society of Hypertension (InaSH). Pudji Rahardjo, MD was elected to be the first chairman of the Society.

InaSH's vision is to be an association which is recognized nationally and internationally and to actively participate in increasing information, knowledge, understanding, and control of hypertension. The constituents of InaSH are the community, medical doctors and other health professionals, government, and other decision makers. Therefore the mission of InaSH is:

1. To elevate knowledge, awareness, and health behavior of the community on the prevention and control of hypertension.
2. To elevate knowledge and skills of health workers for the prevention and control of hypertension.
3. To develop and strengthen partnership and collaboration nationally and internationally in prevention and control of hypertension.
4. To advocate government and other decision makers for the prevention and control of hypertension.

The Pacific Rim Conference on Hypertension was subsequently held in Bali in 1999, as the First Asia Pacific Conference on Hypertension, and attended by 1,200 participants from Indonesia and abroad, including regional and international experts on hypertension.

In this conference, the Asian Pacific Society of Hypertension was founded with Prof. Asikin Hanafiah, MD as chairman and Prof. Trefor Morgan, MD as Executive Secretary. A conference is now held every two years in the Asia Pacific region.

After a time of inactivity, InaSH progressed again in 2004 under the chairmanship of Arieska Ann Soenarta, MD. In 2007 a national scientific meeting entitled the 1st Scientific Meeting on Hypertension was conducted. This event has subsequently taken place annually with an increasing number of participants.

Currently, InaSH is chaired by Prof. Dr. Rully M.A. Roesli, MD, and **the Society recently held the 5th Scientific Meeting on Hypertension from 26th to 27th February 2011 in Jakarta.** The theme of the meeting was ***"Hypertension and Risk Factors Interaction: Preventing Cardiovascular Complication by Lifestyle Modification.*** Abdulbar

Hamid, MD was the chairman of the organizing committee.

The meeting included workshops and scientific sessions. Topics of the workshops included: (1) Neuro-Ophthalmology: Bedside Examination in Hypertension and Vascular Disease, (2) Water and Electrolytes in Hypertension, and (3) Ambulatory Blood Pressure Monitoring.

Scientific sessions included:

- Plenary Lectures
- Symposia
- **an InaSH-APSH Joint Symposium**
- Launching of an InaSH Consensus document
- Case Interactive
- Poster Session
- Distribution of a Consensus document

The InaSH-APSH symposium was attended by 1,705 participants from all over the country. Three speakers from abroad were: Prof. Dato' Khalid Yusoff, MD (Malaysia) - shown in the image below right; Rafael R. Castillo, MD (Philippines); and Sandeep Gupta, MD (England).



This one day joint symposium was very successful due to the generous support of ISH and APSH in sending two speakers from Malaysia and the Philippine.

In the 5th Scientific Meeting on Hypertension a consensus document entitled *"Lifestyle Modification in Hypertension Management"* was launched and distributed.

On the last day of the meeting three young investigators were awarded (following an oral session participated in by 25 young investigators).

ISH INTERNATIONAL FORUM

The ISH International Forum embodies and nurtures the global nature of the Society and provides a unique infrastructure and platform for networking and 'cross-talk' between Societies. Currently there are over 85 Affiliated Society members in 73 countries.



For further information please see <http://www.ish-world.com/default.aspx?AffiliatedSocieties>

HYPERTENSION SYDNEY 2012

The excitement is beginning to build as we look forward to the next ISH Scientific Meeting in Sydney from the 29th September to the 4th October 2012.



Many people have already blocked out their diaries, knowing that there is no better opportunity to experience the combination of a great meeting and a unique destination.

The Sydney Harbour is one of the most beautiful in the world and the Conference centre sits right on the water's edge adjacent to marvellous restaurants and other attractions (see www.ish2012.org/venue.asp).



However, it's the quality of the meeting that is the major attraction. The program is already well developed around the theme "The future of cardiovascular protection." There are some excellent pre- and post-meeting satellites providing focussed gatherings around contemporary clinical and research issues. Indeed, there is still time for those wishing to add to the existing list to do so via the website (www.ish2012.org/satellitemeetings.asp).

During the Main Meeting there are Plenary Sessions and Symposia that will showcase the latest medical breakthroughs and scientific discoveries, delivered by the leaders in the field.

We are delighted and honoured to announce that among these leaders are **2 Nobel Laureates** - Peter Doherty and Bert Sakmann.

- **Peter Doherty** was awarded the Nobel Prize for Physiology or Medicine in 1996 for his discoveries concerning the specificity of the cell mediated immune defence. At that time, one could not have predicted the relevance and excitement around immunity in blood pressure and cardiovascular disease, but his presence at Hypertension Sydney 2012 will be a highlight in sessions dedicated to the remarkable advances in this area.

- **Bert Sakmann** won his Nobel Prize in 1991 for his pioneering work on cellular electrophysiology and ion channels and continues to lead in neurophysiology. His participation will ensure that sessions devoted to neural mechanisms in blood pressure and cardiovascular disease will be of the highest international standard.

Some of the other **major themes** include blood pressure variability, renal denervation, stroke and dementia, biomarkers and genetics, modern therapeutic advances, epidemiology, diabetes, vascular hemodynamics, pregnancy and a host of issues of interest to clinicians and scientists alike. Hypertension Sydney 2012 is a conjoint meeting with the Asia Pacific Society of Hypertension. This will provide an opportunity to emphasise the important work in this rapidly growing region.

We are certain also that many participants will look forward to augmenting the new knowledge obtained from the meeting with some great memories of Australia and the Asia-Pacific region on their way into or out of Sydney next year.

Why not set aside 2 or 3 weeks to take advantage of such terrific opportunities?

For further information please visit our website www.ish2012.org or contact ish2012@arinex.com.au.



Garry Jennings
Chair, Organising Committee

Visit the ISH and Hypertension Sydney 2012 booth during the forthcoming ESH 2011 meeting

Milan, Italy
17th to 20th June 2011

Stand 30a & 32a
Pavilion 17, Milan Convention Centre - MIC



UPCOMING MEETINGS

2011

5th Congress of the Asian Society of Cardiovascular Imaging
www.asci2011.org

17 - 19 June
Hong Kong

21st European Meeting on Hypertension and Cardiovascular Prevention
www.esh2011.org

17 - 20 June
Milan, Italy

7th Annual Heart Failure Nursing Conference
www.aahfn2011conference.com

23 - 25 June
Seattle, USA

XIX Meeting of the Brazilian Society of Hypertension
www.hipertensao2011.com.br

11 - 13 August
São Paulo, Brazil

6th International Congress on Cardiovascular Disease
www.iccsc.org

11 - 13 September
New Delhi, India

British Hypertension Society Annual Scientific Meeting
www.bhsoc.org

12 - 14 September 2011
Cambridge, UK

XIX Scientific Sessions of the Inter-American Society of Hypertension held jointly with the High Blood Pressure Research 2011 Scientific Sessions of AHA Councils
www.iasonline.org

20 - 24 September
Orlando FL, USA

ISN Forefronts Symposium - Proteinuria: from glomerular filtration to tubular handling
www.isnforefronts.org/2011

22 - 25 September
Aarhus, Denmark

16th Annual Meeting of the European Council for Cardiovascular Research
www.eccr.org

30 September - 2 October
Nice, France

5th Asian Chapter Meeting of International Society of Peritoneal Dialysis
www.nephrothai.org

6 - 8 October
Pattaya, Thailand

Artery 11
www.arterysociety.org

11 - 15 October
Paris, France

World Hypertension League Regional Congress 2011 incorporating the 13th International Symposium on Hypertension and Related Diseases

3 - 6 November
Beijing, China

8th Asian-Pacific Congress of Hypertension 2011
www.apch2011.tw

24 - 27 November
Taipei, Taiwan

Fixed Combination 2011
www.fixedcombination.com/2011

1 - 4 December
Paris, France

14th Annual Meeting of the Lebanese Hypertension League
www.lhtl.org

1 - 3 December
Beirut, Lebanon

2012

3rd International Meeting of the Serbian Society of Hypertension
www.uhsrb-liga.rs

25 - 28 February
Belgrade, Serbia

Hypertension Sydney 2012
www.ish2012.org

29 September - 4 October
Sydney, Australia

The 2nd International Congress on Cardiac Problems in Pregnancy
www.cppcongress.com

17 - 20 May
Berlin, Germany

2014

14-19 June 2014

Athens, Greece



2016



Seoul, Korea

2018



Beijing, China

MEMBERSHIP

Membership subscriptions 2011

Emails have been sent to all ISH members, inviting them to pay their 2011 membership subscription fees.

Payment can be made on-line by visiting the membership section of www.ish-world.com. Alternatively, please contact the Secretariat to receive a payment form.

We would like to take this opportunity to remind you of the Society's Constitution concerning Membership.

"Members shall pay annual dues in the amount and within the time period determined by the Executive Committee. Membership shall automatically cease upon failure to pay the annual subscription fee for two consecutive years."

Members Area of www.ish-world.com

The secure Members Area of the ISH website includes the following information:

- Past copies of the ISH Newsletter
- Minutes of Society meetings
- A list of ISH Members with full contact details
- Access to the *Journal of Hypertension* for those who are eligible for free online access. This free online access is available for new members (since 2006) who reside or work in one of the resource poor countries, zones and territories defined by HINARI or in S. Africa.

To access this section of the website you are required to register (using your membership number, email address and a password of your choice). If you do not know your membership number, please contact the Secretariat.

Recruit new members

We would welcome your assistance to help us recruit new members to the Society.

The Society welcomes applications for membership from individuals working in the field of hypertension and cardiovascular disease.

If you have a colleague who would like to become a member of ISH please 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. Applications must also be accompanied by:

1. A written statement by two members of the Society as to the qualifications of the nominee (names of regional/national members can be provided by the Secretariat, or unsupported applications can be reviewed by the Executive Committee)
2. A list of the nominee's academic degrees, professional positions (a short CV)
3. A list of the nominee's five best and five most recent publications relating to hypertension or allied fields.

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

ISH RESEARCH FELLOWS

The Research Fellowship is a distinct initiative of the ISH for GRADUATE STUDENTS - please see page 3 of this newsletter for more information.

Please remember to update the Secretariat with your change of contact details, especially your email address.

Registration opens

29 September 2011

Abstract submissions open

26 October 2011

Abstract submissions close

23 March 2012

Notification of abstract acceptance

11 May 2012

Early Bird registration deadline

25 May 2012

Author acceptance deadline

25 May 2012

Registration deadline for presenting authors

24 August 2012

Standard registration fee deadline

24 August 2012



29 September to 4 October

www.ish2012.org

SAVE THE DATES!

ISH CORPORATE MEMBERS

The ISH would like to acknowledge the support of our Corporate Members:

International Society of Hypertension Secretariat

Hampton Medical Conferences Ltd, 113-119 High Street, Hampton Hill, Middlesex, TW12 1NJ, UK

Email: secretariat@ish-world.com

Website: www.ish-world.com

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