



# International Society of Hypertension

## Hypertension News March 2010 - Opus 22

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Dear ISH Member,

Membership of the International Society of Hypertension is strong and continues to flourish. To date, the Society has 950 individual members, all with a common interest in hypertension research. The character of the Society reflects that of its members and prides itself in the multicultural and international flavour of the membership, evidenced by the 76 countries from which members derive.



It is our hope that by the biennial scientific meeting in September membership numbers will increase to the record figure of 1,000. However, in order to retain an active membership, the Society does take the following wording in the Constitution very seriously - 'Membership shall cease upon failure to pay the annual subscription fee for two consecutive years'. The following table indicates the numbers of members both joining and leaving Society membership since 2006 (in the main due to non-payment of the annual membership fees).

	Members Added	Members resigned
2010 (to date)	25	32
2009	85	29
2008	86	36
2007	40	238
2006	61	126

Renewal payments reached a high of 84% in 2009 (with new members accepted into the Society in the last quarter of 2009 not being asked to pay for that year). We thank those of you who have already paid for 2010 and strongly encourage those of you who have not yet paid to do as soon as possible. Non-payment will entail discontinuation to your subscription to the Journal of Hypertension and, as mentioned, may affect your membership status of the Society.

Our Society has two Honorary Members, Dr. Richard Horton (Lancet) and Dr. Shanthi Mendis (WHO). In this issue of hypertension news both we are pleased to present the activities of Dr. Mendis.

We welcome your assistance in recruiting new members, especially young hypertension researchers,

and thank you for your ongoing and active participation in the Society.

Enjoy reading this month's issue of Hypertension News!

**LARS H. LINDHOLM**  
Editor, Hypertension News

**ISH 2010 Scientific Meeting -  
Abstract submission deadline  
extended to **midnight PST 1<sup>st</sup> April  
2010****

**Nearly 1,200 abstracts received to date**

If you have submitted an abstract - we thank you - and ask that you encourage your colleagues to do the same. If you have not had an opportunity to submit an abstract, please do so at [www.vancouverhypertension2010.com](http://www.vancouverhypertension2010.com) prior to 1<sup>st</sup> April, 2010.

### REPORT FROM THE ISH PRESIDENT

In keeping with the ISH Agenda of placing increased emphasis on assisting the development of member countries of our Forum in respect of their hypertension societies and the activities within their countries, I had the privilege of addressing the 2<sup>nd</sup> Serbian Hypertension Meeting recently which was held in Belgrade.



The exciting and unique additional thing about this particular meeting was that for the first time the Croatian Society of Hypertension joined the Serbians



in having the meeting together and there were some doctors from Bosnia also registered as delegates. In total more than 700 individuals attended this meeting and the quality of the science was outstanding. There were intense discussions and debates both in the corridors and in the main conference centre with regard to best practice. The Balkans have a major cardiovascular problem with 50% of Serbian adults smoking and 40% of individuals hypertensive. Against a background of a developing economy there is an urgent need to implement preventative measures in order to try and improve the future health of the population. The President of the Serbian Hypertension Society, Dr Dragan Lovic is an enthusiastic supporter of cardiovascular disease prevention and made an outstanding presentation on the problems ahead.

My next commitment for the ISH will be to address the Saudi Hypertension Society which is also just beginning to get established and has become a part of our Forum. Again the Middle East is an area of concern for both physicians locally and for the ISH with an ever increasing number of Type 2 diabetes and of course, the burden of heart disease that is associated with such diseases.

In terms of developing the Society we have advertised for individuals interested to serve on our Council. We look forward to as many of you taking an interest as possible. In this regard our teaching commitments in China will again take place in Western cities preceded by some educational sessions in Lhasa, and later this year, Dr. Schiffrin and I will be in Buenos Aires interacting with Latin American Societies.

Finally, with the end of the Winter Olympic Games, Vancouver is now preparing for its main event! ISH 2010 is gathering momentum and many of you have already submitted abstracts and are making your arrangements to join us in this adventure. If you haven't already submitted your work, we look forward to you sending it promptly so that we can all enjoy science from around the world in a spirit of collaboration and interaction.

With best wishes,

*Anthony Heagerty*

**AM HEAGERTY  
ISH PRESIDENT**



## INTRODUCTION TO ISH HONORARY MEMBER

**Dr. Shanthi Mendis, Senior Advisor  
CVD, Department of Chronic Diseases  
and Health Promotion, World Health  
Organization**

ISH Honorary Members are individuals who have not been Regular Members of the Society, but have made extraordinary contributions to the ISH, in providing long and continuous support of research or other activities.



The following report details the tremendous work that ISH Honorary Member Dr. Shanthi Mendis (World Health Organization) has carried out in conjunction with the Society over the last few years.

### Collaboration of the World Health Organization with the International Society of Hypertension

#### Background

Noncommunicable Diseases (NCDs) are a growing public health problem accounting for a considerable share of the national disease burden in low and middle income countries (LMIC). Major NCDs include cardiovascular disease, diabetes, chronic respiratory disease and cancer. They are driven by ageing of populations and the influence of globalization and urbanization on behavioural and intermediate risk factors; tobacco use, physical inactivity, unhealthy diet, hypertension, obesity, diabetes and hyperlipidemia). A combination of public health strategies targeting the whole population and those at high risk is needed to address the problem. The major focus of these efforts should be on intersectoral collaboration to promote population health, implementation of affordable interventions through a primary health care approach and strengthening of health systems.

Due to the quadruple burden of disease in developing countries, there are many competing public health challenges that confront Ministries of Health. These challenges are further compounded by limited domestic resources, current global financial crisis, national debts, ethnic conflicts and natural disasters. Despite these multiple drawbacks, Ministries of Health need to lead and support programs to



implement **essential interventions** for preventions and control of NCDs including those in primary care. Such actions have the potential to reduce morbidity and premature mortality and contain the rising health care costs due to NCDs. In many LMIC the NCD agenda can be advanced if there is a modest increase in investment in health and efficient use of available resources. WHO/ISH partnership through many joint activities has facilitated the implementation of NCD programs in LMIC.

### WHO/ISH joint activities

**WHO/ISH collaboration was initiated more than 15 years ago.** In 2006/2007, collaborative work resulted in WHO/ISH cardiovascular risk prediction charts. The aim of these charts was to facilitate the cost effective assessment and management of cardiovascular risk in LMIC. This new tool, implementable in resource constrained settings was piloted in selected LMIC in 2008/2009. Several joint training seminars were also organized by the ISH to strengthen capacity for research and for implementation of the absolute risk approach in primary care. WHO/ISH risk charts are also part of the **WHO Package of Essential NCD interventions (WHO PEN)** which provides policy and technical guidance for delivery of a core set of NCD essential interventions in resource constrained settings. The package also contains protocols for training, list of affordable technologies and medicines and tools for situation analysis, monitoring and evaluation.

Building on the work that has been done in 2008-2010, a one day WHO/ISH joint workshop will be held at the 23<sup>rd</sup> Scientific Meeting of the International Society of Hypertension. Vancouver, Canada. The theme of the workshop is **`Bridging the Gaps: Reducing Cardiovascular Risk in Low Resources Settings`**. It will showcase how WHO PEN has been adapted to suit resource availability and local organizational contexts in several countries. The deliberations will serve as a precursor for distilling issues, lessons and messages for further discussion at the Ministerial Round Table. The Ministerial Round Table will help to draw on the wealth of experience of high level policy makers, promote ownership and strengthen commitment for future work to expand the implementation of evidence based NCDs interventions.

During the ISH Scientific Meeting in Vancouver, stakeholders in the health sector and media will also be urged to acknowledge the contribution that they need to make for prevention and control of NCDs by supporting equitable and sustainable programs and

multisectoral collaborative processes that have been proven effective in achieving health.

### Future plans

WHO and the ISH will continue to plan and implement joint activities in research and program implementation to strengthen capacity of LMIC to address major NCDs with a special focus on cardiovascular disease. The ongoing WHO/ISH collaboration is a results-based partnership that continues to contribute to objective 2 (NCD police and programs), objective 4 (NCD research) and objective 5 (partnerships) of WHO's Global NCD Action Plan endorsed by the World Health Assembly in 2008.

## 2018 SCIENTIFIC MEETING REQUEST FOR PROPOSALS

The Council of the ISH would welcome bids from scientists, research groups or National Societies of Hypertension to host the ISH Biennial Scientific Meeting in 2018.

Previous conferences have attracted more than 5,000 delegates and local organisers should be prepared to host a meeting of at least this size and to meet with the terms set by the Society.

### Recent Past & Planned Meetings

- 1996: Glasgow, UNITED KINGDOM
- 1998: Amsterdam, THE NETHERLANDS
- 2000: Chicago, USA
- 2002: Prague, CZECH REPUBLIC
- 2004: Sao Paulo, BRAZIL
- 2006: Fukuoka, JAPAN
- 2008: Berlin, GERMANY
- 2010: Vancouver, CANADA
- 2012: Sydney, AUSTRALIA
- 2014: Athens, GREECE
- 2016: Seoul, KOREA

Please contact the Secretariat to receive a copy of the full bid requirements  
(Email: [secretariat@ish-world.com](mailto:secretariat@ish-world.com)).

Proposals should be received by the Secretariat by **NO LATER THAN 1<sup>st</sup> JUNE 2010**



## VANCOUVER 2010

### 23<sup>rd</sup> SCIENTIFIC MEETING OF THE INTERNATIONAL SOCIETY OF HYPERTENSION

*Be part of the community that defines  
Global Cardiovascular Risk Reduction.*  
[www.vancouverhypertension2010.com](http://www.vancouverhypertension2010.com)

The 23rd Scientific Meeting (ISH 2010), to be held from **26th - 30th September 2010** in beautiful Vancouver, Canada, promises to be an exciting and rewarding event. The theme of the 2010 Meeting is **Global Cardiovascular Risk Reduction**. The meeting will address the newest information in the field of hypertension and will also focus on the other major risk factors for cardiovascular disease. Future perspectives, new research, treatment and prevention will be showcased through the Scientific Program covering four days of invited plenary talks and oral and poster presentations. Jointly hosted with the **Canadian Hypertension Society/Blood Pressure Canada**, the meeting is supported by a number of societies and organizations including the **World Hypertension League, Inter-American Society of Hypertension, Chinese Hypertension League, the Asian Pacific Society of Hypertension and the Canadian Council of Cardiovascular Nurses**. With the participation of leading international specialists, **ISH 2010 will be the premier meeting on hypertension and other cardiovascular risk factors in 2010.**

#### PROGRAM HIGHLIGHTS

The four day program is full of opportunities to network with other clinicians and scientists, and update your knowledge and skills in cardiovascular medicine, and in particular cardiovascular risk. Come and be part of the community that defines Global Cardiovascular Risk Reduction.

The Scientific Program is comprised of three major tracks:

- **Basic Science**
- **Clinical Science**
- **Public Health / Population Science**

A broad spectrum of topics in the field of hypertension and cardiovascular risk will be covered within these three streams. **Visit the Meeting website ([www.vancouverhypertension2010.com](http://www.vancouverhypertension2010.com)) for the complete list of subjects.**

**Here is a small sampling of speakers and sessions.** Please visit the Meeting website and click on the iplanner link in the Program Overview page to see the complete list of confirmed speakers and topics and begin creating your personal itinerary for the Meeting:

**Majid Ezzati, USA**

*“Determinants of Cardiovascular Disease: Comparative Risk Assessment of Dietary, Lifestyle, and Metabolic Risk Factors”*



**Chris Bulpitt, United Kingdom**

*“What is the Threshold and Target for Treatment of Hypertension in the Elderly?”*



**Juliana Chan, China**

*“Strategies to Prevent the Development Chronic Renal Disease in Patients with Diabetes Mellitus and Hypertension”*



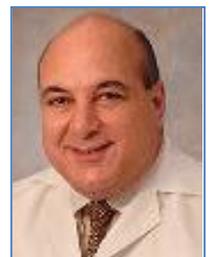
**Kazuaki Shimamoto, Japan**

*“Multiple Risk Factors in Development of Cardiovascular Disease: The Interrelationship of Hypertension to Diabetes Mellitus, Dyslipidemia and Abdominal Obesity”*



**George Bakris, USA**

*“Current Approaches to Optimal Management of Patients with Hypertension and Kidney Disease”*





Rhian Touyz, Canada

*“Integrating Newer Concepts in Vascular Signaling for Understanding the Mechanisms of Hypertension”*



Markus van der Giet, Germany

*“Relevance and Potential of Sphingosine-1-Phosphate for the Vascular System”*



Pekka Puska, National Public Health Institute, Finland

*“Nutrition and Cardiovascular Disease”*



Susan Barr, Canada

*“Value, Utility and Limitations of Food Guides in Attaining Cardiovascular Health”*



John Funder, Australia

*“Reconsidering the Roles of the Mineralocorticoid Receptor”*



Andrew Pipe, Canada

*“Contemporary Approaches to Cigarette Smoking Cessation”*



Gary Owens, ISH Presidential Lecturer, USA

*“Epigenetic Control of Smooth Muscle Cell Differentiation and Phenotypic Plasticity in Cardiovascular Disease”*



## ABSTRACTS

The deadline to submit an abstract has been extended to **midnight (PST) 1st April, 2010.**

A number of awards are available; please click on the Abstracts menu of the Meeting website for a list of awards and details on each.

## REGISTRATION AND ACCOMMODATION

The Organizing Committee is excited to already have hundreds of attendees registered from around the globe, and we encourage you to register for this important Meeting soon. **Register before 15<sup>th</sup> May and save \$100!** There is a limited block of hotel rooms available at discounted rates for attendees, so be sure to book your accommodation as soon as possible.

## SPONSORSHIP AND EXHIBITS

The ISH 2010 Organizing Committee would like to thank the generous support of the many sponsors and exhibitors who will help to make ISH 2010 a successful meeting. The Committee welcomes **Boehringer Ingelheim** as a Platinum Sponsor, in addition to Silver Sponsors **Novartis, Boryung, Microlife, Takeda, Servier,** and **Daiichi-Sankyo/Schering-Plough.**

The Committee also welcomes **Abbott Laboratories, Omron Healthcare, AstraZeneca** and **Pfizer** as Corporate Supporters.

We acknowledge the support of the **American Heart Association (AHA) High Blood Pressure Council, International Society of Nephrology (ISN), Société Québécoise d’Hypertension Artérielle (SQHA),** and the **University of Ottawa Heart Institute** as Institutional Sponsors that are supporting speakers or symposia.



The Exhibit Hall will feature state-of-the-art exhibits with ample time allocated in the program to visit each.

Information on Sponsorship and Exhibit opportunities can be obtained by contacting the Meeting Secretariat (see contact details at the bottom of this article).

### SOCIAL PROGRAMS & OPTIONAL TOURS

There is a world to discover when you visit Vancouver – Spectacular by Nature.

A variety of social events will showcase the diversity and richness of Canadian culture, in addition to a range of optional local and regional tours that will be available before, during and after the Meeting. These tours will provide an opportunity to experience the natural beauty of British Columbia, and beyond! Tours include an Alaska Cruise Symposium, the Rocky Mountaineer Train, the Vancouver Island Experience, West Coast Wilderness Retreats, as well as daily tours around the city of Vancouver.



### ABOUT VANCOUVER

Vancouver is a dynamic, multicultural city set in a spectacular natural environment. Based on the categories of ambience, friendliness, culture and sites, restaurants, lodging, and shopping,

Vancouver is consistently voted as one of the top cities in the world. Vancouver is located on the mainland of North America in the south west corner of British Columbia on the Pacific Ocean, less than an hour from the United States border. As a visitor to Vancouver, you will find it spectacular, safe, and exciting!

### MEETING VENUE



The hub for activity at ISH 2010 is the newly expanded **Vancouver Convention Centre**, located in the heart of downtown Vancouver. The Convention Centre was also

home to the International Broadcast Centre during the 2010 Winter Olympic Games. While attending the Meeting, enjoy the panoramic views of Vancouver, Burrard Inlet and the North Shore mountains that you saw while watching the Olympics!

*Did you know? The plaza adjacent to the Vancouver Convention Centre was home to the Cauldron that kept the Olympic Flame alive!*



### MORE INFORMATION

For more information please visit the ISH 2010 website – [www.vancouverhypertension2010.com](http://www.vancouverhypertension2010.com). If you would like to be added to the email list to receive monthly e-newsletters leading up to ISH 2010, please send an email to [info@vancouverhypertension2010.com](mailto:info@vancouverhypertension2010.com) or sign up on the meeting website.

**See you in Vancouver!**

### ISH 2010 Meeting Secretariat

Kaitlin Beca

Tel: + 1 604-984-6448 Fax: +1 604-984-6434

Email: [info@vancouverhypertension2010.com](mailto:info@vancouverhypertension2010.com)

c/o: Sea to Sky Meeting Management Inc. Suite 206, 201 Bewicke Avenue, North Vancouver, BC, Canada, V7M 3M7

[www.vancouverhypertension2010.com](http://www.vancouverhypertension2010.com)



## Paradigm Shifts in Hypertension, Diabetes and Renal Disease

Carl Erik Mogensen, Professor of Medicine  
University of Aarhus, Denmark

### INTRODUCTION

The word 'paradigm' got a new meaning by the work of Thomas Kuhn (*The Structure of Scientific Revolutions*). New observations and ideas can change our view in a specific field of science, e.g. medicine, as proposed in the title of this article. Kuhn introduced 'paradigm shifts' as an important way of understanding evolution and revolutions within a specific area. This phenomenon is the topic of my paper.

#### **P 1 Renal involvement is rare in newly diagnosed hypertension**

With the introduction of immune-assays for albumin it became clear that abnormal albuminuria is quite common in these patients, as related to the level of blood pressure (BP), as also seen in treated patients.

#### **P 2 High GFR is good for prognosis in diabetes**

It has long been known that hyperfiltration (HF) is common in type 1 diabetes, related to glycaemic derangement. Subsequently we showed that HF indicates a poor prognosis. This is not realized in American guidelines, even now.

#### **P 3 Only proteinuric diabetic patients have a poor prognosis**

This is and was an undisputed fact but with sensitive methods it became clear that microalbuminuric (M) diabetic patients also have a very poor renal prognosis, compared to patients with normoalbuminuria.

#### **P 4 Microalbuminuria only predicts renal disease**

To our surprise it soon became clear that in non-diabetic as well as in diabetic patient's type 1 and type 2, M predicts early mortality, only partly related to BP.

#### **P 5 Reducing BP, especially in diabetes, can have detrimental effect on renal function**

It was earlier observed that reducing BP could lead to an increase in S-creatinine, and it was wrongly concluded that renal function would further deteriorate. However, we observed that the decline in renal function was positively related to BP, and thereafter it became evident that long-term reduction in BP meant preservation of renal function.

The increase in serum-creatinine was related to reduced pressure over the glomerular membrane.

#### **P 6 Only in the presence of high BP microalbuminuric diabetics should receive antihypertensive treatment (AHT)**

However we soon observed that AHT reduced albuminuria and preserved renal structure in such patients.

#### **P 7 Reducing BP only by blocking RAS in diabetics is relevant**

There is evidence to show that all or almost all AHT are beneficial for renal function. There may, however, be some reservation with certain Ca-blockers.

#### **P 8 Normoalbuminuria, according to accepted definitions, means 'normal'**

Like other parameters albuminuria is a continuous variable. Therefore a figure that is high in 'normoalbuminuria' eG 19 microgram per minute is probably not quite normal. One might use the term 'uppernormal albuminuria'.

#### **P 9 ACEi and ARBs should be used separately**

There is evidence that so called dual blockade may be useful in some situations like the CALM-1 Study, but further investigations are needed.

#### **P 10 Diastolic, or later systolic, BP is the best parameter for prognosis**

There is however some evidence that pulse pressure is an even better parameter to evaluate prognosis and effect of treatment.

#### **P 11 The European Society of Cardiology (ESC) suggested a few years ago that a HbA1c of 6.1 % would be "optimal" for type 2 diabetes.**

Diabetologist long suspected that this would be problematic. A new study by Currie et al. published in The Lancet showed that there is a U-shaped curve for mortality with a nadir at 7.5 in HbA1c. So this is what we (generally) should go for (2).

#### **P 12 Regarding SBP and type 2 diabetes: the lower the better, below 130 mm Hg systolic should be the target.**

According to a recent reappraisal of the ESH hypertension guidelines 2007, the evidence for a SBP below 130 is almost non-existent. Hence, we should generally go for a SBP below 140 mm Hg.

Many of these paradigm shifts are interrelated. To conclude, I will refer to my '[paradigm circle](#)' ([please see overleaf](#)) that is relevant in most situations.



**(1) Notion in 1967:**

Nothing new can be discovered in medicine (including hypertension, diabetes and nephropathy.)

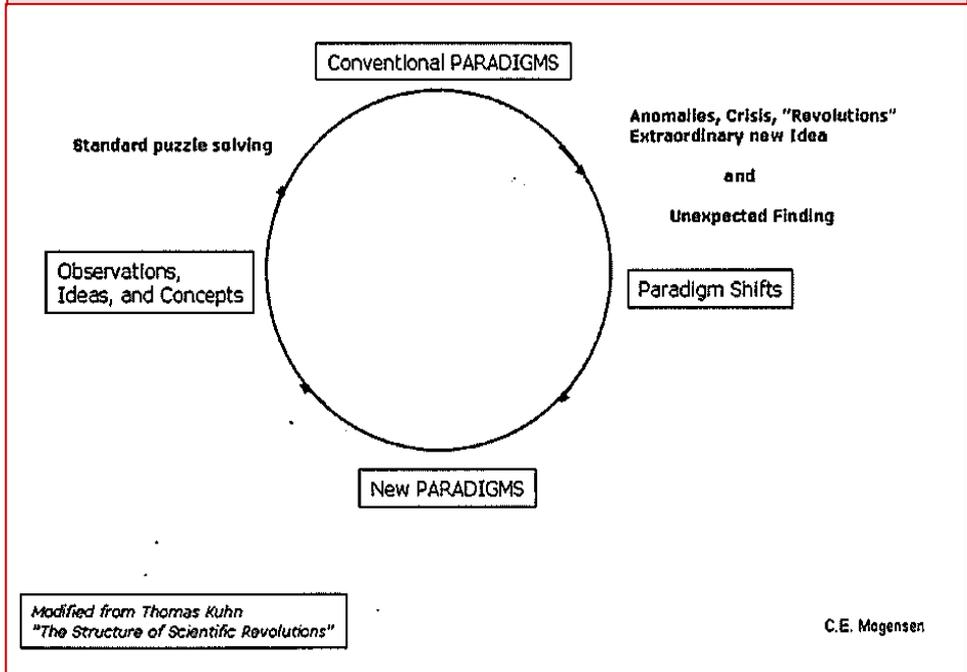
**(2) In short:** In science, paradigms may be defined as accepted ideas and framework in any scientific discipline.]

**References**

(1) Mogensen, C.E.: Twelve Shifting Paradigms in Diabetic Renal Disease and Hypertension. Diabetes Research and Clinical Practice 82S (2008) S2-S9

(2) Mogensen, C.E.: Mistakes, Misunderstandings and Controversies in Diabetes. Journal of Diabetes Investigations (JDI), in press

### Paradigm Circle

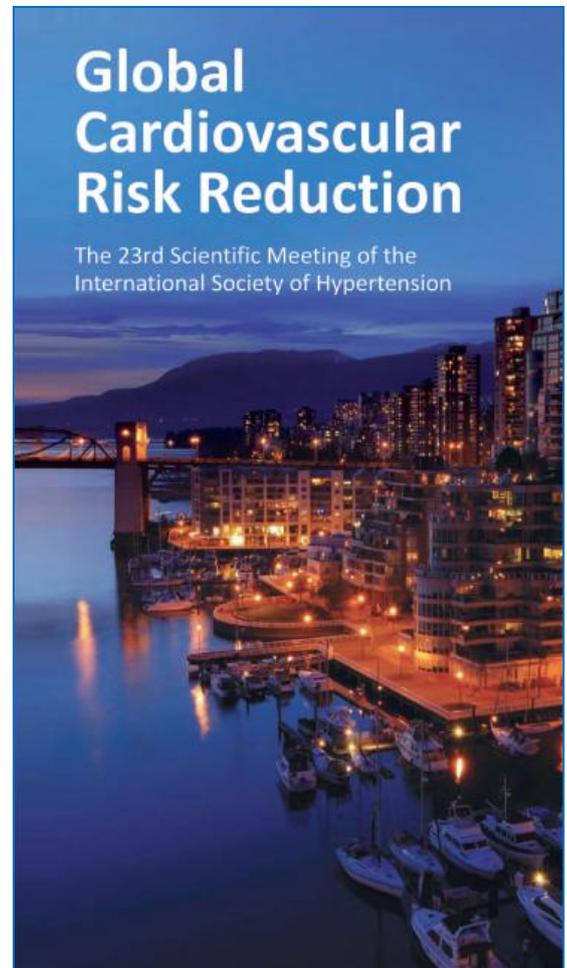


### Abstract Submission Deadline extended to 1<sup>st</sup> April 2010

#### 23<sup>rd</sup> SCIENTIFIC MEETING OF THE INTERNATIONAL SOCIETY OF HYPERTENSION

The 23rd Scientific Meeting of the International Society of Hypertension (ISH 2010) has had an excellent response to the first call for abstracts, receiving over 1,100 submissions to date. In response to requests, ISH 2010 has extended the call for abstracts deadline to midnight (PST) 1<sup>st</sup> April, 2010 to give researchers additional time to finalize their work.

If you have submitted an abstract - we thank you - and ask that you encourage your colleagues to do the same. If you have not had an opportunity to submit an abstract, please do so at [www.vancouverhypertension2010.com](http://www.vancouverhypertension2010.com) prior to 1<sup>st</sup> April, 2010.





## ISH 2010 AWARDS CALL FOR NOMINATIONS

On the occasion of its 23<sup>rd</sup> Biennial Scientific Meeting, which will be held in Vancouver, Canada from 26<sup>th</sup> – 30<sup>th</sup> September 2010, the International Society of Hypertension (ISH) with the collaboration and generous support of corporate sponsors, is pleased to call for nominations for the following awards.

In addition to the prestige and kudos associated with each of these awards, they each comprise a significant monetary amount to recognise the excellence of the awardees and support the intended purposes of the specific awards.

### **AUSTIN DOYLE AWARD, supported by Servier Australia**

This award is for a graduate who is within 5 years of post-graduate qualification. The recipient will be judged to have given the best original presentation relevant to clinical medicine, at the 2010 Meeting. *(No nominations are required. Those wishing to be considered for this Award must indicate this on the Vancouver abstract submissions page.)*

### **ASTRAZENECA AWARD**

To be presented to a distinguished investigator responsible for outstanding work related to the clinical pharmacology and therapy of arterial hypertension.

### **BOEHRINGER INGELHEIM DEVELOPING WORLD AWARD**

This award is for a researcher in the developing world who has done outstanding work in the region. The awardee will be expected to submit an abstract of his/her research for the 2010 Meeting.

### **FRANZ VOLHARD AWARD AND LECTURESHIP, supported by Bayer Schering Pharma**

To be presented to a person or persons who shall have initiated in the field of hypertension or in a related discipline, a concept, which remains of current interest. The recipient shall be invited to deliver to the ISH a lecture on the topic for which the award is bestowed.

### **INTERNATIONAL FORUM POSTER PRIZES, supported by ISH**

These prizes, each valued at US \$1000, will be awarded to the best posters presented at the Vancouver ISH meeting.

### **THE ROBERT TIGERSTEDT AWARD**

To be presented to a person, persons or institution responsible for distinguished work relating to the aetiology, epidemiology, pathology or treatment of high blood pressure.

### **THE STEVO JULIUS AWARD, supported by Novartis**

To be given to a person or persons demonstrating exceptional and continuous commitment to the dissemination of information, knowledge and skills in the field of hypertension to: (a) general public; (b) medical community; (c) specialists in the hypertension field, and; (d) to investigators involved in hypertension research.

Please view full information on criteria and eligibility of nomination in the Awards section of [www.ish-world.com](http://www.ish-world.com).

**NOMINATIONS SHOULD BE SENT TO THE ISH SECRETARIAT BEFORE 26<sup>th</sup> JUNE 2010.**



Dr. Thomas Pickering (USA),  
2008 Franz Volhard Award  
and Lectureship winner



Dr. Fiona Turnbull  
(Australia),  
2008 AstraZeneca Award



## 3<sup>rd</sup> ISH Hypertension Teaching Seminar and the 3<sup>rd</sup> Pan-African Scientific Meeting on Hypertension

Abuja, Nigeria, 24-26 September 2009

Report by: B. Onwubere, Chair of the local organizing Committee and R. Fagard, Chair of the ISH Low and Middle Income Countries Committee.

The main purpose of the 'Low and Middle Income Countries Committee' of the International Society of Hypertension is to encourage and enhance education and biomedical research in the fields of hypertension and associated cardiovascular diseases in the developing world.



In agreement with this mission, the 'Europe-Africa Subcommittee' organised the 3<sup>rd</sup> 'ISH Teaching Seminar' in Abuja, Nigeria, from 24<sup>th</sup> to 25<sup>th</sup> September, under the direction of **R. Fagard and local host B. Onwubere**, in collaboration with the International Forum for Hypertension Control and Prevention in Africa (IFHA), the European Society of Hypertension (ESH), the World Hypertension League (WHL) and the Nigerian Hypertension Society (NHS).

Other faculty members were:

- A. Coca (Spain)
- A. Damasceno (Mozambique)
- D. Lemogoum (Cameroon)
- J.R. M'Buyamba-Kabangu (DR Congo)
- S. Mendis (WHO)
- P. Nilsson (Sweden)
- M. Rostrup (Norway)
- Y. Seedat (South Africa)

The Teaching Seminar was followed by the 3<sup>rd</sup> Pan-African Scientific Meeting on Hypertension from 25<sup>th</sup> to 26<sup>th</sup> September, organised by IFHA and NHS, in collaboration with ISH, ESH and WHL. Apart from the speakers at the Teaching Seminar, the Congress faculty included:

- O. Akinkugbe (Nigeria)
- K. Akinroye (Nigeria)
- K. Cruickshank (UK)
- A. Isah (Nigeria)
- S. Kadiri (Nigeria)
- B. Ngu (Cameroon)
- J. Odia (Nigeria)
- O. Ogedegbe (USA)
- J. Pik (France)
- J. Staessen (Belgium)
- M. Twagirumukiza (Rwanda)
- I. Ulasi (Nigeria)

Congress chairmen were B. Onwubere and A. Isah.

### 3<sup>RD</sup> HYPERTENSION TEACHING SEMINAR

A Damasceno reported that, whereas hypertension was apparently almost absent in Sub-Saharan Africa (SSA) about a century ago, hypertension has become highly prevalent, mainly in urban areas. The urbanization process has created drastic changes in the previously healthy way of living characteristics in the rural African setting, including increasing sedentary lifestyle, increases in alcohol and tobacco consumption, more stress and changes in diet, resulting in obesity, diabetes and hypertension.

P. Nilsson further elaborated on the metabolic syndrome and diabetes. B. Onwubere reviewed the commonest complications of hypertension in Africa; stroke, heart failure and renal disease. The more severe complications of hypertension are largely result of low levels of awareness and late presentation to the few available health facilities. The economic burden of hypertension is considerable and, in the poor socio-economic setting of SSA, prevention would be most desirable.



Faculty Members



Teaching Seminar delegates and Faculty members

In this regard D. Lemogoum confirmed the importance of lifestyle intervention. Population-based strategies aimed at shifting the levels of risk factors to lower values in the entire population are likely to lead to a substantial reduction of the global cardiovascular disease (CVD) burden. Reduction in salt intake may be particularly useful in blacks, next to weight loss, increased physical activity, reduced tobacco use, limited alcohol consumption, reduced intake of saturated fats and increased consumption of fruits and vegetables.

Reliable blood pressure (BP) measurements are a prerequisite for diagnosis and management of hypertension. J.R. M'Buyamba-Kabangu reviewed the requirements for reliable and affordable instrumentation in low resource settings, where solar energy may play an important role. Although self-measurement of BP at home and ambulatory BP monitoring may currently have limited application in SSA, R. Fagard reviewed the value of out-of-office BP measurements, the concepts of white-coat, masked and sustained hypertension, and the importance of night-time blood pressure.

D. Lemogoum unravelled the pathophysiology of hypertension in blacks. Environmental factors and socio-economic status probably play a major role, but other factors may be involved such as salt sensitivity, low plasma renin, low birth weight and genetic susceptibility. P. Nilsson discussed the potential role of low birth weight in the pathogenesis of hypertension in Africa, and M. Rostrup emphasized the role of the sympathetic nervous system.

Y. Seedat stressed that the concept of risk stratification for the management of hypertension

should also be applied in SSA, but modified according to the WHO CVD risk management package for low and medium resource settings. J.R. M'Buyamba-Kabangu reiterated the importance of the paradigm shift from focusing on single risk factors to comprehensive CV risk management and reviewed the highly recommended WHO CVD risk management package for low- and medium resource settings. In addition, S. Mendis emphasized that the benefits and cost-effectiveness of managing hypertension depend on the total CV risk and not on BP alone. Because individuals at low CV risk with mild hypertension account for a considerable share of the global CVD Teaching Seminar delegates and

Faculty membersburden, all attempts must be made to address those at low risk using population-based upstream policies that promote healthy lifestyle. Risk assessment methods have been developed to stratify total CV risk using simple variables such as age, sex, tobacco use, family history and presence or absence of hypertension and diabetes. Limited resources can then be used more effectively and efficiently for focusing drug treatment on those at high total CV risk, who are most likely to benefit.

With regard to the initiation of pharmacological antihypertensive therapy, B. Onwubere stressed that individualisation should be the key point, taking cognizance of the individual's circumstances including CV risk, target organ damage and associated clinical conditions. With regard to the choice of drugs, thiazide-like diuretics are the baseline antihypertensive agents. They are more effective than in whites, probably related to an expanded extracellular volume and low plasma renin activity, and their cost is low. Calcium channel blockers show the most consistent response in blacks compared with other classes of drugs as monotherapy. Beta-blockers and ACE-inhibitors appear to be hardly different from placebo. It is important to remember that there is dearth of outcome data on morbidity and mortality in blacks in SSA. A. Coca discussed strategies for diagnosis and management of resistant hypertension in low resource settings, as well as the manifestations and most appropriate management of hypertensive emergencies.

Finally, Y. Seedat discussed several cases of hypertension in a lively interactive session and A. Damasceno and R. Fagard commented on, respectively, 'How to set up an epidemiological study' and 'How to set up an intervention study'.



The seminar was attended by 44 registered and approximately the same number of unregistered participants, most of them from Nigeria. The registered participants, apart from Nigeria, represented Cameroon, Congo, DR Congo, Ghana, Mozambique, Uganda and Rwanda. Twelve oral communications and 14 posters on research in Africa were presented by young investigators, based on a call for abstracts. These communications covered population and clinical epidemiology, BP control in different settings, obesity, diabetes, cardiac and renal target organ damage and complications, stroke, and prevalence of the metabolic syndrome.

### 3<sup>rd</sup> Pan-African Scientific Meeting on Hypertension

#### Background

CVD and hypertension are currently substantial causes of preventable death and disability in SSA countries, and this burden is projected to be high in the nearest future. Hypertension remains the most common CVD risk factor in Africa and major cause of premature death by stroke and heart diseases. Evidence indicates that many established approaches like human resources capacity building, as measures to reduce CVD risk factors are effective and very inexpensive, so, that even countries in SSA with limited health budgets, can implement them and cut their CVD rate drastically.

To meet the challenge, and in response to the growing burden of hypertension and CVD witnessed by African region, this 3<sup>rd</sup> edition of the African Scientific Meeting on Hypertension (AMHY 3) was designed to reinforce human resource capacity, especially for physicians and nurses involved in management and prevention of hypertension and related risk factors and complications in daily practice in low resource settings. The Hypertension Congress was the third in the series (first was held in Yaoundé in December 2005, second was in Nairobi in May 2007). The Congress held in conjunction with the

16<sup>th</sup> Annual Scientific Conference of the Nigerian Hypertension Society (NHS).

#### Aims of the Congress were to:

- (1) Strengthen the skills of community health care providers and improve their knowledge with regards to mechanisms, assessment and management of hypertension, associated risk factors and related complication in primary health care centres.
- (2) Enhance the public health workforce capacity and training health care providers to incorporate hypertension prevention package into clinical settings with special focus on healthy lifestyle, physical and early intervention activities implementation.
- (3) Reduce the toll of morbidity; disability and premature mortality due to hypertension and CVD in Africa through early prevention and cost effective control of hypertension and other major CV risk factors.

The Congress target audience consisted of general practitioners, public health physicians, nephrologists, internists, endocrinologists, cardiologists, researchers and nurses. The Congress was attended by about 150 participants from Belgium, Cameroon, Congo Brazzaville, Côte D'Ivoire, DR Congo, France, Ghana, Mozambique, Nigeria, Norway, Rwanda, South Africa, Spain, Sweden, Uganda, United Kingdom and United States of America. Dr S. Mendis represented WHO; Prof. R. Fagard, the ISH; and Prof. P. Nilsson, the ESH.

The opening ceremony was attended by the Nigerian Minister of Health, Prof. B. Osotimehin, while a keynote address was given by Prof. O. Akinkugbe. Messages were received from the ISH, ESH, African Heart Network (AHN) and the Presidents of IFHA and NHS.

The scientific programme started with 12 oral abstract presentations by participants at the Hypertension Teaching Seminar (see the report of the Seminar). Fourteen poster presentations were displayed throughout the Congress at the poster designated zone.

#### Highlights of the scientific programme were:

- Joint ISH-IFHA-NHS Symposium. Theme: Challenging hypertension control in the developing world
- Joint WHF-IFHA-AHN Symposium. Theme: Reducing global cardiovascular risk in the African population



- Teaching Workshop
- Workshops on Blood Pressure measurement
- Abstract presentation session
- Workshop on arterial stiffness and CV outcome: implications for Africa

The Congress also featured a General Assembly of IFHA where the Forum's accounts were discussed and future meetings were also outlined. The current Executive Committee members had their mandates renewed.

A Closing Ceremony featured Prize (Omron) and Merit Awards followed by cultural displays and a dinner.

#### Sponsors of the Congress were:

International Society of Hypertension; Novartis Pharma AG; European Society of Hypertension; World Hypertension League; Omron; other pharmaceutical companies from Nigeria and Belgium.

The 4<sup>th</sup> Hypertension Teaching Seminar and the 4<sup>th</sup> Pan-African Congress of Hypertension are scheduled for Kinshasa, DR Congo, from 6<sup>th</sup> to 8<sup>th</sup> May 2010.

## ISH Research Fellow Scheme for GRADUATE STUDENTS

Are you a graduate student working in hypertension or a related field?

If so, you could apply to become a Research Fellow of the International Society of Hypertension and obtain all the following benefits **AT NO COST**:

- Obtain copies of the quarterly Society Newsletter
- Save on conference registration fees
- Enjoy broader opportunities to build relationships and network with peers and develop your career as a leader in your field
- Have access to the full ISH Membership List (over 900 members)
- Be eligible to receive or nominate candidates for the Biennial ISH Awards
- Be exempt from paying the annual ISH membership fee
- Be able to indicate your status as an ISH Research Fellow on your CV

For further information please view [www.ish-world.com](http://www.ish-world.com).

## CALL FOR COUNCIL NOMINATIONS

Positions on the Scientific Council will become available at the next Scientific Meeting to be held in Vancouver in September 2010. The Society is now inviting nominations to fill these positions.

The Council of the ISH is important as the key active body to further the aspirations and activities of the ISH. In doing so, we'd hope that those on Council might reflect the diversity of ISH members in terms of geography and age. In this respect, the contribution of younger members is crucial for the future of the ISH. For reference, ongoing members of Council come from Australia, Canada, China, France, Israel, Italy, Jamaica, Japan, Nigeria and the United Kingdom.

Members of Council have responsibilities as Trustees of the Society. This carries specific commitment to the business of the ISH and so nominees need to be able to devote time and energy to serve the needs of the ISH. Nominees also need be aware that as Trustees there exist general responsibilities, as defined according to the UK Charity Commission ([www.charitycommission.gov.uk](http://www.charitycommission.gov.uk)).

The term of office for ordinary members of the Scientific Council is four years; immediate re-election for a second four year term is possible.

All nominations must be supported by any three Regular Members of the Society and should be accompanied by:

- A 1-page document by the nominee expressing interest in holding a position on the Council. Please see [www.ish-world.com](http://www.ish-world.com) to view the form to complete;
- A paragraph (max. 200 words) from each of the 3 nominating members supporting the application stating why the nominee should be considered for Council. This paragraph should be emailed directly to the Secretariat (Email: [secretariat@ish-world.com](mailto:secretariat@ish-world.com)).

Please address all correspondence to Professor Stephen Harrap, ISH Secretary.

**NOMINATIONS SHOULD BE RECEIVED BY THE SECRETARIAT NO LATER THAN 26<sup>th</sup> JUNE 2010.**

For further information please view the Members' area of [www.ish-world.com](http://www.ish-world.com).



## ISH FORUM NEWS

There has been a great deal of activity in the ISH Forum in the lead-up to the Vancouver ISH Meeting this year. Most exciting, are a number of new initiatives for Forum Affiliated Societies.



Perhaps the most prominent initiative is the important contribution of Forum Affiliates to the **Bridging the Gaps Meeting** and Plenary Session in Vancouver. It is the real-life experiences of Forum Affiliates in trying to achieve best practice for blood pressure under difficult circumstances or with limited resources that will be the benchmark for this meeting and stimulate discussion about how gaps can be overcome. We have been delighted by the generous proposals for “Case Studies” that have already been provided by Forum Affiliates and we shall be deciding soon who amongst these will be supported to attend the meeting and present their cases to an audience that comprises representatives from governments, WHO, industry and of course the ISH.

No less important is the announcement of special **International Forum Poster Prizes** (each of US\$1000) to be awarded to population, clinical and basic science posters from each of the 5 regions: Africa, Asia & Australasia, Europe & Middle East, Latin America and North America. The winning posters will be highlighted in Vancouver and will be a great opportunity for the general ISH participants to see the high quality research being undertaken by the members of our Forum Affiliated Societies.

This Regional theme for the Poster Prizes has the advantage also of informing members of National Societies within regions of what is going on around them. We hope that it might stimulate and strengthen local links of mutual benefit.

As always we shall be holding a **meeting of the ISH Forum in Vancouver** and we look forward to welcoming the Presidents of our Affiliated National Societies. In addition to the normal business of this important gathering, we might also take the opportunity to discuss the Regional theme and how best the ISH Forum can help Affiliated Societies in

geographic regions to interact as productively as possible.

Vancouver will also be the time to elect **new members to the ISH Council**. In keeping with the ISH commitment to global representation we are hoping that members from our Forum Affiliated Societies from areas not currently represented on Council might give serious consideration to nominating. We are looking for enthusiastic and hard working people who will not only champion the region, but will contribute to the worldwide initiatives if the ISH.

Finally, on the global theme, we are very keen to ensure that as many National Societies as possible are **members of the ISH Forum**. Our numbers continue to grow, but we would like to see the map (shown below) of Affiliated Societies covered with as much red as we can.



If you can help with information about contacts for the following countries, could you please let our ISH Secretariat know so that we can establish links?

- Ecuadorian Society of Hypertension
- Kenya Hypertension League
- Zaire Hypertension League
- Zimbabwe Hypertension League

**We look forward to seeing you in Vancouver and continuing to build the ISH Forum.**

Stephen Harrap  
ISH Forum Officer

For further information on ISH Affiliated Societies of the Forum please see [www.ish-world.com/default.aspx?AffiliatedSocieties](http://www.ish-world.com/default.aspx?AffiliatedSocieties).



## AFFILIATED SOCIETY UPDATES

Please read on for updates from the following national societies of hypertension and high blood pressure councils (ISH Affiliated Societies):

- Congolese Hypertension League
- Georgian Society of Hypertension
- Swedish Society of Hypertension, Stroke and Vascular Medicine



The ISH Forum is also pleased to feature a special section of the ISH website to highlight the Affiliated Societies and provide contact details of each to encourage more communication (see image below, [www.ish-world.com/default.aspx?AffiliatedSocieties](http://www.ish-world.com/default.aspx?AffiliatedSocieties)).



## CONGOLESE HYPERTENSION LEAGUE



*Congolese Hypertension League*  
LIGUE CONGOLAISE CONTRE L'HYPERTENSION

The idea to create an organization in the Democratic Republic of Congo (DRC) dedicated to arterial hypertension was born in 1985, on the occasion of a visit to Kinshasa from Dr. Antoon Amery, who was the then President of the World Hypertension League.

Zaire Hypertension League was thus founded in 1988 by a group of specialists working in the main hospitals of Kinshasa, DRC capital city. The Executive Board consisted of Dr. KA Tshiani (President), Dr. JR M'Buyamba-Kabangu (Vice -President), Dr. MS Ditu (Secretary General) and Dr. JD Shiku (Treasurer) who was elected and remained in position until 2001. In the meantime, the country recovered its former name of DRC and the organization became the Congolese Hypertension League (CoHL).

The **main objective** of the Congolese Hypertension League consists of promoting awareness of the risk factors and threats of arterial hypertension to health care providers, policy makers and the Congolese population at large. The Executive Board was assigned the mission of expanding membership to the whole country. From 12 founding members in 1988, the organization grew to 92 members in 1994, recruited from nine out of the eleven provinces in the country.

The activities of the League relied on support from the public authorities and sponsorship gained from pharmaceutical firms based in the country. This explains why during the long years of war, that disorganized political, economic and social life in the country, the league was almost totally inactive.

The **current committee** has been in position since 2001 and consists of JR M'Buyamba-Kabangu (President), Dr. MS Ditu (Secretary General), Dr. JD Shiku (Treasurer) and Drs. FB Lepira, KG Kabanda and PK Malu (members of the Board).



Professors M'Buyamba-Kabangu and Ditu

In line with its objectives, the Congolese Hypertension League has undertaken local and national initiatives. It has collaborated with other professional organizations and bodies and the Ministry of Public Health in their national initiatives. The Congolese Hypertension League has contributed to several African and international events.



CoHL has organized thirteen workshops in various country provinces with the aim of improving the capacity of human resources (physicians, nurses, non health professionals' workers), to diagnose hypertension and other risk factors for NCDs and in particular cardiovascular disease.

The League traditionally held its “*Journée Nationale de l’Hypertension*” in March, but this has been moved to May in order to coincide with World Hypertension Day. This Annual Meeting is used as the occasion for the League to:

1. update information on various aspects of arterial hypertension and its complications;
2. shed light on the need for comprehensive management of patients absolute risk;
3. to formulate resolutions for health policy makers with regard to the impact of arterial hypertension in the community and in the hospital scene, and, through interview in the mass media;
4. to educate the community on healthy lifestyles, healthy diet that should be adopted in order to minimize the risk of developing high blood pressure and related disorders.



The League has initiated and designed screening campaigns for hypertension and risk factors in the general urban and rural population, and at worksites for certain groups of the population such as civil servants and the military garrison of Kinshasa. The Congolese Hypertension League actively collaborates with other national bodies such as the National Association of Diabetes to ameliorate the control of the growing impact of both diseases on cardiovascular outcomes. The League participates in the yearly campaign of detection of risk factors for chronic kidney disease initiated by Congolese Nephrologists. Several local workshops and patient education activities are held jointly with the Congolese Society of Cardiology. Because of the prevalence of stroke in mortality of hypertensive Congolese patients, the

Congolese Hypertension League has fruitful collaboration with the Association for Promotion of Neurosciences, ‘APRONES’ (The photo opposite illustrates the 2009 Joint CoHL-APRONES symposium in Kinshasa). The League has greatly contributed to the development of the current national strategies for prevention and control of non communicable diseases.

On an African level, in 2002, the Congolese Hypertension League hosted one of the workshops that resulted in the publication in 2003 of the first guidelines for hypertension management and prevention in sub-Saharan Africa.

In May 2010, the Congolese Hypertension League will host two important events: (1) the annual African Hypertension Teaching Seminar organized by the International Society of Hypertension and the International Forum for Hypertension Prevention and Control in sub-Saharan Africa (co-sponsored by the European Society of Hypertension, the World Hypertension League, with the support of International Society of Nephrology and World Health Organization) and (2) the Fourth African Congress of Hypertension.



## GEORGIAN SOCIETY OF HYPERTENSION

The Georgian Society of Hypertension was founded in 2000. Its scientific and practical activities are aimed at detecting, preventing and controlling hypertension in populations.

- The President of the Society is Professor Bezhn Tsinamdzgvishvili.
- The Society Board is represented by leading field experts.
- The Hypertension Control Working Group is actively engaged in the Society’s activities.



One of the main areas of activity of the Society is pharmacoepidemiological studies to detect main barriers to the disease management.

**Annual events:** World Hypertension Day has been marked since 2005 by conducting mass measurements of blood pressure and distributing relevant literature.



This activity is conducted with the support of pharmaceutical companies.



A special scientific conference was held to mark World Hypertension Day in 2006.



Since 2008 the Society has joined World Salt Awareness Week, an event arranged by the World Action on Salt and Health (WASH). The event comprised meetings with teachers (educational interventions) in

schools, pilot studies in the juvenile contingent to find out their dietary habits, anthropometry, etc. In 2008, a press conference dedicated to the event was published and broadcast through mass media.



In 2007, a group of authors of the Georgian Society of Hypertension drafted national hypertension management guidelines and protocols. With the support of a pharmaceutical company **SERVIER**.

The Georgian Society of Hypertension has developed and created the *Georgian School of Hypertension 2009* (training manual, leader - Prof. Bezhan Tsinamdzgvrishvili). The purpose of the School is to extend and deepen the knowledge of general practitioners (GP) in the etiology and pathogenesis of hypertension, present-day management problems, control of diseases in specific groups. The School course consists of three stages, upon completion of which the trainee is granted a respective certificate.

The Society is actively involved in the **Guideline implementation** process within primary health care and prepares where appropriate updates of the

management of side effects of antihypertensive drugs, the doctor-patient partner relationships, etc.

The training course developed by the Society in 2009 World Hypertension Day '**The Doctor-Patient Partnership - Key to Disease Management**' (which represents an adapted version of the training course of the German psychologist Linus Geisler: '*Doctor and patient - a partnership through dialogue*') has been piloted in family medicine centers.

In 2008-2009, civil monitoring became the main activity of the Society. The primary health care reform monitoring project (Eurasian Foundation) was assessed as a successful model in terms of effective collaboration between nongovernmental organizations, governmental institutions and donor organizations.

In 2009 the Society's Working Group executed WHO's request for carrying out a situational analysis of the management of non-communicable diseases (NCD) in the country ([www.ncdc.ge](http://www.ncdc.ge)), the results of which have been published as a separate document.

In 2009 the Society is implementing a project "Health Needs Assessment in Conflict-Affected Populations" ('*Open Society- Georgia*' Foundation), the recommendations of which will serve as a basis for improving protection of civil rights and advocating of the medical and communal services of IDPs and refugees.



The Society's plans include the implementation of evaluating and monitoring projects for obtaining new evidence and strengthening the process of protection of civil interests.

The possibility of collaboration with the International Society of Hypertension (ISH) in parallel with the existing model of collaboration with the European Society of Hypertension (ESH), the methodological, organizational, and other kind of support will serve as a basis for adapting in the country an effective hypertension management system.



## SWEDISH SOCIETY OF HYPERTENSION, STROKE AND VASCULAR MEDICINE



The Swedish Society of Hypertension, Stroke and Vascular Medicine was formed 2007 as a result of the merger of the Swedish Society of Hypertension and the Swedish Society of Medical Angiology (both founded in 1987). This initiative was powered by the understanding of vascular disease going beyond blood pressure regulation.

**The aim of the Swedish Society** of Hypertension, Stroke and Vascular Medicine - in brief: Swedish Vascular Medicine - is to provide a medical and scientific forum for the understanding of cardiovascular risk and risk interventions with the aim of diminishing hypertension, stroke, and vascular disease. We obtain this by supporting research, education and training. The Society is involved in the organization of the Annual Swedish Cardiovascular Spring Meeting (in April), founded in 1998, and the Annual Meeting of the Swedish Society of Medicine (in November). We arrange an annual two-day course in hypertension and vascular medicine for nurses, and have undertaken an initiative to create a graduate program for nurses in vascular medicine to start during 2010. An annual Nordic research course in hypertension and cardiovascular disease for physicians on PhD study level is organized in collaboration with the Danish, Finnish, and Norwegian hypertension societies. The next course will take place in Oslo, Norway, in 2010.

Swedish Vascular Medicine is affiliated to the International Society of Hypertension, and to the World Hypertension League. We are members of the Swedish Heart Association, and associate members of the Swedish Society of Medicine; we also act in close collaboration with the Swedish Society of Internal Medicine, and the Swedish Society on Thrombosis and Hæmostasis. The Society's journal, *Vaskulär Medicin*, published quarterly, is evolving to be one of the most read national medical journals.

Please refer to [www.hypertoni.org](http://www.hypertoni.org) for further information about current activities.

**The current board** of the Swedish Society of Hypertension, Stroke and Vascular Medicine is presented as follows.



Professors Kahan and Lind

Professor Thomas Kahan, MD, PhD, FESC (**President**)  
Department of Cardiology, Danderyd University  
Hospital, S-182 88 Stockholm  
[thomas.kahan@ds.se](mailto:thomas.kahan@ds.se)  
Phone +46-8-655 68 61

Lisa Kurland, MD, PhD (**Secretary**)  
Department of Medicine, Uppsala Academic Hospital  
S-751 85 Uppsala  
[lisa.kurland@medsci.uu.se/](mailto:lisa.kurland@medsci.uu.se/) Phone +46-18-611 43 43

Ingar Timberg, MD (**Treasurer**)  
Department of Medicine  
Hässleholm Hospital  
S-281 25 Hässleholm  
[ingar.timberg@skane.se](mailto:ingar.timberg@skane.se)  
Phone +46-451-29 60 00

Professor Stefan Agewall, MD, PhD  
[stefan.agewall@medisin.uio.no](mailto:stefan.agewall@medisin.uio.no)

Kristina Björklund Bodegård, MD, PhD  
[kristina.bjorklund-bodegard@ds.se](mailto:kristina.bjorklund-bodegard@ds.se)

Anna-Clara Collén, MD  
[anna-clara.collen@vgregion.se](mailto:anna-clara.collen@vgregion.se)

Professor Lars Lind, MD, PhD  
[lars.lind@medsci.uu.se](mailto:lars.lind@medsci.uu.se)

Professor Fredrik Nyström, MD, PhD  
[fredrik.nystrom@lio.se](mailto:fredrik.nystrom@lio.se)

Per Svensson, MD, PhD  
[per.svensson@karolinska.se](mailto:per.svensson@karolinska.se)

Professor Per Wester, MD, PhD  
[per.wester@medicin.umu.se](mailto:per.wester@medicin.umu.se)



## Upcoming Meetings

**15<sup>th</sup> - 16<sup>th</sup> April 2010, Chicago, USA**  
Preventive Cardiovascular Nurses Association (PCNA)  
16<sup>th</sup> Annual Symposium  
<http://www.pcna.net/>

**15<sup>th</sup> - 17<sup>th</sup> April 2010, Buenos Aires, Argentina**  
XV11 Argentine Congress of Hypertension  
[www.saha.org.ar](http://www.saha.org.ar)

ISH Members have been offered free registration for this meeting in Buenos Aires. Please email [saha@saha.org.ar](mailto:saha@saha.org.ar) for further information.

**1<sup>st</sup> - 4<sup>th</sup> May 2010, New York, USA**  
American Society of Hypertension (ASH) 2010 Annual Scientific Meeting and Exposition  
[http://www.ash-us.org/annual\\_meeting/pdf/2010ProgramRegistrationBrochure.pdf](http://www.ash-us.org/annual_meeting/pdf/2010ProgramRegistrationBrochure.pdf)

**25<sup>th</sup> - 28<sup>th</sup> May 2010, Santa Clara City, Cuba**  
5<sup>th</sup> International Symposium of Hypertension and 3<sup>rd</sup> International Workshop of Vascular Risk  
<http://hta2010.uclv.edu.cu/>

**18<sup>th</sup> - 21<sup>st</sup> June 2010, Oslo, Norway**  
20<sup>th</sup> European Meeting on Hypertension  
[www.eshonline.org](http://www.eshonline.org)

**6<sup>th</sup> - 9<sup>th</sup> July 2010, Milan, Italy**  
21<sup>st</sup> International Thrombosis Congress  
<http://www.thrombosis2010.org/>

**4<sup>th</sup> - 6<sup>th</sup> September 2010, Los Angeles, USA**  
8<sup>th</sup> Annual World Congress on Insulin Resistance, Diabetes, and Cardiovascular disease  
<http://www.insulinresistance.us/>

Join us in Vancouver,  
Canada for ISH 2010



ISH Members are eligible to register for the scientific meeting in Vancouver at a much reduced rate. Visit [www.vancouverhypertension2010.com](http://www.vancouverhypertension2010.com)

**18<sup>th</sup> - 20<sup>th</sup> November, Brisbane, Australia**  
The 3<sup>rd</sup> International Conference on Fixed Combination in the Treatment of Hypertension, Dyslipidemia and Diabetes Mellitus  
<http://www.fixedcombination.com/2010/>

## 2011

**24<sup>th</sup> -27<sup>th</sup> February 2011, Vienna, Austria**  
International Conference on Pre-Hypertension & Cardio Metabolic Syndrome  
<http://www.prehypertension.org/>

## ISH FUTURE BIENNIAL MEETINGS

**2010**  
26<sup>th</sup> - 30<sup>th</sup>  
September 2010  
Vancouver, Canada



**2012**  
30<sup>th</sup> September -  
2<sup>nd</sup> October 2012  
Sydney, Australia



**2014**  
14<sup>th</sup>-19<sup>th</sup> June 2014  
Athens, Greece



**2016** Seoul, Korea

ISH



## ISH Membership

### MEMBERSHIP SUBSCRIPTIONS 2010

Emails have been sent out to all ISH members, inviting them to pay their membership subscription fees for 2010.

If you have not done so already, please could you ensure that you do this **as soon as possible** to ensure you continue to receive copies of the *Journal of Hypertension*.

**ISH Members are eligible to register for the Biennial Meeting in Vancouver at a much reduced registration fee**

Payment can be made on-line by visiting the membership section of [www.ish-world.com](http://www.ish-world.com). Alternatively, please contact the Secretariat to receive a payment form. (Email: [secretariat@ish-world.com](mailto:secretariat@ish-world.com))

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 ONLY AREA OF THE WEBSITE

You may like view the Members Area of the website in order to view the following information.

- Past copies of the ISH Newsletter
- Minutes of Society meetings (Council/AGM)
- 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 these pages 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.

(Email: [secretariat@ish-world.com](mailto:secretariat@ish-world.com))

### Member contact details

Please remember to update the Secretariat with your change of contact details, especially your email address. (Email: [secretariat@ish-world.com](mailto:secretariat@ish-world.com))

### 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.

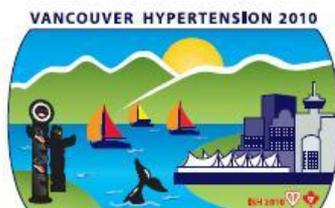
If you have a colleague who would like to become a member of ISH please ask them to complete the downloadable Application Form that can be found in the Membership section of the Society's website: [www.ish-world.com](http://www.ish-world.com). Applications must also be accompanied by:

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 13** of this newsletter for more information.



The 23rd Scientific Meeting  
of the International Society  
of Hypertension

September 26 to 30, 2010  
Vancouver, Canada



## ISH CORPORATE MEMBERS

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



Mitsubishi Tanabe Pharma Corporation



International Society of Hypertension Secretariat  
Hampton Medical Conferences Ltd, 113-119 High Street, Hampton Hill, Middlesex, TW12 1NJ, UK  
Email: [secretariat@ish-world.com](mailto:secretariat@ish-world.com)  
Website: [www.ish-world.com](http://www.ish-world.com)