



International Society of Hypertension

Hypertension News September 2009 - Opus 20

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Dear ISH Member,

Concerns have been expressed about how well hypertension research is doing. It has been said that the major achievements have already been made, and that there is very little left to do. Well, I disagree! There are several areas of hypertension research that provide good opportunities to improve treatment. Within most antihypertensive drug classes we now have compounds which lower blood pressure and cardiovascular risk at an affordable cost. However, studies have shown again and again that the percentages of patients who attain their treatment goals are low, and often no better than 15-30%. Hence, there is a considerable gap between expert recommendations based on randomized, controlled trials and practice in effectively controlling high blood pressure. There are many possible explanations to the poor attainment of treatment goals. To mention a few, patients' compliance could be suboptimum, doctors' inertia could be involved, and new drugs which lower systolic blood pressure may be needed. There could also be considerable misunderstandings when doctors interpret new hypertension guidelines.

Today, there are data on several really new blood pressure lowering drugs on their way out in the leading scientific journals. One example is the results of an early phase III trial of 347 patients with "resistant" hypertension treated with Darusentan (a selective endothelin-A antagonist) or placebo, to be published in *The Lancet* in mid September.

This issue of *Hypertension News* shows how ISH flourishes and how high the level of activity is. ISH will soon have 1,000 members and almost all are paying members! Please remember that members who have not paid for two years are struck off the membership list. Needless to say, this applies to all of us!

A wish you a good start of the autumn term and will come back to you in November/December with a new issue of *Hypertension News*.

LARS H. LINDHOLM
Editor, *Hypertension News*



REPORT FROM THE ISH PRESIDENT

The Society is expanding its membership and is fast approaching **1,000** from all over the world and the Forum which has been brilliantly managed by Stephen Harrap, John Chalmers and Rhian Touyz means that we have a network of hypertension societies from a variety of nations.

This means that our community is expanding and we are able to communicate best practice and interact across the globe.

In keeping with our desire to see education flourish and to interact with specialists and primary care clinicians in the developing world, our teaching faculties have been to Guatemala, Taiwan and China recently and Professor Harrap and Professor Wu in conjunction with the Asian-Pacific Hypertension Society (Trefor Morgan) have held highly successful workshops in three cities across rural China.

Our activities in Africa coordinated by an outstanding effort by Robert Fagard continue to attract enormous attention and our meeting in Abuja in September will be attended by the Nigerian Minister of Health.

I, myself will attend the Hypertension Workshop in Bahrain and the 1st Meeting of the Saudi Hypertension Society in early 2010.

We have signed a strategic alliance agreement with the **International Society of Nephrology** which will allow us to develop our education and research programmes in close collaboration with the nephrologists.

Plans for our Summit in collaboration with *The Lancet* and the World Health Organisation continue to gather momentum and a programme will be drafted in September.





The overall plans for our ISH Congress in **Vancouver 2010** also continue to gather pace and there will be three themes around Clinical Medicine, Public Health and Basic Science. There will also be an acknowledgement that hypertension cannot be researched or treated in isolation from other risk factors and a large amount of the programme will be dedicated to overall cardiovascular risk factor reduction.

Our newsletter continues also to attract attention and we are anxious to hear from all our members so that if you wish to contribute you should communicate with our Secretary who will pass on your comments to our Editor-in-Chief who has done an outstanding job, namely, Lars Lindholm.

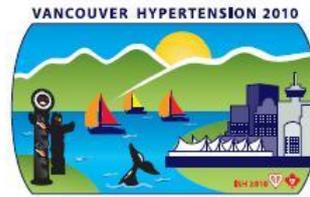
We are also open to suggestions for interactions at a national level through our Forum or from a local perspective if we can advise or help in the development of programmes for education or even meetings.

We need your suggestions to keep our Society at the forefront of what you require and you should correspond readily and we will get back to you.

With best wishes,

Anthony Heagerty

AM HEAGERTY
ISH PRESIDENT



**The 23rd Scientific Meeting
of the International Society
of Hypertension**

September 26 to 30, 2010
Vancouver, Canada

ISH VANCOUVER - SEPT 2010

We are pleased to announce that the

ISH 2010 ABSTRACT SUBMISSION SITE IS NOW OPEN!

We have done this to permit individuals from countries that need a longer time to obtain permission from their institution and/or to obtain a visa to attend the meeting. The deadline for submission is consistent with previous ISH meetings. Complete guidelines, instructions on how to submit an abstract, and topic categories can be found on the website at www.VancouverHypertension2010.com.

The target audience includes Basic Scientists, Clinicians (Cardiology, Endocrinology, General Medicine, Neurology, Nephrology, Primary Care Physicians, Nurses, and Nutritionists), and Population Health and Public Policy specialists and is inclusive of all individuals interested in cardiovascular health.

We look forward to receiving your abstract submissions and to seeing you in Vancouver next year.

Simon W Rabkin MD, FRCPC, FACC
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STEPHEN HARRAP ISH PRESIDENT-ELECT

Article by Stephen Harrap,
who was elected as ISH
President Elect at the ISH
Scientific Council Meeting in
Milan in June 2009



For those of you who do not know me, perhaps I could take this opportunity to tell you a little of my background and share my thoughts about the ISH.

It was my supervisor and mentor, the late Austin Doyle, who sparked my interest in hypertension. Today my ongoing commitment to hypertension encompasses clinical (as a specialist physician), research (in human and experimental genetics of blood pressure and its complications) and teaching (as Chair of Physiology) responsibilities. This is a nice balance, as it provides an integrated perspective that affords opportunities to recognize links and synergies between elements of the blood pressure continuum.

My ISH involvement began as a PhD student at the Scientific Conference in Interlaken in 1984 (at which Austin Doyle happened to be the ISH President) and grew through membership of the Editorial Board of the Journal of Hypertension and a demanding but thoroughly enjoyable role as Scientific Program Secretary for the ISH 15th Scientific Conference in Melbourne in 1994.

More recently I have been honored to serve as a member of the Scientific Council of the ISH (2006-) and since 2008, as the Secretary of the ISH. I have been delighted to be involved in the Council's work in reinvigorating the ISH in recent times and particularly in a number of key initiatives such as the ISH International Forum and the Lower and Middle Income Countries Committees.

I strongly believe that the most important goal of the Council over the next 5 years is to maintain the momentum and continue to grow the ISH in size, relevance and influence. We are now tapping into the potential to build and strengthen the ISH by capitalizing on its unique attribute as the truly international peak research body for hypertension.

We have seen in the ISH Forum, just how well received by national hypertension societies is the interest from the ISH that has resulted in the growth in membership and tangible involvement of those societies. National hypertension societies and their members should feel part of the ISH. The dialogue we are establishing reveals a wealth of possibilities to

make the ISH really meaningful and responsive to local issues. We recognize also that some fledgling societies need encouragement and advice to build strength locally. The dividend of this investment by the ISH will be a larger and more globally representative body.

Our regular scientific meetings should be a showcase not only for the best research internationally, but also for our affiliated societies so that they feel part of the ISH "family".

Clearly, to reinforce our global impact, the liaison with the WHO and the WHL are paramount, as is that with journals with international reach, such as the Journal of Hypertension and the Lancet. The ISH also needs to ensure strong and harmonious relationships with major continental representative bodies for hypertension in Europe, the Americas, Asia and Africa.

The other keys to continued success are our young members. They literally regenerate the Society. The young merit our dedicated effort to provide a sense that we value their contributions and recognize their potential, as they are indeed our future.

The creation of the Research Fellow category and the recent Research Scholar Fellowship Awards are important demonstrations of our commitment. Indeed, the Research Scholar Award also signals our support for developing countries. However, we can go further, particularly around the time of the Scientific Conferences, in recognizing and rewarding our young members. Indeed, we need to establish a dialogue with our young researchers between biennial meetings, in the same way that the ISH Forum is in regular communication with national and regional societies.

I have learnt from my Presidency of the High Blood Pressure Research Council of Australia (2005-) just how a blood pressure society can tap into the expertise, enthusiasm and ideas of its key leadership group and of its members. Listening and supporting are simplest ways to build a strong team and generate progress. This has been true of the ISH Council in recent years and it is a leadership formula that I believe works.

I very much look forward to Vancouver 2010 - not only for the great promise that the meeting holds, but also for the opportunity to take over the reins of the ISH. In the subsequent lead up to the ISH Scientific Conference in Sydney 2012, I relish the opportunity and privilege to lead a dynamic team that will continue to define this as an outstanding period in the history of ISH.

Stephen Harrap



ISH LOW AND MIDDLE INCOME COUNTRIES COMMITTEE:

Review of the Goals of the Committee, and of 5 years of ISH Activities

by Robert Fagard, Chair, LMICC

The 'ISH Low and Middle Income Countries Strategic Initiatives Working Group' was founded on the occasion of the 20th ISH Scientific Meeting held in Sao Paulo, Brazil, in 2004. In 2007 the rather complex name of the group was simplified to '**Low and Middle Income Countries Committee**'. The major aim of the Committee was to translate into practice the goals that had been determined by the 'ISH Strategic Planning Group' which was created in 2001. In 2004 I was asked to chair the new Committee.



As a first initiative, 4 regional subcommittees were created because problems in low and middle income countries are likely to differ from country to country, or from region to region, and that expertise of individual members of the Committee is likely to be restricted to particular parts of the world. In each of these subcommittees a more developed part of the world was linked to a less developed part, for example '**Australia and Eastern Asia**'; '**Europe, Middle East and Central Asia**'; '**the Americas**'; and '**Western Europe and Africa**'. At regular intervals chairmen and members of these subcommittees were asked to submit proposals for initiatives for educational activities with local input involving a research component in low and middle income countries, including teaching seminars and workshops. Five years after the creation of the Committee, it is time to go back to the original goals as outlined in the Mission Statement (Hypertension News, Opus 4, 14/10/2004) and see what has been achieved and what may have received less attention.

A first concern was the low number of ISH members from low and middle income countries. Based on the 2005 World Bank classification of countries, only 2.6% of the members were from low income countries, 4.6% from low middle income countries and 4.8% from upper middle income countries. Apart from the scientific standards, the high costs of the compulsory subscription to the paper Journal of Hypertension were prohibitive for potential applicants. In May 2006 an agreement was signed between the publisher and

the Society to enable residents from low income HINARI countries to pay a modest membership fee and have free on-line access to the journal. Unfortunately only a few eligible candidates have made use of this possibility to date and we are taking active steps to publicise this more widely via the Forum.

A second aim was to support meetings on hypertension and include the active participation by ISH members in such meetings. As a result, ISH contributed to meetings in Moscow (Russian Federation), Iguazu (Brazil), Yaoundé (Cameroon), Fez (Morocco), Nairobi (Kenya), Asuncion (Paraguay) and Abuja (Nigeria).

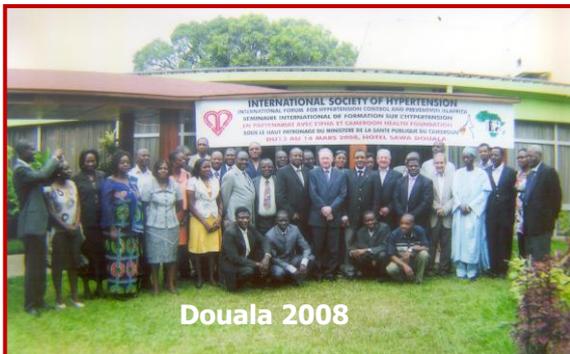
In another ISH initiative, ISH faculty members visited countries like Peru, Argentina, Taiwan and China for non-promotional educational meetings focusing on best practice in hypertension management. These meetings were supported through educational grants by pharmaceutical industry, and several other countries are currently on the list (Brazil, Guatemala, Mexico, Venezuela, Chile and Korea).

A third goal has been to organise teaching seminars and workshops in low and middle income countries. In Africa, the 1st ISH Teaching Seminar was organised in Maputo (Mozambique) in 2006 under the local leadership of A. Damasceno, the seminar language being English. Over two days, a mixed European/African faculty discussed various aspects of hypertension and related issues in Africa, and 11 abstracts were presented on research in Africa by young investigators (report in: J Hypertens 2007; 25: 1521-22).



Whereas the number of participants was 28 for this first seminar, participation increased to 50 in the second seminar, which was organised in Douala (Cameroon), this time in French, with the local assistance of D. Lemogoum. In addition to the lectures by the faculty, 13 reports on research in Africa were presented and discussed (report in: J Hypertens 2008; 26: 2244-45).

Approximately half of the participants were residents from the host countries, and the seminars attracted participants from Angola, Benin, Congo, D.R. Congo, Gabon, Ghana, Ivory Coast, Mali, Mauritius, Nigeria,



Douala 2008

Rwanda, Senegal, Tanzania and Uganda. The African faculty represented Cameroon, D.R. Congo, Gabon, Mozambique, Nigeria, South Africa and Tchad.

The next two African seminars will be held in Abuja (Nigeria) on September 24-25 2009, and in Kinshasa (D.R. Congo) on May 6-7 2010.

The Australia-Eastern Asia subcommittee organised an APSH/ISH Hypertension Workshop in Beijing (China) on November 15 2007; 50 participants discussed hypertension-related issues in various Asian countries and a summary report was published in the *Journal of Hypertension* in 2008. In addition, ISH/APSH/CHL Chinese Workshops have taken place in August 2009 in Chengdu and Xian (China), two areas that do not often have opportunities to discuss and learn about best practice in hypertension from international experts. Each of these workshops attracted about 250 participants. A full report will appear in the next issue of *Hypertension News*.

The Europe-Middle East-Central Asia subcommittee envisages educational activities in Armenia and India, and in the Americas efforts are being carried out to liaise with the Inter-American Society of Hypertension (IASH) and/or the Latin American Society of Hypertension (LASH) to organise activities in Central and South America.

A fourth mission of the Committee is to support research in low and middle income countries. Very recently, ISH created the ISH Research Foundation and established the **ISH Research Scholar Fellowship Award**. This programme supports the training of postdoctoral scientists from low income countries in the formative stages of their careers to conduct clinical, epidemiology/population science, or outcomes research.

An item in the Mission Statement which needs further attention is the creation of Research Grants for local research projects in low and middle income countries, because it often happens that investigators, who have been well-educated in

developed countries, do not have the resources to continue their research after return to their home institutions. Finally, Travel Grants to attend and present research at ISH meetings could be more formally instituted, as they now mainly depend on the local organisers of the meetings.

Working closely with local hypertension societies is another goal of the Committee. Participation of local hypertension societies in the ISH International Forum is important in this respect, but such societies only exist in a limited number of low and middle income countries. As mentioned above, various local/regional hypertension societies were involved in the organisation of ISH seminars and workshops, and many ISH members participated in organisations of regional hypertension societies.

Finally initiatives have been taken to comply with other goals, such as to 'broker sister and mentor relationships between institutions and individuals in low and middle income countries', and 'establish strong working links with cognate societies, such as the International Society of Nephrology, and organisations such as the World Hypertension League, the World Health Organisation and the World Heart Federation'.

The Committee is delighted to have been able to work together with a number of other societies and organisations and to receive support from corporate sponsors. Over the last 5 years these include:

- Asian Pacific Society of Hypertension (APSH)
- Belgian Hypertension Committee (BHC)
- Cameroon Heart Foundation (CAMHEF)
- Chinese Hypertension League (CHL)
- European Society of Hypertension (ESH)
- International Forum for Control and Prevention of Hypertension in Africa (IFHA)
- Ministry of Health, Mozambique
- Nigerian Hypertension Society (NHS)
- University of Leuven KU Leuven
- World Health Organization (WHO)
- World Heart Federation (WHF)
- World Hypertension League (WHL)
- Pharmaceutical Industry (AstraZeneca, Bayer, Boehringer-Ingelheim, Bristol-Myers-Squibb, Novartis, Pfizer, Menarini, Merck Sharp & Dohme, Daiichi-Sankyo, Sanofi-Aventis, Schering-Plough, Servier, Solvay, Therabel, Zambon)

R. Fagard, Chair,
On behalf of the
ISH Low and Middle Income Countries Committee



ISH Research Scholar Fellowship Award - US £30,000

The **ISH Research Scholar Fellowship Award** provides new investigators from developing countries with up to **two years** of mentored research as part of a collaboration between the Scholar from a low income country and a Sponsor at an established research institution. The goal is to prepare the Scholars to pursue productive research careers and ongoing collaborations with scientists from established institutions.

Eligibility for the Awards:

A detailed description of the Award is provided on the ISH website (www.ish-world.com).

- Scholar applicants must be from **low income countries** (please see ISH website for a list of eligible countries)
- Scholar applicants must have received a doctoral degree within the past 10 years
- The Sponsor must be a member of the ISH and have demonstrated expertise and a high level of productivity in clinical research, epidemiology/ population science research, or outcomes research and appropriate resources to fulfill the objectives of the training program
- The Sponsor's institution should have a well established record of research that is appropriate for the part of the world from which the prospective Scholar hails and, preferably, conducted in that part of the world

Financial Support:

- The ISH will provide **up to US \$30,000** for one year of support of the Scholar's salary and expenses under supervision by the Sponsor at the Sponsor's institution.
Applications that propose sharing the Scholar's salary and expenses between the Sponsor's institution and ISH Research Foundation are strongly encouraged.
- The award may be renewed for one additional year for a maximum of 2 years support, contingent upon a satisfactory progress report for

the first year and a suitable plan for the second year of training.

The second year of training may be conducted either at the Sponsor's institution or at the Scholar's home institution if justified by the training plan and if collaboration between the Scholar and Sponsor continues.

Successful applicants will not be permitted to reapply for the Research Scholar Fellowship after their two-year award.

**Deadline for Applications:
1st November 2009**

Please visit www.ish-world.com for application forms (to be submitted jointly by the Scholar and the Sponsor)

ISH MEMBER WINS 2009 VICTORIA PRIZE

The biomedical researcher who has pioneered new way of treating heart failure, stress and high blood pressure has won Victoria's most prestigious science award, the 2009 Victoria Prize.



Professor Murray Esler won the \$50,000 Victoria Prize for his breakthrough research into the sympathetic nervous system.

Professor Esler is a clinical cardiologist and medical scientist, based at the Baker IDI Heart and Diabetes Institute and the Alfred Hospital in Melbourne. He is also a Professor of Medicine at Melbourne's Monash University.

His first major breakthrough was his discovery that over-stimulation of the heart by the sympathetic nerves in cardiac failure, where the heart fails chronically as a pump, is a major cause of death.

Since then, Professor Esler and his colleagues have gone on to show that over-stimulation of the kidneys by sympathetic nerves in patients with high blood pressure commonly initiates and sustains blood pressure elevation.

This research has led to the development of a revolutionary and promising new treatment for severe high blood pressure using a radiofrequency catheter placed in both kidney arteries.



ISH Research and Educational Activities

The two key aspirations of the International Society of Hypertension are to focus on **research and education activities** and to reach out to as many countries globally as possible.

With regard to teaching, the Society has formed a series of regional sub-committees which cover the Americas, Australia and Eastern Asia, Eastern Europe, the Middle East and Central Asia and Western Europe and Africa.

In 2009 we have again focused on a further congress sponsored in conjunction with the World Hypertension League, the European Society of Hypertension and the International Forum for Hypertension Control and Prevention in Africa (IFHA) in **Abuja** in September 2009.

In addition the Society has collaborated with the Asian Pacific Hypertension Society and the Chinese Hypertension League to hold a series of workshops in cities around **China** in July 2009.

In order to focus on other developing countries, the ISH is sending Faculty to Guatemala, Mexico, Peru, Venezuela, Brazil, Chile, Argentina and in Asia to China, Korea and Taiwan. This initiative has been facilitated as a result of an interaction with some of our ISH pharmaceutical company corporate members supporting non-promotional meetings.

The Society is also anxious to harness the internet to allow us to reach out to as many physicians dealing with hypertension and cardiovascular disease prevention as possible and as a result the Society is working with the **International Society of Nephrology** and the **International Society for Holter and Noninvasive Electrocardiology** to develop an internet conference which will last around one month and post at least 40 lectures on a specially prepared conference website which will allow physicians interested in these areas to access state of the art presentations on a comprehensive array of topics relevant to everyday hypertension management.

The ISH also believes that it is crucial to continue to mobilise the policy makers in low and middle income countries to look hard at their future strategies to prevent the epidemic of cardiovascular disease which is beginning to sweep large developing regions of the world.

In response to this, the ISH is working with the **World Health Organisation** and **The Lancet** to coordinate a meeting of health ministers and healthcare providers that advise on policy decision making processes to come together during the **ISH Vancouver 2010 Meeting** at a Summit to look at coordinating activities in these regions in order to maximise our efforts to introduce cardiovascular prevention measures as quickly as efficiently as possible.



ISH Worldwide



In 2008, 2009 and 2010, the ISH is sending its visiting teaching faculty or providing financial support for meetings and seminars being organised in all the countries shown in yellow above. In addition, the ISH currently has over 80 Affiliated Society Members in 68 countries, as indicated in blue above.

A Heagerty
ISH President



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

Eligibility

The Research Fellow scheme is open to **GRADUATE STUDENTS** who are working in a field pertinent to hypertension and have not yet published sufficiently to qualify for full ISH Membership. Tenure of this category will be limited to three years and Research Fellows will be required to confirm their status annually.

Once they have completed their PhD (or other qualifying research degree), and wish to become a Full Member, they will be required to inform the ISH and provide an up-to-date CV.

How to Apply

Please complete the application form which can be downloaded from the website - http://www.ish-world.com/default.aspx?Graduate_Students and return to the address below (or by e-mail), together with:

- A short CV, providing information concerning your scientific work and proving that you are still in study up to PhD level (or an equivalent degree)
- A supporting statement from a member of the Society. If you do not know any members of the Society, your application will be reviewed by a member of the Executive Committee before it is sent to the ISH Membership Committee for their consideration.

CONFERENCE REPORT

by Robson Santos

Inter-American Society of Hypertension (IASH)
XVIIIth Scientific Sections - XVII Congresso da
Sociedade Brasileira de Hipertensão (SBH)

August 5-8, 2009

Belo Horizonte, Minas Gerais, Brazil

Conference Summary:

The central topic of this meeting was hypertension and global risk management. During the 4-day meeting, specialists discussed different aspects of hypertension, its systemic impacts and association with diabetes, obesity and cardiovascular diseases. The satellite symposium covered the recent advances of the renin-angiotensin system (RAS). It was a 2-day pre-meeting divided into 4 sections. The meeting, in conjunction with the annual meeting of the Brazilian Society of Hypertension, attracted over 2600 attendees. Many students, young scientists, clinicians and allied health care providers filled the meeting rooms over the 4-day conference.

IASH sponsored many young scientists and students through travel and research awards to attend the meeting. A highlight of the meeting was the recognition of Dr John Hall as the awardee of the Lifetime Achievement Award. Dr Hall, a past president, has been an active member of IASH for many years.



Details of the meeting are available at:

http://www.sbhias2009.com.br/_congressohipertensaoEN2009.php

<http://www.iashonline.org> and <http://www.sbh.org.br>

Some highlights from the meeting are detailed below.



Renin-Angiotensin System Satellite Symposium

This Symposium was organized by the National Institute of Science and Biotechnology (INCT)- in Nano-BioPharmaceutics (NanoBiofar). It was coordinated by Profs. Jan Danser, Robson Santos and Michael Bader.

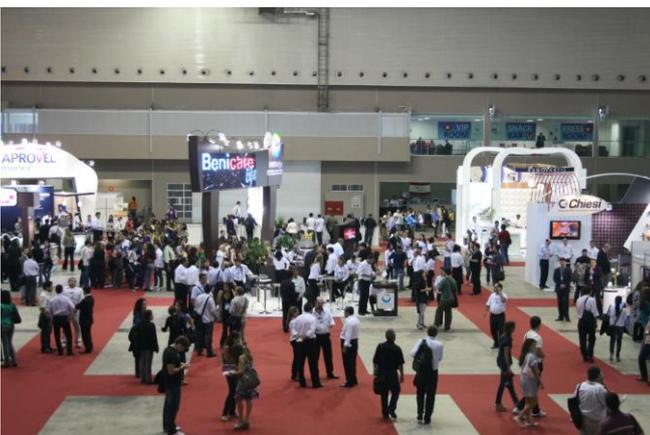
Prorenin/Renin/(P)RR/Renin Inhibition

Chaired by Jan Danser (Erasmus MC - Netherlands) and Geneviève Nguyen (Institut National de la Santé et de la Recherche Médicale - France).

The first point that deserves to be highlighted is the conference of Dr. Geneviève Nguyen, who first described the pro(renin) receptor [(P)RR] in 2002. She summarized the literature regarding the biology of this receptor and presented new data implying the (P)RR in the pathophysiology of renal diseases. Dr. Jan Danser also gave important insights into the pro(renin)/renin/(P)RR issue discussing the implications of the augmentation in plasma renin concentration after renin inhibition. This phenomenon might be involved in the frustrated outcomes achieved with the use of renin inhibitors. He reported that the current techniques used to measure renin also detect pro(renin). This artifact can overestimate the relevance of the renin levels after renin inhibition.

ACE2/Angiotensin-(1-7)/Mas Axis

Chaired by Mariella Gironacci (Universidad de Buenos Aires - Argentina) and Robson AS Santos (Federal University of Minas Gerais - Brazil).



The ACE2/Ang-(1-7)/Mas axis was the main topic discussed during the satellite symposium. Dr. Robson Santos (Federal University of Minas Gerais, Brazil) focused his presentation on the Mas receptor and associated signaling pathways. This receptor is now well-recognized as a receptor for the heptapeptide Ang-(1-7). He presented convincing data obtained using deficient Mas mice showing that this receptor is crucial for the metabolism of glucose. Thus, his



findings indicate that ACE2/Ang-(1-7)/Mas axis is involved in the pathophysiology of diabetes and metabolic syndrome. He also showed his initiatives to develop Mas agonists. Experimental approaches have revealed that these agonists are a promising therapeutic strategy for hypertension and associated cardiovascular diseases. In line with these exciting data, Dr. Mohan Raizada (University of Florida, USA) showed his recent findings on ACE2 activation. Treatment of pulmonary hypertension with XNT, an activator of endogenous ACE2, lowered the right ventricular pressure and limited the damage caused by this pathology in rats. A similar outcome was observed in ACE2 gene transfer in lung mice. Thus, these recent data strongly demonstrate the potential of the ACE2/Ang-(1-7)/Mas axis as a target for the development of novel cardio-pulmonary drugs.

Aminopeptidase A-Angiotensin III-AT₂ receptor-Bradykinin B₂ receptor-EDHF Axis

Chaired by Michael Bader (Max-Delbrück Center - Germany) and João Pesquero (Federal University of São Paulo - Brazil).

Dr. Catherine Llorens-Cortes (Institut National de la Santé et de la Recherche Médicale - France) showed that RB 150, a selective aminopeptidase A inhibitor generated by creating a disulfide bond between two EC33 molecules, crosses the blood-brain barrier to inhibit the brain aminopeptidase A and, consequently, the Ang III formation causing a significant decrease in the blood pressure of DOCA-salt rats. This strategy for brain delivery of aminopeptidase A inhibitor is very interesting and her observations provide further evidence that Ang III in the brain is linked to hypertension.

Endothelial Dysfunction

Chaired by Maria Helena C. Carvalho (University of São Paulo - Brazil) and Walkyria Oliveira Sampaio (Federal University of Minas Gerais - Brazil).

In this section the main aspects of the endothelial function, as well as the relationship between



endothelium damage and hypertension/ cardiovascular diseases, were discussed. Dr. Rhian Touyz (University of Ottawa - Canada) presented a very elegant cell co-culture technique to evaluate the interaction between vascular smooth muscle cells and endothelial cells. After stimulation with angiotensins [Ang II and Ang-(1-7)], she analyzed the expression of hypertrophic proteins and evaluated the oxidative stress. It was observed that activation of the Ang-(1-7)/Mas axis causes beneficial effects on vascular pathophysiology mediated by prostacyclin release. Such approaches are important to identify the mechanisms by which Ang-(1-7)/Mas plays its effects.



The Current View of the Renin-Angiotensin System
Chaired by Robert Carey (University of Virginia Health System - USA).

Dr. Carlos Ferrario (Wake Forest University Health Sciences - USA) started his presentation with an overview of the RAS pointing out the recent discoveries on this system. Thus, he discussed about the ACE2/Ang-(1-7)/Mas axis highlighting the relevance of this axis on the pathophysiology of the heart, brain, kidney and vessels. However, he gave emphasis to the new component of the RAS Ang-(1-12). According to Dr. Ferrario, this fragment can represent an important substrate for Ang II formation in hearts. The enzymes involved in its generation are still unidentified. An unsolved issue that comes from these findings is whether Ang-(1-12) fragments rather than Ang-(1-12) by itself are the responsible for the



observed effects. However, this issue does not

obfuscate the biochemical relevance of this angiotensin as a substrate for Ang II production. Therefore, the pathophysiology role of this new component of the RAS remains to be determined.

ACE a New Angiotensin II Receptor

Chaired by José Eduardo Krieger (Heart Institute - Brazil) and Geneviève Nguyen (Institut National de la Santé et de la Recherche Médicale - France).

Dr. João Pesquero (Federal University of São Paulo, Brazil) showed his intriguing data on Ang II and ACE. Using CHO cells transfected with ACE, his group demonstrated that ACE acts as a receptor for Ang II. Previous reports have demonstrated that ACE can trigger its own signaling pathways [1]. However, for the first time, a ligand-receptor relationship has been described for ACE and Ang II. These novel findings challenge the currently simplistic view of the ACE and expand its role within the RAS.

Reference

1. Kohlstedt K, Brandes RP, Müller-Esterl W, Busse R, Fleming I. Angiotensin-converting enzyme is involved in outside-in signaling in endothelial cells. *Circ Res*. 2004;94(1):60-67. PMID: 14615289.



WHL 25th ANNIVERSARY



The **World Hypertension League (WHL)** a division of the International Society of Hypertension (ISH), established in 1984, is celebrating its 25th anniversary highlighted by the World Hypertension Conference 2009 (WHC 2009) (www.worldhypertension2009.com). WHC09 is jointly hosted by the WHL and the Chinese Hypertension League, in Beijing from **October 29 - November 1, 2009**.

In conjunction with WHC09 the WHL is also hosting its Council Conference on October 29, 2009. Currently there are 74 member countries as full members and 16 associate members. The objectives of the WHL are *to promote the detection, control and prevention of arterial hypertension in populations*.

Dr. Arun Chockalingam - Secretary General, WHL



FORUM FEATURES

The Affiliated Societies of the ISH continue their active participation in the affairs of the Society through the ISH International Forum. Through regular contact with Affiliated Societies, the Forum provides an important focus for Affiliates' contributions on four major issues.

- Growth in Membership of the ISH
- Resource for Networking
- Support by Affiliated Societies for the Vancouver ISH meeting in 2010
- Establishment of the ISH Research Foundation

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).



The activities of the ISH International Forum are important and the ISH and Affiliated Societies will enjoy mutual support that will augment the reputation of the ISH as a truly representative body of international blood pressure research, epidemiology and treatment.



John Chalmers



ISH Forum Officers
Stephen Harrap



Rhian Touyz

AFFILIATED SOCIETY UPDATES



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

- Canadian Society of Hypertension
- Hong Kong College of Cardiology
- Saudi Hypertension Management Society
- Venezuelan Society of Hypertension
- Vietnamese Society of Hypertension



CANADIAN SOCIETY OF HYPERTENSION

This year marks the 30th Anniversary of the **Canadian Hypertension Society (CHS)**. The CHS was incorporated as a registered charity in the Spring of 1979 and today has over 300 members. The strong foundations of the Society were clearly established by the many “fathers” of hypertension research in Canada, including Dr Jacques de Champlain, whose recent and sudden passing we all mourn.

The Canadian Hypertension Society is guided by the following principles:

1. To provide encouragement and co-ordination of research on hypertension in Canada

For many years, the Canadian Hypertension Society has partnered with both Industry and Government to support Canadian researchers in both clinical and basic research opportunities. A major objective and priority of the CHS is support of young trainees and scientists through grants, fellowships and scholarships. Many of the great hypertension scientists in Canada today started their careers through support from the CHS. The CHS recognizes the investment in such support to ensure the leaders in hypertension research for the future.

2. To provide a forum for the presentation of hypertension research in Canada.



The Canadian Hypertension Society holds an Annual Meeting during the Canadian Cardiovascular Congress in October of each year. The annual meeting



features sponsored satellite symposia, oral presentations, poster presentations workshops and specialized sessions. The Canadian Hypertension Society encourages all levels of trainees to attend



and participate during the annual meeting and has provided 300 Canadian trainees with over \$200,000 in education awards over the last 5 years. This year's Annual Meeting takes place in Edmonton, Alberta from October 24-29, 2009. For more information about registration, go to www.cardiocongress.org.

3. To provide dissemination of information about hypertension and to foster effective approaches to the management of hypertension in Canada

Canada has a long history of developing hypertension recommendations to foster effective approaches to the management of hypertension. In 1990, the Canadian Hypertension Society and the Canadian Coalition for High Blood Pressure Prevention & Control (CCHBPPC) now known as Blood Pressure Canada co-sponsored the development of non-pharmacologic recommendations for hypertension management. This process used a panel consensus approach.

In 1993, the Canadian Hypertension Society published updated recommendations. This was the first time evidence-based medicine methodology for creating the recommendations was published. The process involved four panels: diagnosis, pharmacotherapy, hypertension in the elderly & diabetic hypertension. In 1997, another evidence-based approach was used to issue recommendations on the management of hypertension during pregnancy. This process was sponsored by the Canadian Hypertension Society & the Society of Obstetrics & Gynecology. In 1999, two separate processes following the 1993 evidence-based methodology took place. One was sponsored by the Canadian Hypertension Society & the Canadian Coalition for High Blood Pressure Prevention & Control and focused on lifestyle modifications to prevent & control hypertension. The other was

sponsored by a multidisciplinary group of organizations headed by the Canadian Hypertension Society.

Over the course of this period, discussions between several organizations focused on why the recommendations were not improving blood pressure control. It was agreed that for the recommendations to be successful they would need to be evidence-based, up-to-date, associated with credible organizations and most importantly, associated with an extensive and sustained implementation program. In 2000, the Canadian Hypertension Education Program (CHEP) was born. (see article below). The CHEP program has annually updated, disseminated and evaluated the hypertension recommendations since 2000. This is a unique program, being the only one in the world where evidence-based recommendations are updated yearly.



4. To co-operate with other Canadian, American and international societies and organizations with interests in hypertension.

The CHS has worked to nurture relationships with national and international societies for many years. In 1990, the CHS brought the International Society of Hypertension Meeting (ISH) to Montreal, Canada. Montreal 1990 was a great success and as such Canada will again host an ISH meeting in 2010 in beautiful Vancouver, British Columbia, September 26-30, 2010. For more information about this meeting, visit the ISH2010 Vancouver web site at <http://www.vancouverhypertension2010.com/>

One of the initiatives of the CHS is to strengthen ties with international societies. As such, the CHS is a proud Forum member of ISH. In 2008 the CHS and American Society of Hypertension had joint sessions at their respective annual meetings. This year the CHS co-sponsored a session at the Inter-American Society of Hypertension and Brazilian Society of Hypertension meetings, which was held at Belo Horizonte, Brazil, August 5-8, 2009. The CHS has provided an educational grant to one of its top trainees, Dr Chiara Marchesi, (supervisor Dr Ernesto Schiffrin), to present an abstract during the meeting in Brazil.

The CHS, currently presided by Dr Mansoor Husain, is a strong and dynamic society. For more information, please consult the website (www.hypertension.ca).



Canadian Hypertension Education Program (CHEP) - a Unique Model for Hypertension Guidelines

The Canadian Hypertension Education Program (CHEP) was developed in 1999 by the Canadian Hypertension Society and Blood Pressure Canada. It is an extensive interdisciplinary knowledge translation program that annually updates hypertension management recommendations, develops and broadly disseminates a variety of summaries of the recommendations to primary health care professionals and evaluates the impact and remaining care gaps on an ongoing basis. The program has over 100 health care professional volunteers.



The program is overseen by a steering committee comprised of the Canadian Hypertension Society, Blood Pressure Canada, the Public Health Agency of Canada, the Heart and Stroke Foundation of Canada, the College of Family Physicians of Canada, the Canadian Council of Cardiovascular Nurses and the Canadian Pharmacists Association and partners with many specialty organizations to aid dissemination of the recommendations.

The CHEP activities are divided into 3 Task Forces, a Recommendations Task Force that annually critically appraises the evidence and develops new scientific recommendations, a Implementation Task Force that 'translates' the recommendations into useful summaries and resources for primary health care providers and a Outcomes Research Tasks Force that evaluates the impact of the program and identifies remaining treatment 'gaps'. Each year the program evolves based on opportunities to improve treatment and control of hypertension and develops educational themes to focus clinician attention on critical treatment 'gaps' that have been identified. Since 1999, the initiative has been associated with large increases in national rates of awareness, diagnosis and treatment of hypertension. In Ontario, where a third of Canadians reside, a recent population blood pressure survey reported a treatment and control rate of 66%, by far the highest rate ever reported. The large increases in treatment of hypertension have been associated with substantial

reductions in death and hospitalization from stroke and heart failure and the reductions in death and disability were also associated in time with the start of CHEP.

The Canadian Hypertension Society is also a major partner in Blood Pressure Canada, a public health coalition with a mandate to prevent and control hypertension. Blood Pressure Canada has a program to improve public and patient self-advocacy for the prevention and management of hypertension. This program develops, disseminates and evaluates the impact of patient and public hypertension education resources. The impact of the program will be monitored by a newly developed surveillance tool that will assess the knowledge, attitudes and behaviours of hypertensive Canadians and will report in 2010.

Blood Pressure Canada also has been a lead organization in the development of a national program to reduce dietary sodium. The Government of Canada has established an intersectoral work group to oversee a reduction in dietary sodium. This latter effort is also supported by the Canadian Hypertension Society, a broad group of scientific and healthcare organizations and by the food sector. It has been estimated that reducing dietary sodium in Canada would reduce the prevalence of hypertension by approximately 30%, reduce cardiovascular events by 13% and save over 2 billion dollars in healthcare spending per year. The Canadian Hypertension Society and Blood Pressure Canada are producing a variety of resources to educate health care professionals, people with hypertension and the public about the health risks of dietary sodium and how to reduce dietary sodium.

The different resources produced by the Canadian Hypertension Society, Canadian Hypertension Education Program and Blood Pressure Canada are updated annually and are available to download at www.hypertension.ca.

Very soon health care professionals will be able to sign up to receive automated email notices of all new and updated resources as they are posted on the website. Further, there are plans to develop a patient association for people with hypertension to also receive notice of all updated and new hypertension educational resources. The combined programs of Canadian Hypertension Organizations aim to position Canada as having the lowest prevalence of hypertension and highest rates of awareness, treatment and control of hypertension in the world.



HONG KONG COLLEGE OF CARDIOLOGY



Since its foundation in 1992, the **Hong Kong College of Cardiology** has been continuing its mission to promote the advancement of cardiovascular medicine and practice for public benefit through scientific, professional, educational activities and international communication and cooperation. Its ultimate goal is working towards the improvement of heart health for people of Hong Kong. It also acts as a body for consultation in related matters of educational or public interests.

Throughout the years, the College had organised a number of local scientific programmes. The 2nd Asian Preventive Cardiology and Cardiac Rehabilitation Conference cum 7th Certificate Course in Cardiac Rehabilitation was held last year> It provided an excellent opportunity for updating knowledge in the development of preventive cardiology and cardiac rehabilitation in Hong Kong.

Also, given the long-term strategic position of Hong Kong as a gateway to China, closer interchange of cardiovascular practice with cardiologists in China will work to mutual benefit. The College strives to achieve a close professional relationship with our mainland counterparts. The CardioRhythm, co-organized by the Chinese Society of Pacing and Electrophysiology and the Hong Kong College of Cardiology, was held in February 2009. Furthermore, a Joint Symposium Session, co-organised by the Guangdong Provincial People's Hospital and the Hong Kong College of Cardiology, and a Visual Presentation Session organised by the College were held during the South China International Congress of Cardiology in Guangzhou, China.

The 17th Annual Scientific Congress was held from 26-28 May 2009, with increasing participation from the professional communities in Hong Kong, Mainland China and other countries. The Cardiovascular Interventional Summit / Hong Kong on 6-8 November 2009 is regarded as one of the main local and international intervention meetings of 2009. Apart from the scientific programmes, the College is also actively involved in community projects to promote cardiovascular health. The Jump Rope for Heart Programme continues its recruitment of school

children for promotion of heart health through rope skipping. A number of projects for promotion and study of heart health in the community were also launched. The World Heart Day, to be celebrated on 27 September this year, is the annual climax of our heart health promotion to the general public.

Regarding the training of local cardiology trainees, the College maintains its involvement in the Hong Kong Heart Foundation Cardiology Training Fellowship Programme, which provides support for trainees to undergo training in world renowned overseas centers.

SAUDI HYPERTENSION MANAGEMENT SOCIETY



The Saudi Hypertension Management Society (SHMS) started its work in 2001 as an interest group to develop practical guidelines for the management of hypertension in Saudi Arabia. It is a collaboration of health care providers in Saudi Arabia from diverse fields of medical science. Among its members there are internists, family physicians, paediatric and adult nephrologists, cardiologists, endocrinologists, pharmacists, dieticians, epidemiologists, gynaecologists, sleep specialists and others. The group has been accredited as a professional Society in January 2008 and includes 50 founding members from different medical fields from public and private health care sectors.

The Society became a member of World Hypertension League and the International Society of Hypertension in June 2008.

Saudi Arabia is a rapidly developing Gulf country with a population of 20 million, one third of whom are non-citizens. Hypertension is a rapidly increasing problem; more than one in every five adults in our population is hypertensive, while two others have pre-hypertension. Only one third of hypertensives are aware of their problem, while 20% of those treated are controlled. In addition, metabolic syndrome constitutes half of the adult population, which makes the situation more complex. On the other hand, the problem is associated with public misconceptions and high trust in herbs and traditional healing.



The goals of the Saudi Hypertension Society are:

1. Improve public awareness with on-going, repeated and diverse campaigns
2. Organization of scientific symposia and training seminars and courses for health professionals
3. Development of guidelines for the management of hypertension.
4. Research in the field of hypertension.
5. Cooperation with interested bodies, inside and outside the country, for the development of primary prevention programs.

The Society has carried out a growing number of activities, including:

- Guideline development. Two versions have been launched in 2004 and 2007 for the management of hypertension in Saudi Arabia. An update version is on its way by the end of 2009. Specific to this guideline is the inclusion of recommendations on the management of high blood pressure during Ramadan Fasting and Hajj Pilgrimage and in paediatric age.



- Developing a national public guideline for reducing the incidence of hypertension through lifestyle modification. It aims to reduce the average blood pressure of the adult population by 5 mm Hg in the coming 10 years.
- Training Courses and seminars for doctors and nurses in different regions of the country.
- Public awareness days during the WHD 2006 through 2009, where multiple brochures and posters were prepared and distributed for the professionals and the public. WHL leaflets were translated into Arabic language and they have been distributed to different places in the country. In addition, talk programs and articles were presented in the media.



- Newly-evolving training course of proper measurement of BP 'Blood Pressure Measurement Certificate of Competency' was introduced and carried out 23 times in 2008 and 2009.



- A national research is running. It studies "Dyslipidemia among Hypertensive Patients Attending Ambulatory Care in Saudi Arabia".
- Development of a website for the professionals and the public: www.saudi-hypertension.org
- The 1st national hypertension symposium in May 2006. The next conference will be held in early 2010 in Jeddah, where multiple international speakers are invited to contribute in a promising fruitful, stimulating gathering.

Bader Almustafa, MD

International relations
Coordinator,
Saudi Hypertension
Management Society

Osman Alfurayh, MD

Chairman,
Saudi Hypertension
Management Society



VENEZUELAN SOCIETY OF HYPERTENSION



The **Venezuelan Society of Hypertension** was founded in 1994 and now has over of 400 members divided into Founders, Actives or Associates, most of them physicians of diverse specialties, health professionals and basic scientists.

The Society undertakes important continuing medical education activities in the field of hypertension and related diseases throughout workshops, symposium and national congresses.

This year our 8th National Congress will take place in Caracas from 23rd-25th September 2009, during which we will dedicate one of the three days to joint activities with the International Society of Hypertension, with a symposium on new methods in evaluation of patients with hypertension, the ISH President being one of the invited speakers.

In Venezuela, hypertension presents in about 25% of the adult population, as recently published by our group of investigators (CARMELA Study, *Am J Med.* 2008;121:58-65; *Am J Ther.* 2009 Jun 16).

The country has the second highest prevalence of hypertension after Argentina, but when the results of carotid ultrasonography are explored, plaque is present in 14% of the general population, almost twice that of the general population of Latin America. These data illustrate the importance of hypertension in the morbidity and mortality of cardiovascular diseases in Venezuela.

Our Society has founded, together with the Latin American Society of Hypertension, the “*Revista Latinoamericana de Hipertensión*” (Latinamerican Journal of Hypertension), which has been published for four years and is listed in the Science Citation Index Expanded.

The **II guidelines for the treatment of hypertension** (“*II Normas Venezolanas para el tratamiento de la Hipertensión*”) will be presented at the next meeting in September 2009 with the aim of individualizing treatment and adopted to our particular needs.

At the end of last year, during the VII Congress, organized jointly with the VII Latin American Congress on Hypertension in Caracas, we published the book **Arterial Hypertension for the Clinician** (“*Hipertensión Arterial para el Clínico*”), with Rafael Hernández-Hernández; Manuel Velasco and María José Armas-Padilla as editors. Venezuelan and worldwide specialists in hypertension contributed chapters to the 560 page book.

The current directive of the Society is as follows:

President:	Rafael Hernández Hernández
Vice-President:	Jesús López Rivera
Gen Secretary:	María Cristina Armas Padilla
Treasurer:	Manuel Velasco
Sec of Acts:	Jesús Contreras
Sec of Education:	Igor Morr
Sec., Inter-Inst Relationships:	José Andrés Octavio
Members:	Nora López, Rosalba Cammarata, Adriana Bettiol, Leonardo Madrid, Elias Chuky
Credentials Committee:	Soledad Briceño, Elsy de Roa, Norka Antepara.

Information of our activities and meetings can be found at www.svhipertension.org

VIETNAMESE SOCIETY OF HYPERTENSION

The **Vietnamese Society of Hypertension (VSH)** was established two years ago from the Vietnamese Society of Cardiology. Its office is located in Hue, the old capital of the Nguyen dynasty.

The VSH organized many activities for World Hypertension Day, including self-assessment of blood pressure for the public (Fig. 1) with volunteers headed by the President of VSH (Fig.2).



Fig. 1. Teaching how to self-assess BP in an old people's



Fig 2. The VSH leaders team in Hue

In the big cities, such as in Central Vietnam, we held a meeting resulting in many scientific reports and published our recommendation of hypertension based upon those of ISH, JNC, BHS, CHEP (Fig. 3 and Fig. 4). The prevalence of arterial hypertension in Vietnam has now reached 23%, illustrating the significance of the problem. The government has therefore just decided to bring arterial hypertension under the management of the national program.



Fig 3. Assoc. H.V. Minh, President of VSH, Opening Speech at the 2nd Congress of the VSH



Fig. 4. 3rd Congress of the VSH in Donghoi, QuangBinh

In other cities such as in Ho Chi Minh City, meetings were held (Fig. 5) to increase awareness of the prevalence of hypertension. “Reduce salt intake now to lessen the high blood pressure in the future”. (Fig.6)



Fig. 5. World Salt Awareness Week 2009 in a sanitary centre in Ho Chi Minh City



Fig. 6. Distributing the Salt and Health paper to students in a school

Assoc.Prof. Huynh van Minh, MD., PhD. FACC, FASCC
President, Vietnamese Society of Hypertension
Standing Member of Vietnamese Society of Cardiology

www.vnha.org.vn

ESH - Honorary Member

The European Society of Hypertension conferred Honorary Membership to **Professor Peter A. van Zwieten** in June 2009 for his important contributes to understanding the mechanisms of action of antihypertensive drugs and his continuing support of ESH activities.



Upcoming Meetings

2009

9th - 12th September 2009, Montreal, Canada
ET-11: The American Physiological Society
International Conference on Endothelin
www.the-aps.org/meetings/aps/ET11Montreal/index.htm

10th - 12th September 2009, Cambridge, UK
Artery 9
www.artery.uk.net

16th - 19th September 2009, Buenos Aires, Argentina
XVI Argentine Nephrology Congress and the IX
Nephrology Nursing Congress
www.san.org.ar/congreso09

17th - 19th September 2009, St. Petersburg, Russia
Second International Korotkoff Congress
www.almazovcentre.ru/eng

24th - 26th September 2009, Lagos, Nigeria
Nigerian Heart 2009
www.heartcampaign.com

1st - 3rd October 2009, Otsu, Japan
Japanese Society of Hypertension Annual Meeting
www.jpnh.org

4th - 7th October 2009, Jeddah, Saudi Arabia
Saudi Hypertension Conference 2009
www.shc2009.org

9th - 11th October 2009, Nice, France
European Council for Cardiovascular Research (ECCR)
www.eccr.org

29th October - 1st November 2009, Beijing, China
World Hypertension Congress
www.worldhypertension2009.com

5th - 7th November 2009, San Francisco, USA
7th Annual World Congress on Insulin Resistance
www.insulinresistance.us

19th - 20th November 2009, Hong Kong
7th Echo Hong Kong
www.echohongkong.com

1st - 3rd December 2009, Milson Point, NSW, Australia
31st Annual Scientific Meeting of the High BP Research
Council of Australia
www.hbprca.com.au

3rd - 5th December 2009, Beirut, Lebanon
10th Pan Arab Hypertension Congress
www.lhtl.org

10th - 12th December 2009, Valencia, Spain
2nd International Conference on Fixed Combination in
the Treatment of Hypertension, Dyslipidemia &
Diabetes Mellitus
www.paragon-conventions.com/fixed09

2010

25th - 28th February 2010, Valencia, Spain
Early Disease Detection and Prevention Conference
(EDDP)
<http://www.paragon-conventions.com/eddp2010>

18 - 22 June 2010, Oslo, Norway
20th European Meeting on Hypertension
www.eshonline.org

26th - 30th September 2010, Vancouver, Canada
www.vancouverhypertension2010.com

ISH FUTURE BIENNIAL MEETINGS

2010
26th - 30th
September 2010
Vancouver,
Canada



2012
30th September -
2nd October 2012
Sydney, Australia



2014
14th - 19th June 2014
Athens, Greece



2016
Seoul, Korea

ISH



ISH Membership

MEMBERSHIP SUBSCRIPTION - REMINDER

If you have not yet renewed your ISH membership for 2009, please do so **as soon as possible** to ensure you continue to receive copies of the *Journal of Hypertension*.

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

Member contact details

Please remember to update the Secretariat with your change of contact details, especially your email address. (Email: 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. 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 8** 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



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