



International Society of Hypertension Hypertension News

November 2012, Opera 31/32

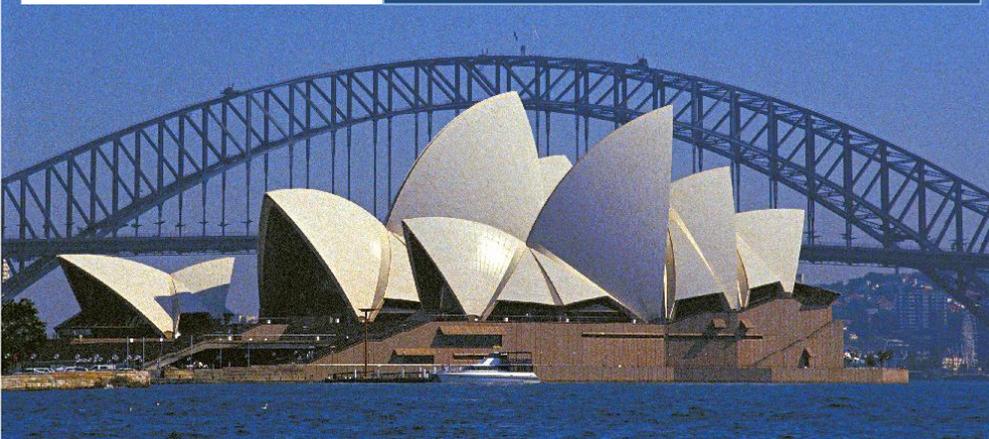


Thanks to all those members who attended and contributed to another successful ISH Scientific Meeting!

Meeting reports follow.

NEW SOCIETY WEBSITE:

View this at www.ish-world.com



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HOT OFF THE PRESS

Smoking is even more dangerous for women than for men. It's never too late to quit.

It has already been shown that men who smoke will die at a substantially younger age than non-smokers. Now, the results from a similar study in women have been presented in The Lancet. Women smokers seem to do even worse than men. Two thirds of the women smokers died from a tobacco related disease and their life expectancy was 11 years shorter (1) than for non-smokers. On the other hand, women smokers who stopped smoking when they were 40 years old seemed to avoid 90 % of the excessive risk for death that could be attributed to smoking.

Doll R, Peto R, Boreham J et al. Mortality in relation to smoking: 50 years' observations on male British doctors. *BMJ* 2004;328:1519

Pirie K, Peto R, Reeves GK. The 21st century hazards of smoking and benefits of stopping: a prospective study of one million women in the UK. *Lancet* 2012: doi:10.1016/S0140-6736(12)61720-6

Blood Pressure and prognosis in elderly. Old questions, new insights

A number of observational studies have shown that elderly adults with high blood pressure have a better prognosis than those with low blood pressure. Despite this, the HYVET (Hypertension in the Very Old Trial) showed a clear benefit from antihypertensive drugs in the very elderly.

Data from NHANES has now found that in elderly subjects with a "normal walking speed" (6 meters within 7.5 sec) high blood pressure was correlated to increased mortality during long-term follow-up. In subjects that were unable to complete the test, there was an inverse relationship. Finally, in subjects who completed the test, but with a slow walking speed, there was no correlation between blood pressure levels and mortality. Thus, walking speed could be a very simple method to identify elderly individuals with increased risk related to high blood pressure.

Odden MC, Peralta CA, Haan MN et al. Rethinking the association of high blood pressure with mortality in elderly adults. *Arch Intern Med* 2012;172:1162-8

MEMBERSHIP 2013

Don't forget to renew your membership for next year!

NOTES FROM THE EDITOR

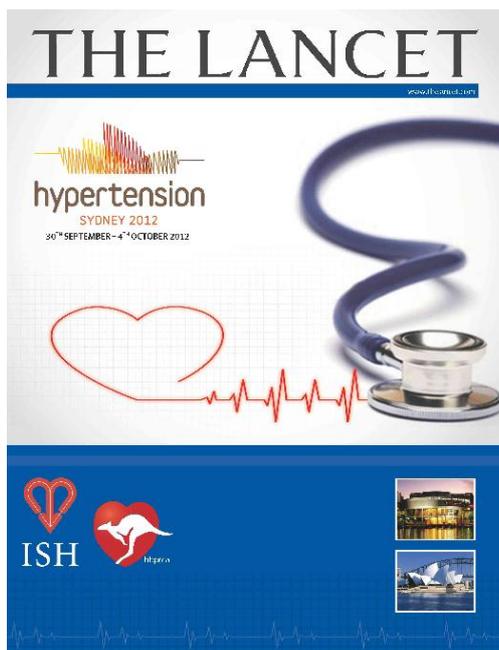
Free access to The Lancet's hypertension issue!

On 11 August 2012, The Lancet published three commissioned reviews on hypertension to be presented first at the European Society of Cardiology (ESC) meeting in Munich and a month later at the ISH meeting in Sydney.



L. H. Lindholm

As you know, it is estimated that some 40-50% of the adult population around the world has high blood pressure and this is by no means a problem only in high-income countries. One of these reviews reports on high blood pressure in low-income and middle-income countries as well as on specific health problems in these countries. The two bad companions, hypertension and diabetes, are the focus of a second review. Finally, treatment of hypertension with new blood pressure lowering drugs and devices are discussed in the third review. In this Lancet issue, there is also a Commentary written by the new ISH president Ernesto Schiffrin.



The full issue was provided free of charge to the delegates at the ISH meeting in Sydney on the last day of the conference and those who had already left got free access to the hypertension papers over the internet. The Lancet has now agreed to offer free access to all ISH members. Hence, if you want to read the papers (and I am sure you do) just connect by viewing the link below.

<http://www.elsevierdigital.com/The-Lancet/Volume-380-Number-9841/>

Have a good read!

Lars H. Lindholm
Editor, Hypertension News

FAREWELL MESSAGE FROM STEPHEN HARRAP

If a week is a long time in politics, then 2 years is a short time as President of the ISH! When I accepted the mantle from Tony Heagerty in Vancouver, I wondered just how much could be achieved.



I was aware of the strong foundation established by my predecessors, the willing and talented Executive and the inexhaustible energy of Helen Horsfield and the Secretariat. But how would it end?

The answer emerged from a noisy gathering in one corner of the Waterfront Restaurant on a balmy evening towards the end of the Gala Dinner at Hypertension Sydney 2012. Here were 30 or so young people from all corners of the world, thoroughly enjoying each other's company, full to the brim with good humour and camaraderie. These were our ISH New Investigators.

A few days before they had organised, run and contributed to the second ISH New Investigator Symposium. The shared experience of the Symposium (a tangible expression of their growing professional independence) had generated friendships, respect and shared memories.

I wandered over to chat with the group at the restaurant and their enthusiastic greetings were heart-warming. They were bursting to tell me that the experience of the Sydney meeting was the best ever. Not only had the rich program stimulated their research senses, but they volunteered that no other meeting had made them feel so welcome, so valued and so encouraged. They loved their Symposium and even more to have met in person those with whom they had communicated on Facebook.



Gala event: Hypertension Sydney 2012 meeting

It emphasised to me that the ISH is not simply a biennial meeting. It thrives on constructive ideas, reciprocal goodwill and from all the work done between meetings. In this last 2 years we have concentrated on encouraging our New Investigators through the New Investigators Network and we have ensured that we represent our global constituents through the Regional Advisory groups (RAGs) and the ISH International Forum. These initiatives thrive on the hard work and imagination of the many members of the Committees that strive for these goals. I wish to thank them all sincerely for their part in the successes of these initiatives.

I have no doubt that our new President Ernesto Schiffrin will not only foster this growth but will bring new dimensions to our activities that will sustain and strengthen the ISH.

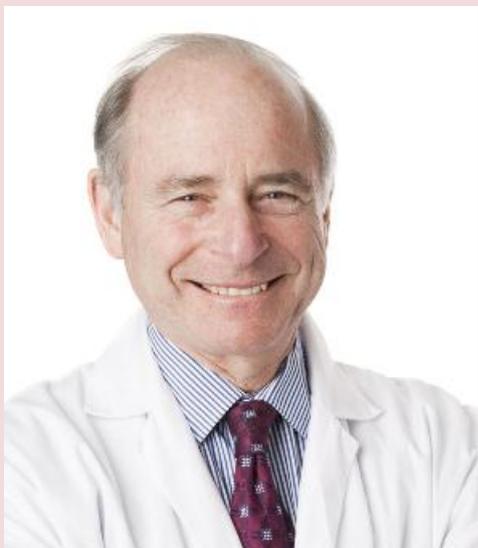
As the tables were being cleared and the older ISH members wandered back through the night to their hotels, **the evening for our cosmopolitan group of young researchers was just beginning.** For an outgoing President the analogy with the ISH could not have been sweeter.

Stephen Harrap
Immediate Past President, ISH

ISH welcomes Ernesto Schiffrin as the new Society President

Department of Medicine, Sir Mortimer B. Davis - Jewish General Hospital, McGill University, Montreal, PQ, Canada

As I start my two-year term as President of the International Society of Hypertension (ISH), I am glad to have the opportunity to express some of my thoughts about the present and future of ISH and hypertension.



We know from numerous studies the huge burden of disease and death that high blood pressure inflicts on

populations in the developed world, but the World Health Organization has indicated recently that chronic disease and hypertension have become huge healthcare problems in the developing world as well, in low and middle-income countries. This is in part the result of the adoption of westernized culture and habits in many of these countries, another expression, in this case not a good one, of globalization.

ISH has responded to these developments with changes in the way it operates and in its priorities. On the one hand, an effort was made to enlarge world representation within the ISH Council, to bring in the voice of different regions that did not get representatives elected to Council by naming *ad hoc* individuals to sit in Council together with elected members. This already allowed a more global approach to issues related to high blood pressure.

Secondly, in the last few years, the financial basis of the Society has been rendered more solid thanks to the efforts of past ISH Presidents Lars Lindholm and Tony Heagerty. This has allowed the Immediate Past President of ISH, Stephen Harrap, to create five Regional Advisory Groups (RAGs), one each of different regions of the world (1) Africa; (2) Latin America; (3) Asia-Pacific; (4) Eastern Europe and Middle East; and (5) North America and Western Europe. These RAGs have been charged with supporting ISH activities across these areas in interaction with regional organizations. In Africa, Robert Fagard's continued ISH-supported educational activities are now inscribed within this framework.



The Latin American RAG has supported the collaboration of two regional organizations, the Inter-American Society of Hypertension (IASH) and the Latin American Society of Hypertension (LASH), and the recent Hypertension Summer School in Salta, Argentina, and LASH/IASH/Brazilian Society of Hypertension meeting in Porto Alegre, Brazil, as well as workshops on hypertension in Paraguay. There remain to be organized other activities in order to extend educational meetings to Central America.

In other areas of the world, the profile of ISH has also been increased by presence of members of the ISH Council or Executive, or ordinary members, as Teaching Faculty members at various meetings in China and other countries.

Although these activities across the world already consume quite a lot of time of members of the Society, it will be necessary to ensure that ISH

participates in the near future in other efforts beyond the educational and scientific meetings that are scheduled to occur in the next few months and years. I believe that ISH needs to become an active participant in the battle to enhance prevention of hypertension and cardiovascular disease in collaboration with the World Hypertension League (WHL) as well as other international or regional and national organizations. This means becoming active in lobbying in favour of efforts directed at lowering sodium intake in populations, enhancing healthy eating habits, exercise and weight control, and combatting smoking.

ISH needs as well to become active in publicizing the requirement for a more rigorous approach to diagnosis of blood pressure elevation. It is indispensable to provide guidance regarding techniques for blood pressure measurement, and insist on the fact that we need to recognize that blood pressure measured in different settings may result in different thresholds for diagnosis of hypertension and different goals for treatment. Although this may appear at first confusing, it has become increasingly apparent from work by several groups that 140/90 mmHg measured manually in a busy clinic is not equal to 140/90 mmHg measured with a research quality technique. With the increasing appreciation that there is indeed a J-curve, and that very low blood pressures are deleterious for some groups of patients, it is important for us to become advocates of accurate measurement of blood pressure to ensure that neither over nor under-treatment of high blood pressure occurs.

With respect to treatment, ISH represents a very heterogeneous community, which includes countries with advanced and comparatively rich healthcare systems, and others that have to subsist within resource poor settings. Diagnostic and treatment guidelines cannot be the same for both types of milieu. Most of the national and international guidelines currently available are designed for the most advanced and wealthy nations. In middle and low-income countries, and particularly in HINARI countries, it is impossible to offer care for hypertension and cardiovascular disease with the same medication and procedures. It is necessary for ISH to be able to contribute in this domain, and facilitate the production of recommendations that will allow these countries to offer the best quality safe care possible compatible with their resources. ISH can be extremely helpful in this area.

Finally, **ISH needs to continue to foster knowledge generation and progress in the science of hypertension.** Through its biennial meetings, but also its support and the mentoring of young investigators, ISH is already accomplishing in part this objective. However, ways in which these efforts can be further supported and enhanced need to be looked into.

I hope that the Executive and Council of ISH will be able to count with the usual goodwill of members of ISH and their willingness to help carry out many of these activities so that in two years' time we can

look back and say that we have accomplished at least to a degree some of these objectives.

I want to take the opportunity before finishing, on the one hand to welcome new members of ISH to what I believe is a vibrant society committed to helping improve the outcomes of hypertensive subjects throughout the world, and secondly to thank Stephen Harrap for the great job that he has done as President of ISH 2010-2012.

I am sure that for those of you who have been to Sydney, Australia, to the 24th Scientific Meeting of the ISH, it has been an occasion to hear and see extremely interesting and novel presentations on the science of hypertension, and an opportunity to meet and exchange with colleagues from across the world, as well as enjoy the beauty and the warm and friendly welcome of Sydney and Australia and its citizens.

I wish you all well, and look forward to further exchanges through our Newsletter and at scientific meetings where we will make sure that ISH is contributing to improve outcomes for people with hypertension and cardiovascular disease.

Ernesto L. Schiffrin, CM, MD, PhD, FRSC, FRCPC, FACP
President, ISH

Congratulations to our three new Council members!

Three members were voting on to Council during the ISH Sydney meeting. We would like to welcome these members (as follows). Information is shown on key areas of Society business where they pledge their support.

CHEOL-HO KIM SOUTH KOREA

'I am planning a congress whereby the results of the continued studies in cardiac and vascular materials not only in Korea but across Asia may be shared with all the participants of Hypertension 2016 Seoul.'

AGUSTIN RAMIREZ ARGENTINA

'contribute to an integrated work of Latin America with the ISH'



ALTA SCHUTTE SOUTH AFRICA

'invigorate and support young academics worldwide'

'contribute to sub-Saharan Africa and other parts of the world where needed'



Introduction: New Society Committees 2012-2014

A list of all the committee members from 2012-2014 follows.

ISH Executive



Ernesto Schiffrin
Canada

President



Louise Burrell
Australia

Vice President and Corporate Liaison Officer



Agustin Ramirez
Argentina

Secretary



Roland Schmieder
Germany

Treasurer



Stephen Harrap
Australia

Immediate Past President



Bo Carlberg
Sweden

Officer at Large – Communications



Dorairaj Prabhakaran
India

Ex-Officio - International Development



Alta Schutte
South Africa

New Investigators Liaison Officer



Rhian Touyz
U.K.

Chair, Membership Committee



Jiguang Wang
China

International Development Officer

Members of the Scientific Council

Terrence Forrester	Jamaica
Guido Grassi	Italy
Hermann Haller	Germany
Cheol-Ho Kim	South Korea
G�rard London	France
Basden Onwubere	Nigeria
Neil Poulter	UK
Kazuaki Shimamoto	Japan
Naftali Stern	Israel
Jiguang Wang	China
Michael Weber	USA

Ex-Officio Council members of Council

Board of Management	
Lewis Landsberg	USA
Alberto Zanchetti	Italy
Hypertension News	
Lars H. Lindholm	Sweden
ISH International Forum	
John Chalmers	Australia
Asian Pacific Society of Hypertension Representative	
Trefor Morgan	Australia
European Society of Hypertension Representative	
Josep Redon	Spain
World Hypertension League Representative	
Liu Lisheng	China

Please view www.ish-world.com for further information.

Awards Committee

Stephen Harrap	Australia	Chair
Louise Burrell	Australia	Member
Ernesto Schiffrin	Canada	Member
Maciej Tomaszewski	U.K.	Member
Agustin Ramirez	Argentina	Member
Rhian Touyz	U.K.	Member

Communications Committee

Bo Carlberg	Sweden	Chair
Dylan Burger	Canada	Member
Lars H. Lindholm	Sweden	Member
Neil Poulter	U.K.	Member

Corporate Liaison Committee

Louise Burrell	Australia	Chair
Hermann Haller	Germany	Member
Cheol Ho Kim	Korea	Member
Neil Poulter	U.K.	Member
Kazuaki Shimamoto	Japan	Member
Ji-Guang Wang	China	Member
Michael Weber	USA	Member

ISH International Forum

Stephen Harrap	Australia	Chair
Rhian Touyz	U.K.	Officer
Jeong Bae Park	Korea	Officer

ISH Representatives on Board of Management of the Journal

Lewis Landsberg	USA	Chair
Lars H. Lindholm	Sweden	
Ernesto Schiffrin	Canada	
Roland Schmieder	Germany	

Lower and Middle Income Countries Committee

Basden Onwubere	Nigeria	Chair
Dorairaj Prabhakaran	India	Member
Agustin Ramirez	Argentina	Member
Naftali Stern	Israel	Member

Membership Committee

Rhian Touyz	U.K.	Chair
Louise Burrell	Australia	Member
Hermann Haller	Germany	Member
Cheol Ho Kim	Korea	Member
Dorairaj Prabhakaran	India	Member
Agustin Ramirez	Argentina	Member
Alta Schutte	South Africa	Member
Kazuaki Shimamoto	Japan	Member
Maciej Tomaszewski	U.K.	Member
Ji-Guang Wang	China	Member

New Investigator Committee

Maciej Tomaszewski	U.K.	Chair
Dylan Burger	Canada	Member
Fadi Charchar	Australia	Member
Alta Schutte	South Africa	New Investigators Liaison Officer
Praveen Veerabhadrapa	USA	Member

Regional Advisory Groups

Africa

Robert Fagard	Belgium	Chair
Albertino Damasceno	Mozambique	Member
Gerard London	France	Member
Jean-René M'Buyamba-Kabungu	Democratic Republic of Congo	Member
Basden Onwubere	Nigeria	Member
Alta Schutte	South Africa	Member

Asia and Australasia

Trefor Morgan	Australia	Chair
Muhammad Ishaq	Pakistan	Member
Tazeen Jafar	Singapore	Member
Dorairaj Prabhakaran	India	Member
Neil Poulter	U.K.	Member
Masatsugu Horiuchi	Japan	Member
Jiguang Wang	China	Member

Central and South America

Ernesto Schiffrin	Canada	Chair
Kennedy Cruickshank	U.K.	Member
Carlos Ferrario	USA	Member
Virginia Asin-Oostburg	Sint Maarten	Member
Rafael Hernandez-Hernandez	Venezuela	Member
Agustin Ramirez	Argentina	Member

Eastern Europe and Middle East

Tony Heagerty	U.K.	Chair
Adel Barbari	Lebanon	Member
Mustafa Arici	Turkey	Member
Dragan Lovic	Serbia	Member
Naftali Stern	Israel	Member

Western Europe and North America

Michael Weber	USA	Chair
Bo Carlberg	Sweden	Member
Guido Grassi	Italy	Member
Hermann Haller	Germany	Member
Roland Schmieder	Germany	Member

Please view www.ish-world.com for further information.

HYPERTENSION SYDNEY 2012 MEETING Reports & News



ISH Symposia

Bridging the Gaps

**BRIDGING THE GAPS:
IS IT TIME FOR AN
ISH AMBASSADOR TO
THE DEVELOPING
WORLD?**



Tony Heagerty

A highly successful Scientific Meeting of the International Society of Hypertension was held in Sydney recently. The superb quality of the meeting was punctuated by a variety of activities devoted to furthering the educational agenda of the Society.



In the developing world unless urgent action is taken to implement preventative medicine programmes, there will be an epidemic of cardiovascular diseases as a result of the development of obesity, maturity on-set diabetes and hypertension.

Alive to these issues the Society initiated a Symposium which took place at the previous meeting in Vancouver and a second Bridging the Gaps Forum was collated by the President of ISH, Professor Stephen Harrap who asked Professor Graham Watt from the University of Glasgow to coordinate the programme.



Graham Watt

The findings and summary of the Symposium will be published shortly.

As a Member of the Society I attended the Symposium. I thought that it would be appropriate to report my subjective feelings about the situation and maybe invite other Members to correspond with our Newsletter Editor, Dr Lars Lindholm in terms of what we can do as a Society to influence cardiovascular healthcare in the developing world.

The first observation that was apparent is that the problem of delivering preventative healthcare programmes is a diverse one with many solutions and depends on the country or region under consideration.

For example:

- Where there is no primary healthcare, there is a major gap in terms of how governments can implement programmes designed to diagnose and effectively treat hypertension, hyperlipidaemia and diabetes.
- I learnt that in South Africa workers have to take a day off in order to travel to the clinics and of course, are reluctant to do so because of the loss in earnings. There is a reluctance to take clinics to these communities which of course, would be cost effective whereas in South America there is even difficulty in obtaining decent data in some countries about the level of the problem before even considering how to solve it.

Therefore as a Society we cannot address the world's major maladies. However, it is possible to make a mark and it seems to me that one of the things that we could do as a Society is to target particular regions and work with the opinion leaders to influence national government policy towards preventative healthcare. Of course as I indicated above, this is a very subjective notion but the Society might well be influential in working alongside health providers or healthcare workers in terms of getting hypertension and cardiovascular disease prevention in general onto the healthcare agenda of Ministers involved in designing programmes.

Of course, I would leave it to the Executive Committee of the Society to decide on the areas of priority but it seemed to me that there is a very real need in South America and sub-Saharan Africa, for example.

It is all too easy to come away from Symposia such as Bridging the Gaps feeling a warm sense of encouragement and enthusiasm but this rapidly dies away and little progress is made. However, the Society has a clear mandate to try and educate and education could also start with government. It seems to me that high ranking officials of our Society could form alliances with influential individuals and politicians in either single countries or over-arching regions and form delegations which could meet with appropriate officials and move forward healthcare programmes. This of course, could be carried out

alongside the highly successful visiting teaching faculties which are already having an impact at a local level in terms of making sure that best practice is communicated to the workers on the ground.

I appreciate that currently resources are scarce and deployed in many and varied ways. Perhaps it is not the role of the Society to try and change how these resources are used. Our role perhaps is to alert funders to the current problems and of course, make the case that action in a preventative context now will save money in 10-15 years when even more funding will be required in order to re-vascularise the heart and treat the consequences of non-fatal stroke. The other issue is whether the International Society of Hypertension should not be encouraging the pharmaceutical industry to look on the developing world in a more sensitive way. I would cite the example of the manufacturers of retroviral drugs for HIV who have reduced the price dramatically for cash-strapped governments in sub-Saharan Africa. Why should it not be possible for the industry to work in a more sensitive way in cardiovascular disease prevention? I appreciate that they answer to their shareholders but if they are selling nothing then they are making nothing and it maybe of course, that even a modest profit in a place where no revenue is being generated currently would be appreciated by those who have equity in any company. I am sure there are other ways in which the Society could work but these are my initial thoughts.

One thing the Society might consider is the appointment of an ISH Ambassador to the Developing World.

I don't know whether this would appeal to its Officers but having someone involved with local opinion leaders who can perhaps represent the international agenda in terms of pressuring government and agencies to be more focused about disease prevention might be a way forward. I will be interested in what other members think after they have read this article. As I have indicated above it is all too easy to sit back with glowing satisfaction after an outstanding academic activity but translating words into deeds is the challenge and maybe we should be looking to be more proactive.

I hope that a Bridging the Gaps Symposium will take place again at our next meeting in Athens. I hope too that progress will have been made and that it can be reported at that time but in the interim I would appreciate the views of other Members of the Society on how we move forward. It will be interesting to hear your opinion.

Tony Heagerty
ISH Past President, University of Manchester, UK

VIEW A PODCAST INTERVIEW WITH
TONY HEAGERTY ON YOUTUBE:

<http://www.youtube.com/watch?v=ELI7sJw9X8M&feature=youtu.be>

New Investigators' Symposium: *Leading the change*

The 24th biennial scientific meeting of International Society of Hypertension (ISH) hosted the 2nd New Investigators symposium for the new investigators by the new investigators, on the 29th of September 2012, at the historic University of Sydney campus as a satellite meeting of ISH.

The theme for this year's symposium was '*leading the change*' to promote a cooperative effort of innovation and international leadership in the field of hypertension among the research fellows and other new investigators of ISH.

Praveen Veerabhadrapa, Fadi Charchar, Dylan Burger, Maciej Tomaszewski, & Bo Carlberg of NIC/ISH

The New Investigators Committee (NIC) along with the other new investigators of ISH were involved in the planning, organization and execution of this symposium; with outstanding support from the ISH President (Stephen Harrap) and Officer at Large (Bo Carlberg).



Committee members 2010-2012, the Past President (S. Harrap) and New Society President (E. Schiffrin)

Planning: Began almost a year ago, through the joint effort of the NIC, Secretariat and Stephen Harrap.

Regular monthly teleconference meetings, countless email messages and widespread coverage of the event on Facebook, Twitter, YouTube and other social media platforms were part of the planning process. Details regarding abstract submissions were sent to all ISH affiliated hypertension societies in advance so that they could inform their younger members of the meeting. Each abstract was graded by ISH New Investigators and then allocated an oral or poster presentation. Delegates representing over a dozen countries registered for the symposium.

Symposium: The opening remarks were given by Fadi Charchar; the chair of the Symposium and a member of ISH NIC. Four oral sessions were jointly moderated jointly by NIC members and other New Investigators who attended the conference. The scientific level of all presentations was exceptional - the programme

covered a wide range of topics from molecular biology and genetics to the newest trends of hypertension management.



The discussion following each presentation was very stimulating. Posters were viewed during lunch and tea breaks. Scoring of each oral and poster presentations was based on abstract grades as well as voting by the NIC and the attendees.

NIC members, Praveen Veerabhadrapa and Dylan Burger, gave a special talk on the opportunities available to new investigators through the ISH New Investigator Network. Current NIC/ISH initiatives such as, the spotlight (new investigator of the month) feature, Mentorship Scheme, 'Explore' (new investigator's newsletter) were highlighted.



**Stuart
Spencer**

The NIC and the attendees were thrilled to welcome Dr Stuart Spencer, Associate Editor of *The Lancet*, who had kindly agreed to give a special guest lecture on 'How to write a research paper and get it published in a good quality medical journal'. Dr Spencer's illuminating lecture on manuscript preparation, submission, and review and publication process was enthusiastically received by all.

Dr Spencer stressed upon the importance of simplicity, clarity and brevity in writing.

- Short and simple
- Begin with a keyword
- Avoid abbreviations

After the closing remarks given by Bo Carlberg, the oral and poster award winners were presented by Dr Spencer. Concluding with a social event at a local restaurant participants were given a further opportunity to network and socialize. Many new scientific collaborations were formed at this meeting. This was an extremely memorable session hosted by the NIC/ISH for future generations of hypertension leaders.

Conclusion: NIC would also like to extend special thanks to the ISH new investigators who graded abstracts, attended and presented during the meeting. Our special thanks to the ISH conference managers, Helen Horsfield, Joanna Prendergast and Josephine Cass for their outstanding support during the last two years. NIC received many encouraging comments from both new investigators and senior ISH members to continue organizing such thought provoking events. **The NIC pledges to continue its dedicated effort.**

The NIC and ISH would like to congratulate the following award winners at the Symposium.

Oral Presentation Awards

1. **Stephen Harrap Inaugural Award**
Melissa Tjongue (Melbourne, Australia)
2. **Stuart Spencer Award**
Lisa Bloomer (Leicester, UK)
3. **Best Collaborative Study Award**
Sofie Brouwers (Vilvoorde, Belgium)



4. **Most Engaging Oral Presentation Award**
Daniel Chaston (Canberra, Australia)
5. **Most Engaging Oral Presentation Award**
Matthew Pase (Hawthorn, Australia)
6. **Most Ground Breaking Study Award**
Francine Marques (Ballarat, Australia)
7. **NIN Committee Award**
Yi Ting Ong (Singapore)
8. **Promising Investigator Award**
Teba Alnima (Maastricht, Netherlands)
9. **Promising Investigator Award**
Matthijs Compeer (Maastricht, Netherlands)

Poster Presentation Awards

1. **Best Presented Poster Award**
Richard Wainford (Boston, USA)
2. **Best Presented Poster Award**
A. Puzserova (Bratislava, Slovakia)
3. **Best Presented Poster Award**
Divya Sarma Kandukuri (Sydney, Australia)
4. **Most Creative Poster Award**
Susan Morton (Canberra, Australia)



5. **Most Creative Poster Award**
Katrina Mirabita (Clayton, Australia)
6. **Most Creative Poster Award**
Daigoro Hirohama (Tokyo, Japan)
7. **Most Ground Breaking Study Award**
Rana El Bikai (Montreal, Canada)
8. **Most Innovative Study Award**
Warrick Chilton (Ballarat, Australia)
9. **Most Innovative Study Award**
Bart Heijnen (Maastricht, Netherlands)
10. **Most Innovative Study Award**
Chikako Nakama (Osaka, Japan)



Participants at the ISH 2nd New Investigators' Symposium

2012 AWARD AND PRIZE WINNERS

We are delighted to report that the 2012 Award winners were as follows.

ISH International Forum Prize winners are listed on page 11.

ISH Franz Volhard Award and Lectureship for Outstanding Research

John E. Hall (USA)

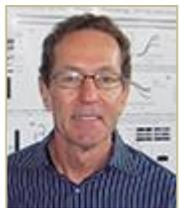


ISH Robert Tigerstedt Lifetime Achievement Award

Liu Lisheng (China)



AstraZeneca Award:
(R.) Clinton Webb (USA)



Boehringer Ingelheim Developing World Award:
Tazeen Jafar (Singapore)



Distinguished Membership Awards:

- **Paul Korner** (Australia) - Sadly he passed away before he was able to receive his award. He will be greatly missed by the Society.
- **Toshio Ogihara** (Japan)
- **Allyn L. Mark** (USA)

The Stevo Julius Award, supported by Novartis:
Robert Fagard (Belgium)



Honorary Membership Awards

Salim Yusuf
(McMaster University Ontario, Canada)



ISH Austin Doyle Award
Elena Azizan (UK)



ISH New Investigator Oral & Poster Presentation Award, Supported by Daiichi-Sankyo:



A R. Chade (left)
(USA)
- Oral Award

I Salaman (right)
(Australia)
- Poster Award



Jiří Widimský Snr. Award

Michal Behuliak
(Czech Republic)
Cesar Andres Romero
(Argentina)
Amin Shah (Nepal)



J. Zicha awarding the winners

Report from the ISH International Forum

The ISH International Forum was initiated in 1992 to establish formal relations between the ISH and the many Hypertension Societies, Leagues and Councils around the world. Prior to that the only members of the ISH were individuals interested in hypertension and hypertension research, and there was no formal link with national or regional societies and institutions.



John Chalmers
Past President
ISH

The driving stimulus for establishment of the forum was the need to improve hypertension control both at individual patient level and at population level, in countries around the world, both rich and poor.

While the Forum was established to engage with all hypertension societies, including those from high income, middle income and low income countries, the major interest has always come from developing countries. One of the Forum's chief roles is to serve as a bridge between wealthy nations and low-resource countries, not just for practicing clinicians and researchers, but also for policy makers and health authorities.

The Forum meets every two years at the ISH's biennial Scientific Meetings, and provides just what its name suggests - a forum for discussion, exchange of information and formulation of joint plans, between the representatives of hypertension societies from all regions of the world, as well as from high, low and middle income countries.

On this occasion, to mark the 20th Anniversary of the 1st meeting in 1992, The Forum's officers decided to conduct a survey of trends in the management and control of hypertension across its affiliated societies - which now number 90 in total.

One third (31 societies) responded and provided a wealth of information from nations of all shapes and sizes, from wealthy G8 countries as well as from low resource settings. The Forum chairman, John Chalmers, led this activity and together with the President and the other forum officers, analysed the responses and produced a manuscript, distributed to all our affiliated societies before the Sydney meeting. This was presented at the meeting and led to lively discussion. The main findings of this ISH survey are summarised in the box (below).

A formal questionnaire was sent to 90 national or regional affiliated societies in December 2011, and responses received by June 2012 were included in the report.

31 Societies responded, including some from high, middle and low income countries. The majority reported use of both national and international guidelines, and the majority also reported common use of mercury and aneroid sphygmomanometers, while about half also used ABPM. All societies recommended use of lifestyle measures, particularly exercise, salt restriction and weight reduction. Four classes of drugs were generally recommended for use in hypertension - ACE inhibitors, ARBs, CCBs and diuretics - but the use of BB was largely restricted to patients with coronary disease. Inhibitors of the RAS were recommended for patients with diabetes and for those with renal disease. Combination treatment was widely used, including for the initiation of treatment, but the use of fixed dose (single pill) formulations was less widely recommended.

It was particularly noteworthy that there were very few differences in the recommendations from widely differing regions of the world, and from wealthy versus low income countries. The main trend evident across the world was a tendency for more conservative recommendations on BP thresholds and targets for drug treatment.

There were also reports from Societies representing our five Regional Advisory Groups (or "RAGs") - Africa, Asia and Australia, Central and South America, Eastern Europe and Middle East, and Western Europe and North America. Thus, we heard from The Sudan, from China and from The Philippines, from Brazil and Argentina and from Canada. These reports demonstrated a remarkable spread of novel and interesting projects all aiming to improve hypertension control and prevent cardiovascular complications across the world.

The winners of the ISH Forum Poster Prizes were also announced at the Meeting. The recipients were (as follows and shown in the picture below):

Lawrence Olatunji (Nigeria), Ruan Kruger (Zambia), Adeseye Akintunde (Nigeria), Max Pinkham (New Zealand), Ming Liu (China), Carley Grimes (Australia), Tiago Fernandes (Brazil), Cesar Andres Romero (Argentina), Urszula Czubek (Poland), Silke Muehlstedt (Germany), Maciej Tomaszewski (UK), Yun Chen (Sweden).



The forum will meet again in Athens in 2014.

John Chalmers
ISH Past President - 1992-1994

BASIC SCIENCE – session overview

ISH2012 was a fantastic meeting. With the dust now settling, I look back and remember the ebb and flow of the days, rushing between the plenary, symposia and posters and stopping to listen to many excellent presentations, or to discuss work with fellow scientists. The poster sessions held in the late afternoon, were convivial events, which were very well attended.



Kate Denton

Each day started with a Breakfast Workshop. These were overseen by Dr Michael Stowasser and an enormous success; **standing room only!** Such focused events allowed robust discussions around topics of pressing concern including ‘catheter ablation of the renal nerves’, which delivered excellent presentations around the success of this new treatment clinically and raised important issues about what still needs to be addressed. Significantly for the basic scientist, it is apparent that though successful in reducing arterial pressure, the mechanisms are far from being understood. Knowledge regarding the extent of re-innervation in the long-term and the physiological impact of activation these (both afferent and efferent nerves) is very scant. There should, given the interest in this procedure, be significant advancements in the future in this area.

An acknowledged highlight of the meeting was the Plenary delivered by Professor Eric Olsen, universally lauded as an exciting look into the microRNA regulation of the cardiovascular system. This was ground breaking basic science that is paving the way to new therapies. Other areas of basic research that attracted my attention were the presentation by Professor Richard Lee, who gave a fascinating talk about how stable isotopes can be used to track cell lineage and demonstrated that the cell source of myocardial regenerated tissue that which important in signalling was not stem cells. Role of inflammation and immunity in cardiovascular disease also featured at the meeting.

The presentation by Nobel Laureate Peter Doherty was inspiring. Essentially speaking without slides, he spoke with passion and enthusiasm about what we know and how much we don't know about the innate immune system and challenged us to seek the answers. Certainly, this is an area into which major inroads are being made, with many featured symposia at the meeting having an element of this topic (Cardiovascular disease and inflammation; Obesity; Hypertension and Pregnancy; Sex-differences in cardiovascular). This highlights the broad impact understanding inflammation and immunity is set to have on hypertension research.

Finally, the role of the central nervous system in the pathogenesis of hypertension continues to be an area of interest. Our ingenuity and ability to think outside the box is what is required to continue to make advancements this field. Bert Sakmann (Nobel Laureate), a neuroscientist outside the area of hypertension, spoke about techniques that enabled the acquisition of data that increased understanding of brain function, work that might be used to cross fertilise and advance understanding of the neural mechanism in the development of hypertension.



It is with sadness that I remember that Paul Korner who passed away during the meeting, had accepted with alacrity an invitation to chair this provocative session. He will be missed.

I have not mentioned all the great work that was presented at ISH2012, just a few snapshots of those that I attended. It was not possible to attend all the talks that I would have liked too. I often wished to be in two places at the same time.

Kate Denton
Program Convenor,
Hypertension Sydney Organising Committee



Pictures taken during the ISH Sydney 2012 Meeting

View further pictures from the meeting at:

<https://www.dropbox.com/sh/xvtstwh0sj8hh9v/cmXQy51VBX>

(Available until the end of December 2012)

ISH CORPORATE MEMBERS

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