

# HYPERTENSION NEWS

September 2013, Opus 34



## NOTES FROM THE EDITOR

LARS H. LINDHOLM

### *Hypertension guidelines again and again....*



Dear ISH member,

As I am sure you all know, we recently saw comprehensive European guidelines on hypertension where we were advised to consider the ESH/ESC recommendations on how to evaluate and treat high blood pressure.

These guidelines came a few years after similar recommendations were issued by NICE in the UK and we are now eagerly awaiting the report from JNC 2013 (former JNC-8) due (hopefully) towards the end of the year. As you can see on page 6 of this issue, the ISH is also considering to issue hypertension guidelines, but with a focus on simple, short, and implementable recommendations to be of use in countries less affluent than those in Europe. How hypertension guidelines are formally reviewed before they are released may be controversial and in this issue (page 7) there is an exchange of opinions between Giuseppe Mancia and Neil Poulter on this matter. The recommendations for the management of hypertension are most often written by a group of experts appointed by scientific societies but sometimes by health authorities (e.g. NICE). These authorities, however, often appoint working groups of their own (e.g. in Scandinavia) to go over the data again before they adopt any of the recommendations from the scientific societies.

One of the problems with early hypertension guidelines was that little was said about implementation. Moreover, there was a shortage of implementation data. In the May issue of the Journal of Hypertension there is, however, an excellent paper written by John Chalmers and co-workers on 'The global survey of current practice in management of hypertension as reported by societies affiliated with the International Society of Hypertension'. Results are based on answers to a formal questionnaire which was mailed to 90 national and regional hypertension societies affiliated with the ISH, from 77 countries. There was surprising consistency across countries from different regions. There was, however, a trend towards more conservative thresholds and BP targets than those recommended by JNC 7 or ESH/ESC 2007. Combination therapy was favoured but beta-blockers were restricted to patients with CHD.

The 'HOT off the Press' in this issue focuses on three studies where, sadly, serious doubts have been expressed about data validity (page 2).

**Have a good read!**

**Lars H Lindholm**

PS. In the 'Odd corner' on page 7 you will find a Lancet letter from 1857 describing an unusual use of champagne.

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**ISH Exhibition booth during the recent ESH Milan meeting**

(F. Marques, M. Tomaszewski & L. Burell shown)

## HOT OFF THE PRESS

**Sadly, this time we have three reports covering serious concerns about the validity of data published from cardiovascular trials: (1)The KYOTO HEART Study, (2) The Jikei Heart Study, and (3) the DECREASE Studies.**

### The Kyoto Heart Study

The Kyoto Heart Study, published in 2009, was a randomized controlled study, comparing valsartan with non-ARB treatment in patients (n=3 031) with cardiovascular disease for 3.3 years [1]. Despite similar blood pressure in the two treatment arms, the hazard ratio for the primary composite cardiovascular endpoint was 0.55 (95% CI 0.42-0.72) in patients randomized to valsartan compared with patients given non-ARB.

However, since “critical problems existed with some of the data reported in the paper”, the article has now been retracted by the European Heart Journal [4].

### The Jikei Heart Study

In the Jikei Heart Study, published 2007, patients (n=3 081) with hypertension, heart failure or coronary artery disease were randomized to valsartan or non-ARB treatment for 3.1 years. Despite similar blood pressure in the two treatment arms, the hazard ratio for the primary composite cardiovascular endpoint was 0.61 (95% CI 0.47-0.79) in patients randomized to valsartan compared with patients randomized to non-ARB. However, recently, doubts have been expressed about the validity of the study data after they have been re-examined. The Lancet retracted the paper on 7th September 2013 [5].

### The Decrease-1 study

In the DECREASE-1-trial, patients (n=112) undergoing vascular surgery were randomized to perioperative treatment with the beta-blocker bisoprolol or placebo [3]. This treatment reduced the risk for perioperative death or myocardial infarction from 34 % in patients randomised to placebo to 3 % in those who received bisoprolol [3]. DECREASE-1 is one out of a “family” of DECREASE studies where different approaches to reduce perioperative morbidity in vascular surgery were studied. However, in a recent publication in *The Heart*, it is reported that the results of “all studies investigated in the DECREASE “family” for which data had not been lost, were found to be insecure because of serious flaws” [6]. Previous meta-analyses have shown a positive effect of perioperative treatment with beta-blockers on the incidence of myocardial infarction, but no effect on mortality. However, according to a recent meta-analysis, where the DECREASE-1 data were excluded, perioperative treatment with beta-blockers increased (!) total mortality with 27%. Hence, preoperative treatment with beta-blockers should not be recommended [6].

## References:

1. Sawada T et al. Effects of valsartan on morbidity and mortality in uncontrolled hypertensive patients with high cardiovascular risks: KYOTO HEART Study. *Eur Heart J* 2009;20:2461-9
2. Mochizuki S et al. Valsartan in a Japanese population with hypertension and other cardiovascular disease (Jikei Heart Study): a randomised, open-label, blinded endpoint morbidity-mortality study. *Lancet* 2007;369:1431-9
3. Poldermans D et al. The effect of bisoprolol on perioperative mortality and myocardial infarction in high-risk patients undergoing vascular surgery. Dutch Echocardiographic Cardiac Risk Evaluation Applying Stress Echocardiography Study Group. *N Engl J Med* 1999;341:1789-94.
4. *Eur Heart J* 2013;34:102
5. The Lancet Editors. *Lancet* 2013;382:843
6. Bouri S et al. Meta-analysis of secure randomised controlled trials of  $\beta$ -blockade to prevent perioperative death in non-cardiac surgery. *Heart* 2013 10.1136/heartjnl-2013-304262.

## INTRODUCING YOUR PRESIDENT-ELECT

**I am delighted to share with you a little about myself as I take on the role of President-Elect of ISH. I was born in Johannesburg, South Africa where I had the privilege of receiving an education at a specialised school for Art, Ballet and Music.**



Rhian Touyz

**Equipped with an outstanding matric in the arts, but no training in the sciences, I went on to study anatomy and physiology at the University of Witwatersrand (Wits) in Johannesburg, South Africa, where I was introduced to cardiovascular research.**

I had great professors and was very quickly captivated with discovery and science and went on to pursue my PhD under the supervision of J. Milne, H. Seftel and N. Savage while at the same time completing my medical degree at Wits. My interest in hypertension research was triggered when, as a young medical student, I was faced with a patient as young as myself who had suffered a major debilitating stroke due to severe hypertension. The fact that the cause of his hypertension was unknown and that with blood pressure control the stroke most likely could have been prevented, left me with many questions,

and so my interest and passion in hypertension research began.

In 1990, I had an abstract accepted at the Montreal 1990 ISH meeting. This was my first experience at an international meeting and I could not absorb enough knowledge and information from the most famous of hypertension researchers. I also had fantastic interactions with mentors in South Africa who were very involved with ISH including. Y.K. Seedat, J. Veriawa and C. Rosendorff. Fortuitously it was a year later in 1991 that I returned with my young family to settle in Montreal and in 1992 had the very good fortune of starting my post-doctoral fellowship at the Clinical Research Institute of Montreal (CRIM), under the supervision of Ernesto Schiffrin, who is the current ISH president. It was during this time that my world of hypertension research blossomed - scientifically and academically and before long I was a researcher at CRIM, directing my own projects and group, all the while maintaining productive collaborations with the Schiffrin group. In 2005 I was recruited by Kevin Burns to the Kidney Research Centre (KRC), Ottawa Hospital Research Institute at the University of Ottawa, where I was a Senior Scientist and the Canada Research Chair in Hypertension. Together with my loyal and outstanding team, Drs G. Callera, A. Montezano, Y. He and A. Yogi, we moved from Montreal to the KRC in Ottawa to establish a new laboratory. My time in the KRC was very exciting and productive and it was there that I had opportunities to expand my research and better appreciate the role of the kidney in hypertension. My wonderful journey of hypertension research continued to expand and in 2011 I was recruited by Prof A. Dominiczak to become the Director of the Institute of Cardiovascular and Medical Sciences (ICAMS) at the University of Glasgow, where I now hold the British Heart Foundation (BHF) Chair of Cardiovascular Medicine. Together with Drs Augusto Montezano and Aurelie Cat-Tuong Nguyen, who followed me from Ottawa to Glasgow, we have now established a new laboratory and research team in the ICAMS, BHF Cardiovascular Research Centre in Glasgow.

### My research

My research relates to molecular, cellular and vascular mechanisms of clinical and experimental hypertension. My areas of study include signal transduction, oxidative stress, ion transport, cell and vascular biology, adipose tissue biology and diabetes. I have been so fortunate in being able to enjoy fundamental science and discovery at the bench while at the same time provide clinical care to patients with complex hypertension. This has facilitated my interest and passion for translational research. Without support from major funding agencies, including the Canadian Institutes of Health Research, Heart and Stroke Foundation of Canada, Juvenile Diabetes Research Foundation, Canadian Foundation for Innovation and the British Heart Foundation, as well as fantastic trainees and collaborators, my research would not have been possible.

### My research contributions

*My research contributions have been recognised through various awards, including the 2005 Dahl Lecture Award by the American Heart Association, the 2006 Grace A Goldsmith Award, American Society of Nutrition, the 2009 Vincenzo Panagia Distinguished Lecture Award, Institute of Cardiovascular Sciences Award, the 2010 Distinguished Service award from Hypertension Canada and the 2012 Robert M. Berne Distinguished Lecturer of the American Physiological Society. I was involved in the writing of the annual Canadian hypertension guidelines and served as the co-chair of the Recommendations Task Force of the Canadian Hypertension Education Program (CHEP). My leadership roles in the hypertension community have included: Secretary of the South African Hypertension Society, President of the Canadian Hypertension Society, Chair of the Council for High Blood Pressure Research of the American Heart Association, Member of the Executive of ISH and now Director of the ICAMS in Glasgow. I am also the Editor-in-Chief of Clinical Science, Deputy Editor of Hypertension and Associate Editor of Pharmacological Reviews.*

**I am so proud and delighted to be your incoming President.** Having had leadership roles in the hypertension community in Africa, Canada, USA and the UK, I believe I can truly represent the 'international mandate' of our Society.

It is an honour to follow in the footsteps of the past few ISH presidents with whom I have worked very closely including Ernesto Schiffrin, Stephen Harrap, Tony Heagerty and Lars Lindholm, and I hope that with their continued input, insight and wisdom, I will serve you in the very best interests of ISH. I look forward to working and interacting with you and in the next few months will share with you some of my thoughts on new initiatives and projects as we move forward.

**Rhian Touyz MD, PhD, FRCP, FRSE**



## REPORT FROM YOUR PRESIDENT

### ISH Strategic Planning Retreat:

ISH President E. Schiffrin and the ISH Executive organized a retreat which was held on Friday 14th June 2013 from 11:15 - 14:45 hrs at the Melia Hotel, Milan, Italy, on the occasion of the ESH meeting.



Ernesto L. Schiffrin

This event was organised in order to consider major strategic issues facing the Society, to lead the ISH forward in the near and more distant future, and guarantee its professional, scientific and financial continuity as well as its relevance and impact as the leading international organization in the field of hypertension as well as global cardiovascular risk reduction.

A list of invited attendees is shown at the bottom of this article.\*



Welcome and a short introductory summary of the goals of the Retreat as well as **thanks to J. Chalmers (shown left), who acted as facilitator**, for his enthusiasm and contribution to the organisation of this event were given by ISH President E. Schiffrin.

J. Chalmers then provided an overview of the history of the Society, and the objectives as well as a summary of the tasks to be achieved. Chalmers mentioned among other points that ISH guidelines have been published intermittently (in 1988, 1996 and 2003). A short 6-sided laminated practice document was produced in 1999 to simplify the full evidence-based document. Guidelines can, and have had, a positive effect for the Society with respect to its profile and relevance for teaching activities. An aspect of Society work which helps distinguish it is its interest in hypertension and cardiovascular disease in low and middle-income countries with resource-poor healthcare systems. This comes at considerable



financial cost to the Society, but has become a critical vocation of the Society that must remain one of its major goals.



### WRITING GROUP SUMMARIES

To begin, Writing Group chairs summarised their position papers that had been circulated to participants in advance. Writing Group members were:

**Membership:** R. Touyz (Chair), M. Tomaszewski, D. Prabhakaran, A. Ramirez, K. Shimamoto and A-P Kengne.

**ISH Biennial Meetings:** R. Schmieder (Chair), A. Schutte, L. Burrell, L. Lisheng and F. Chachar

**ISH Regional Meetings:** S. Harrap (Chair), T. Morgan, R. Fagard, J-B Park and P. Veerabhadrapa

**ISH Guidelines:** E. Schiffrin (Chair), B. Onwubere, J. Wang, L.H. Lindholm, D. Lovic and G. Mancia

### REPORT BACK SESSIONS

#### MEMBERSHIP

**F. Charchar** reported back on the Membership Breakout discussion. Participants of this breakout group were: L. Burrell (Chair), Lars H. Lindholm, J-B Park, H. Haller, R. Fagard and R. Touyz.



It was concluded that it was important to:

- Develop a brand to represent ISH internationally
- Professional prestige and networking
- Educational training for all regions to fill the gaps in countries, in particular Africa, South-East Asia, China, India, Latin America
- Arena for local knowledge within countries and in liaison with local societies

- Create high quality educational slides (available to members only)
- Newsletter - make this educational instead of just to discuss news

Membership criteria need to be revisited and refined, particularly for clinicians, among who expansion of membership has not been successful to date.

**Who do we want as our members?** The resounding conclusion was both researchers and clinician practitioners. Efforts need to be made to recruit new members. There was a lot of discussion in relation to young investigators and their transition to full paying members, and incentives will need to be devised to retain these in the Society. It is crucial to support the young, in conjunction with the work of the New Investigator Committee (NIC), and target all countries in liaison with local societies, in particular those where there are few Research Fellows, but a high number of Regular Members.

The cost of the Journal of Hypertension within the membership fee is an on-going issue. Many members do not wish to pay for this item as they already receive the Journal from their institutes. The Journal is not owned by the Society and the publisher is quite definite (within its contract) that all members should pay for an annual subscription. Therefore, there is no easy way of overcoming this issue. It was also suggested that there is a need to expand membership to allied health professionals such as nurse practitioners, who are essential for control of hypertension in the community, and the main prescribers in many health care systems. There might be a need for a new category of member in the Society. Membership application should be simplified.

#### ISH BIENNIAL MEETINGS

**A-P. Kengne** reported from the ISH Biennial Meeting breakout session. This group's members were G. Grassi (Chair), P. Veerabhadrapa, D. Lovic, M. Weber, R. Schmieder, A. Zanchetti and A.M. Heagerty.



The session was summarised as follows.

It was suggested that there should be two tracks within ISH meetings, a scientific track and an educational track, the latter for primary care physicians and allied health professionals. Breakout, educational sessions in different languages could be considered, so that delegates can interact in their native language instead of English.

There should be increased reliance on information technologies such as webcasts - with local physicians having to subscribe to follow the webcast from his office, or combinations of distance lectures by eminent scientists with contribution of a local scientist, as well, organising mini-ISH Educational meetings with potential for CME points generation for local physicians (India, China for instance), with highlights from the previous ISH meeting for example.

Potential industry sponsors, such as those involved with nutraceuticals, food industries, device industries, companies producing telemed devices used for remote care and collection of data in remote locations in both developed and less developed countries could be investigated. Using professionals (prospectors) to approach small-scale industries as opposed to ISH approaching them on its own was also considered.

#### ISH REGIONAL MEETINGS

**A. Schutte** reported from the Regional Meeting breakout session. This group's members consisted of J-G Wang (Chair), B. Onwubere, G. London, S. Harrap, A. Ramirez and A. Berbari.



There was discussion of Visiting Faculties, teaching seminars, summer schools - activities done already around the globe. **A new ISH-branded model** was proposed to be applied to all regions and consisting of two components/targets packaged together:

- Teaching seminars: targeting senior medical doctors (MD)/scientists
- Workshops (summer schools): target young scientists

The approach needs to be flexible according to the needs of each region - also in terms of content.

For some regions these could take place in one location (e.g. Latin America), but for others (e.g. China) it may be important to travel from city to city.

#### ISH GUIDELINES

**M. Tomaszewski** reported from the ISH guidelines breakout session. His group members consisted of L. Landsberg (Chair), T. Morgan, K. Shimamoto, E. Schiffrin, P. Nilsson and G. Mancia.



The session was summarised as follows.

**Should we have ISH guidelines?** The answer to this question was a resounding yes. ISH guidelines should contribute to saving lives, by reducing heart attacks and strokes and progression of chronic kidney disease, and give direction on management of blood pressure, avoiding a general threat to guidelines that can be taken over by non-scientific teams.

**ISH guidelines need to be:**

- Simple (distilled version of existing guidelines and evidence)
- Pocket-like (kitchen recipe)
- Implementable
- Focusing on reducing risk of MI, stroke and CKD, and ultimately - cardiovascular mortality

- o Easy to understand and use across the globe, in particular in low and middle-income countries
- o Give direction on what is the absolute minimum in hypertension management that can be easily implemented anywhere in the world to save lives
- o Not necessarily intended for high-income resource-rich healthcare systems with access to sophisticated and expensive diagnostic and therapeutic approaches

#### **They should avoid:**

- o Duplication of existing guidelines
- o Be too long or too complicated

Very detailed guidelines are already in place or coming soon (ESH, JNC, NICE, many individual countries).

It was proposed that there should be additional ISH position papers on burning issues in hypertension, on controversies, on issues not covered in existing guidelines, such as management of blood pressure in children and adolescents, maternal health and hypertension, developmental origins of hypertension, changing lifestyles of the populations, and others as deemed appropriate at different times in the future.

#### **CONCLUSION**

We have to thank all participants for their enthusiasm and their contribution to the strategies that will for years to come strengthen the Society in its role as the leading professional and scientific organization in the world of hypertension and cardiovascular disease, while enhancing its contribution to improvement of the outcomes of hypertensive and cardiovascular disease patients across the world. It is now the responsibility of the ISH Executive to lead change by carrying out the proposals emanating from the ISH Strategic Planning Retreat of Milan 2013.



**Ernesto L. Schiffrin**  
**President, International Society of Hypertension**

#### **\* List of attendees to the ISH Strategic Planning Retreat in Milan, Italy, June 14, 2013.**

**J. Chalmers (Australia) (Facilitator)**

#### **Executive Officers:**

E. Schiffrin (Canada)	President
L. Burrell (Australia)	Vice President <i>(Breakout chair - membership)</i>
S. Harrap (Australia)	Immediate Past President
A. Ramirez (Argentina)	Secretary
R. Schmieder (Germany)	Treasurer
A. Schutte (South Africa)	New Investigator Liaison Officer <i>(Breakout scribe/regional meetings)</i>
R. Touyz (UK)	Chair, Membership Committee
J-G Wang (China)	International Liaison Officer <i>(Breakout chair/reg. meetings)</i>

#### **Council Members:**

G. Grassi (Italy)	<i>(Breakout chair/ISH meetings)</i>
H. Haller (Germany)	
G. London (France)	
B. Onwubere (Nigeria)	
K. Shimamoto (Japan)	
M. Weber (U.S.A.)	

#### **Ex-Officio Council members:**

L. Landsberg (USA)	Chair, Board of Management, Journal <i>(Breakout chair/ISH guidelines)</i>
L. H. Lindholm (Sweden)	Chair, Communications Committee
T. Morgan (Australia)	APSH Representative
A. Zanchetti (Italy)	Editor, Journal of Hypertension

#### **Other attendees:**

A. Berbari (Lebanon)	WHL Representative
F. Charchar (Australia)	NIC member <i>(Breakout scribe/membership)</i>
R. Fagard (Belgium)	Chair, Africa RAG
A.M. Heagerty (UK)	Past President
A-P Kengne (South Africa)	NIC Working Group member <i>(Breakout scribe/ISH meetings)</i>
D. Lovic (Serbia)	RAG member
G. Mancina (Italy)	Past President
P. Nilsson (Sweden)	WHL Representative
J-B Park (Korea)	Forum Officer
M. Tomaszewski (UK)	NIC Chair <i>(Breakout scribe/ISH guidelines)</i>
P. Veerabhadrapa (USA)	NIC Member

In attendance: Helen Horsfield (ISH Secretariat)

Apologies were received from invitees: B. Carlberg, N. Poulter, D. Prabhakaran, N. Stern, C-H Kim and R. Redon.

## Letter to the Editor

Following circulation of the April 2013 issue of Hypertension News, a letter was received from Professor Giuseppe Mancia in response to a commentary on the CHEP Recommendations written by Professor Neil Poulter.

Please refer to page 13 at the following link - [http://ish-world.com/data/uploads/April\\_2013\\_Hypertension\\_News.pdf](http://ish-world.com/data/uploads/April_2013_Hypertension_News.pdf)

We are pleased to include this letter and a response in this issue.

Dear Lars and Neil,

I read with interest the latest issue of Hypertension News and congratulate Lars Lindholm for making this publication informative and lively. However, I was surprised to read in Neil Pouter's Commentary on the Canadian Hypertension Guidelines, that the European Guidelines were not based on formal systematic reviews. This is not true. The 2007 ESH/ESC guidelines were subjected to formal reviews and the names of the 24 reviewers appear on the front page of that publication [1].

Giuseppe Mancia

### Reference

1. Mancia G, De Backer G, Dominiczak A, Cifkova R, Fagard R, Germano G, et al. 2007 guidelines for the management of arterial hypertension: the Task Force for the Management of Arterial Hypertension of the European Society of Hypertension (ESH) and of the European Society of Cardiology (ESC). *J Hypertens* 2007; 25:1105-1187.

Dear Lars

Giuseppe Mancia is of course correct that the co-authors of the ESH/ESC guidelines will undoubtedly have reviewed some or all of the relevant data when writing their sections of the extensive European guidelines. However that is different from carrying out formal systematic reviews of the relevant data which NICE incorporate into their guidelines. The latter system is structured a priori in an attempt to be more rigorous, systematic, valid and unbiased.

Whether that is achieved remains controversial but nevertheless it is the systematic nature of the reviews which differentiate the approach used by NICE (& reportedly JNC8) from most other sets of guidelines.

Very best wishes

Yours

Neil

## ODD CORNER

We are pleased to share with you a further 'odd' paper published in The Lancet in 1857.

### CHAMPAGNE IN SEA-SICKNESS.

To the Editor of THE LANCET.

SIR,—Having read in some late numbers of your journal a few letters on the treatment of sea-sickness, in most of which chloroform is stated to be a never-failing remedy, allow me to say, that when surgeon to a large passenger-steamer, in 1855, I was at first in the habit of giving five drops of chloroform in a wineglass of cold brandy-and-water; but though it certainly superseded all other previous remedies (such as kreasote, prussic acid, &c.), I sometimes found it fail, especially with ladies, some of whom would not take it at all on account of its ethereal smell; in such cases, and in all when it was easily obtainable, I gave champagne (a glass every half hour), a few glasses of which invariably succeeded in allaying the distressing nausea; and, from its being an agreeable draught, it was always readily taken.

I may add that I have found champagne and chloroform very efficacious in relieving the sickness and cramps of cholera; and I have heard that champagne was a remedy much used at Corfu when the cholera last raged there; perhaps some of our military surgeons who served there will kindly tell us with what result.

I am, Sir, your obedient servant,  
Montpelier-road, Brighton,                      RAVENHILL PEARCE, M.D.  
October, 1857.

THE LANCET, ]  
[Nov. 7, 1857.

## INTRODUCING ISH HONORARY MEMBER: Dr. Salim Yusuf, DPhil, FRCPC, FRSC

Professor of Medicine,  
McMaster University Executive  
Director, Population Health  
Research Institute McMaster  
University, Hamilton Health  
Sciences Vice President  
Research, Hamilton Health  
Sciences Heart and Stroke  
Foundation of Ontario/Marion  
W. Burke Chair in  
Cardiovascular Disease  
President Elect, World Heart  
Federation



Dr. Salim Yusuf, Ontario, Canada has headed up clinical trials in cardiovascular disease that have involved more than 80 countries around the world. He has truly international credentials and the Society was delighted to award him an Honorary Membership at its last Scientific Meeting.

Honorary Membership awards are given to select individuals who have not been Regular Members of the Society but have made major contributions to hypertension research and teaching.

You may be interested to read articles on Dr. Yusuf at the following link.

<http://ish-world.com/news/a/Introducing-ISH-Honorary-Member-Dr.-Salim-Yusuf-DPhil-FRCPC-FRSC/>

## NEW INVESTIGATOR COMMITTEE

The enthusiasm and tireless activity of the New Investigator Committee (NIC) is continuing to reap great benefits for the Society.

NIC members include M. Tomaszewski - UK (Chair), D. Burger - Canada, F. Charchar - Australia, A. Schutte - South Africa and P. Veerabhadrapa - USA.

Four NIC Working Groups were established at the start of the year to strengthen and further develop NIC activities and ensure that the committee is more regionally representative. These Working Groups are already showing fantastic results. Please view a list of all the group members on the Society website.



### Recent highlighted activities include:

- **Expansion of social media presence:** The New Investigator Network, created on the ISH webpages at [www.ish-world.com/NIN](http://www.ish-world.com/NIN) and on social networking site to include Facebook and Twitter has given the NIC and those joining the network an opportunity to share news with their peers and find out what is happening amongst this global community.

Follow New Investigator Network activities on Facebook and Twitter

[www.facebook.com/ISHNIN](http://www.facebook.com/ISHNIN)

[twitter.com/ISHNIN](https://twitter.com/ISHNIN)

- **Welcome Package** - to be launched imminently on the ISH website:

F. Hannah-Shmouni is to be thanked for his hard work in the creation of this document.



- **Explore:** The Recruitment Working Group is spearheading 'Explore'; the quarterly ISH new investigators e-newsletter. The group has targeted two sections, 'Hot off the press' and 'On being a scientist', as opportunities to engage members of the New Investigator Network and highlight their work. The last issue was circulated in May.

- **Spotlight - new investigator of the month feature:** The NIC continues to run the New Investigator of the Month initiative on the Society website. **Member assistance with nominations would be welcomed!**
- **Creation of a larger number of ISHCasts (web and/or video interviews):** Several video montages were created by D. Burger to mark World Hypertension Day. We would like to thank all of those members who contributed to this initiative. **Without members' support this wouldn't have been possible.**  
[See the ISH website](#) to view the ISHCast series.
- **Future targets:** The Recruitment Working Group is actively pursuing new avenues in order to recruit international investigators to the Network. National and international hypertension societies, academic and medical institutions have been identified as future targets. **Again, please nominate colleagues to join the Society as both Research Fellows and Regular Members. Your referrals are invaluable.**
- **SAHS Annual Meeting:** The April Argentine Society of Hypertension (SAHS) Annual Meeting was targeted as an important recruitment opportunity. Recruitment and promotional material for the meeting and we would like to thank C. Romero who made numerous valuable contacts on this occasion.



- **Finance:** The Finance Working Group wishes to ensure that the activities of the New Investigator Network of the ISH can take place by securing sufficient funding to support activities. Funding is typically sought for aspects such as travel grants, the New Investigator Symposia, New Investigator Awards and hypertension awareness activities. *Support has been garnered to date this year from DSI, Daiichi-Sankyo and Omron Europe. We would like to sincerely thank these organisations.*
- **Promotion during the ESH June Meeting** NIC and Working Group members took an active part in promoting the Society during the June European Society of Hypertension (ESH) meeting in Milan. They encouraged many visits to the ISH booth from those they met during the scientific sessions.

Thanks to all those members who visited us on the ISH booth!



View the following ISHCast recorded at the ESH Meeting. Prof. John Chalmers speaks of the importance of young investigators in hypertension. [Click here.](#)



## 3RD NEW INVESTIGATORS' SYMPOSIUM ON HYPERTENSION AND CARDIOVASCULAR DISEASE

Following on from the success of the last two symposia (Orlando - 2011 and Sydney - 2012), a 3<sup>rd</sup> New Investigators' Symposium is planned for 10<sup>th</sup> September. This will be a **FREE full day event** that provides a forum for new scientists and clinicians in training who have an interest in hypertension and cardiovascular disease.

The meeting is a unique opportunity for new investigators to present and discuss, make new friends, build research networks and establish collaborations that can last a lifetime. Most of all, this is an opportunity to hear about some exciting research conducted by young investigators from across the globe.

This event is being organised and carried out by the NIC and will be held in collaboration with, the Council of High Blood Pressure Research (CHBPR) of the American Heart Association at the time of their 2013 Scientific Sessions.

### HIGHLIGHTS

- **Keynote speaker:** Dr. Jane Reckelhoff, Ph.D. Billy S. Guyton Distinguished Professor Director, Women's Health Research Center University of Mississippi Medical Center, Jackson, USA
- **Two New Awards:** For winners of the best oral presentations (each - USD 2,500)
- **Poster presentation awards and travel grants** (10 to be offered each at USD 1,000)
- **Free registration**

*The Symposium is supported by:* ISH, The Council of High Blood Pressure Research (HBPR), DSI, Daiichi-Sankyo and Omron.



View further information at: <http://ish-world.com/new-investigators-events/e/3rd-New-Investigators-Symposium>

**NEXT ISH SCIENTIFIC MEETING  
HYPERTENSION ATHENS 2014  
(JOINT EVENT WITH ESH)**



[www.hypertension2014.org](http://www.hypertension2014.org)

**KEY DATES**

**Abstract submissions open  
18 November 2013**

**Abstract submissions close  
13 January 2014**

**Early bird registration deadline  
24 March 2014**

**Late breaker abstract submission  
1-30 April 2014**

**Late registration fee deadline  
28 April 2014**

**Welcome letter from the ESH, ISH  
& local organising committee**

Dear Friends, Dear Colleagues,

It is a great pleasure for us to welcome you to the Joint Meeting of the European Society of Hypertension (ESH) and International Society of Hypertension (ISH), which will be held in Athens, Greece, June 13-16, 2014.

The scientific program will continue the tradition of the previous ESH/ISH meetings and will include:

- Original research with oral and poster presentations
- State-of-the-Art lectures
- Plenary sessions
- Joint sessions with other Societies
- Debates
- Topical workshops
- Breakfast seminars
- Meet-the-expert sessions
- Clinical cases
- Training sessions in new techniques
- Satellite Symposia organised by industry

The meeting will cover a large area of knowledge in the field not only of hypertension but also of other diseases related to hypertension such as:

- Hyperlipidemia
- Diabetes mellitus
- Obesity
- Obstructive sleep apnea
- Coronary heart disease
- Heart failure
- Atrial fibrillation and new antithrombotics
- Peripheral arterial disease
- COPD etc.

We believe that Hypertension Athens 2014 will provide a full update of the most important achievements in the above topics over the last few years. The presence of opinion leaders and experts from all around the world shall ensure the success of the meeting.

It will be held at Megaron (Concert Hall), a luxurious construction with high-tech facilities, located in the centre of the city and within walking distance from most of the hotels and archaeological sites.

We expect a large number of investigators, researchers and clinicians from Europe, North, Central and South America, Asia, Africa, Australia, Middle-East and Gulf Area to attend.

The meeting will be held in Athens, one of the world's most attractive destinations. Participants will be able to enjoy the beauty of Athens, either before or after the meeting, as well as the surrounding area and the rest of the country.

We cordially invite all of you and the Greek Diaspora to join us in the Joint ESH/ISH 2014 Athens meeting.

## The International Centre for Circulatory Health, Imperial College London



Neil Poulter

ISH Council member & Communications Committee member, UK

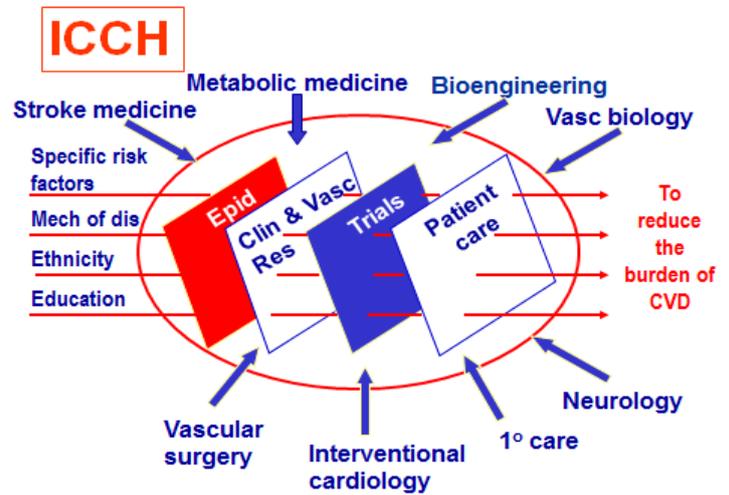
In May 2004 after a couple of years of financial negotiations and struggles with architects, builders and asbestos, 80 people moved into the newly refurbished premises of the International Centre for Circulatory Health (ICCH), situated close to St Mary's Hospital in West London.

ICCH was set up to bring together people from several groups working on various aspects of cardiovascular (CV) and/or metabolic medicine with the aim of generating synergistic interactions which would help to deliver an integrated research programme in circulatory and metabolic medicine and to apply the results of that research to advance standards of care in the prevention of CV diseases in a multi-ethnic society.

### The vision of ICCH was:

- Delivery of a strategic, multidisciplinary, research programme spanning aetiological and prognostic questions in healthy subjects and patient populations.
- Development and implementation of improved models of clinical care which change the principles and practices of disease prevention in the developed and developing world.
- Provision of a first class clinical service for cardiovascular disease prevention and treatment which meets current standards, directs future scientific enquiry and helps to set national policy.
- Communication of the results of research and new treatment strategies through publication and education of students, healthcare professionals and the general public worldwide.
- Creation of an environment that develops individual careers in clinical and basic research related to circulatory disorders and diabetes.

The figure (right) encapsulates the 4 key areas of expertise within ICCH - Epidemiology, clinical and vascular research, trials and patient care, through which the 4 areas of interest - CV and metabolic risk factors, mechanisms of disease, ethnicity and education can be explored to deliver a reduction in



the burden of CV diseases and diabetes. Based outside the centre itself but collaborating with ICCH personnel are others with special interests in stroke medicine, metabolic medicine, vascular biology and surgery, interventional cardiology, primary care, imaging, bioengineering and neurology.

Some of the current activities and facilities at ICCH which relate to areas of interest to the ISH are:-

### 1. Imperial Clinical Trials Unit (ICTU)

This trial unit was fully registered by the UK Clinical Research Centre in August 2012.

This unit which evolved from the ICCH trial unit which in turn evolved from the Cardiovascular Studies Unit currently runs some or all aspects of 33 funded trials, half of which are from the cardiometabolic area. The original Cardiovascular Studies Unit set up and coordinated the UK/Ireland half of the ASCOT trial and the Northern European Region of the ADVANCE trial. In its latest format ICTU, now runs ASCOT-ON and ADVANCE-ON -2 follow-up studies of the original trials. The unit incorporates the infrastructure to cover all aspects of the delivery of randomised controlled trials (RCTs) from concept and design through to analyses and dissemination of results. Key staff includes Heads of operations, IT & Communications & Statistics, operations managers, pharmaceutical liaison director, QC manager, statisticians, data development and management team, project managers and monitors.

### 2. The Peart Rose Clinic (PRC)

This is a European Centre of Excellence for the management of hypertension with a long-standing reputation in research. Unique features of current clinical activities at the PRC include a tablet-feed with medicine-adherence support programme, and research into renal denervation in heart failure and resistant hypertension. The PRC has extensive experience in the investigation of secondary hypertension which includes an MRI-based screen for causes of secondary hypertension particularly for use among

young patients. The PRC which receives over 8000 patient visits a year also houses specialist tertiary heart failure, electrophysiology, coronary and heart disease in pregnancy clinics. The databasing of clinical patients is a tool which aids recruitment for our parallel academic programmes.

### 3. Clinical Investigation Unit (C.I.U.)

This clinical research centre focuses its activities on the mechanisms and optimal management of various CV diseases. The activities in CIU largely involve more intensive, non-invasive imaging and other investigations of various types of CV patients and the design and recruitment to clinical CV trials coordinated centrally in ICCH, as part of other international consortia, or linked with the Diabetes Research Network. The UK national Diabetes Research Network is coordinated from here and we also host one of the eight local networks supporting diabetes related research throughout the UK. Major hypertension-related studies recently or currently conducted at CIU include - ASCOT, ADVANCE, and PATHWAYS. This unit also is establishing a reputation in trials of various polypills - having been part of the Polypill Pilot trial and recently completed the UMPIRE trial. (Use of a Multidrug Pill In Reducing cardiovascular Events). Part of the unit's success in clinical trials has been as a result of the strong links forged with local GP practices to facilitate rapid patient recruitment.

### 4. Applied Physiology and Bioengineering: clinical implication

The theme of the British Heart Foundation Centre of Research Excellence at Imperial College London (<http://www3.imperial.ac.uk/bhfcrc>) is led by Darrel Francis at ICCH and focuses on the linkage between clinical science and engineering promoting the development of new technology from inception to practical patient benefit. A key aspect of this work is the close liaison between clinicians and scientists in the medical and physical sciences.

The team has continued to innovate and push the boundaries between clinical and computer science. We have developed from basic physiological principles a new marker of coronary artery disease, called iFR and have taken it from inception to a real product available for physicians to use in patients. It enables Cardiologists to establish which heart arteries need treatment with a stent compared to those that need treatment with tablets, in a way that is faster, easier and is free of the side-effects of drugs used in the traditional ways. iFR consoles are already being used in Europe, Middle East and Far East. The team has had great success in

establishing this new technique and has published its findings in high impact journals and lead international studies and trials designed to improve patient care.

### 5. Epidemiological Expertise

ICCH includes several staff members with epidemiological training and expertise, including Professor Neil Poulter, Professor Nishi Chaturvedi, Professor David Wood, Dr Therese Tillin and Dr Ajay Gupta. Previous BP-related epidemiological research activities carried out by ICCH staff include the Kenyan Luo Migration Study, the Eurodiab type I diabetes cohort, and the DIRECT trial, Euroaspire and analyses of the Health Survey for England database.

### 6. Educational Activities

An MSc in Preventive Cardiology directed by Professor David Wood is housed at ICCH. This is a unique course providing theoretical and practical teaching for clinicians covering the complete spectrum of CV prevention. In addition to the full MSc, short courses in individual modules are available on site or through e-learning. Professor Alun Hughes who is based at ICCH is course director for the BSc in Medical Sciences with Cardiovascular Science at Imperial College London ([http://www1.imperial.ac.uk/nhli/training/undergraduate/bsc\\_card/](http://www1.imperial.ac.uk/nhli/training/undergraduate/bsc_card/)). In addition Professors Poulter, Sever and Thom have organised 20 annual national meetings called Hypertension Update designed for UK hospital physicians. To date over 4,000 doctors have attended these meetings.

### 7. International Collaboration

In the course of working in clinical trials, epidemiological and clinical studies a huge network of collaborations have been set-up around the world, including teams in Australia, the Caribbean, China, the Indian Subcontinent, North and Eastern Europe, North and South America and North Africa. ICCH currently houses 132 people which continues to expand, as the broad range of research and clinical activities go from strength to strength.

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## WORLD HYPERTENSION AND WORLD HEALTH DAY

Both World Health Day (7 April) and World Hypertension Day (17 May) offered a fantastic opportunity for our members and Affiliated Societies to focus on hypertension awareness in their respective country or region.

We were delighted to receive several reports on activities and many of these have been added to the Society website in the news section.

**Thanks to all those organisations that sent us their reports and pictures - including the following:**

- Blood Pressure Study Group of College of Health Sciences, Abuja, Nigeria



- Hypertension in Africa Research Team (HART)



- Indonesian Society of Hypertension
- Putra Medical Club

*(Please note the ISH logo displayed on the back of their event t-shirts)*



- Polish Society of Hypertension

- Working Group on Arterial Hypertension, Bosnia and Herzegovina



- University of Glasgow and the Blood Pressure Unit at the Western Royal Infirmary in Glasgow



A special mention to **Dylan Burger** -shown right - (New Investigator & Communications Committee member) for all his hard work in creating **video montages - ISHCasts** - to mark World Hypertension Day. Thanks also to those members who contributed.



View ISHCasts at:

<http://ish-world.com/new-investigators-casts/>

## PROJECT MALAWI

**British Hypertension Society (BHS) members, Jill Bunker and Naomi Stetson**, are planning to travel to Malawi later this year. They will volunteer for 2 weeks and deliver an education package to allied health professionals in rural areas of Blantyre. Training sessions will be very similar to those they have facilitated in the UK and all under the auspices of the BHS.

Should you be interested in supporting this initiative please [click here to access the Just Giving page and donate](#).

For further information please email: Jackie Howarth – [bhs@le.ac.uk](mailto:bhs@le.ac.uk).

## ISH CORPORATE MEMBERS

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



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