

WORLD HYPERTENSION DAY
13 MAY 2006



PHL • NEWSLETTER

Official Organiser Pakistan Hypertension League
an Efficient Member of World Hypertension League (ISH/WHO)
Summer 2006

MESSAGE



It is a matter of great pleasure for me to deliver this message for the forthcoming PHL Newsletter being published under new leadership.

Hypertension remains one of the commonest chronic public health problem of Pakistan. PHL has over the past 9 years worked hard to create awareness about this silent disease both among public as well as the medical profession. Starting with a small group PHL to day is a strong body of 270 members. Eight regional chapters are operating nation wide where regular clinical meeting, public awareness session & camps are held. A new chapter was inaugurated at Multan on 18th March 2006 under the Coordinatorship of Prof. Farooq Nazir.

New chapter have also started functioning at Mirpurkhas & AbbottAbad. Next annual symposium will be held at Peshawar from 4-5

November 2006. I request all the chapter coordinator to kindly submit their chapter activity reports to the Editor Newsletter regularly.

On this occasion I also wish to congratulate the new office bearers elected in the last general body held at Lahore & hope they will further promote the PHL activities.

I wish to extend my deep gratitude to Prof. Azhar Masood A. Faruqi the Founder President of PHL for his guidance & support since the inception of PHL. Prof. Faruqi has now very kindly accepted to be the patron of PHL.

Another important event coming very soon is the World Hypertension Day to be observed on 13th May 2006. PHL is planning to hold public Seminars, Walk & Camps through out the country in line with the directions of WHL.

I am thankful to Dr. Tazeen H. Jafar to have accepted the responsibility of Newsletter. I am sure under her able leadership the newsletter will not only be published regularly but its composition will also expand.

I wish her all success.

PHL Zindabad.

Mohammad Ishaq

(Prof. Mohammad Ishaq)

President

Pakistan Hypertension League

DEAR READERS

The Editorial Office of the Newsletter of the Pakistan Hypertension League would like to inform you about some changes in its editorial policies that are being implemented in order to increase the scientific content of the newsletter, and to provide you with more information about ongoing research, projects, and activities that are relevant to hypertension in Pakistan and globally. Consistent with these objectives, regular features in the newsletter will include a short commentary on at least one major international trial on hypertension, an update on one of the community based projects on hypertension and message from a major international day related to hypertension or its sequale.

In the coming months we will also introduce a section on "Ask the Expert" in which we will have the opportunity to ask questions about difficult cases regarding evaluation and management from a panel of experts. We are happy to share with you that our long term aim is to convert the Newsletter into a scientific journal. We will keep you posted with those and other initiatives.

We are also delighted to share with you that PHL Newsletter will now be circulated to 5000 general practitioners in addition to the 500 members of PHL. This strategy would ensure that our messages are read by the physicians who treat the vast majority of patients with hypertension in our country.

Finally, please feel free to contact us with any valuable suggestions for the newsletter at phl1@gerrys.net. We look forward to hearing from you.

Sincerely

Dr. Tazeen H. Jafar
Editor

LATEST NEWS

During 9th General Body meeting held at Lahore on 20-11-05. Election for the PHL council will be held & following office bearers were elected.

Council:

Patron:	Prof. Azhar Masood A. Faruqi
President:	Prof. Mohammad Ishaq
General Secretary:	Prof. Abdul Hafeez Chaudhary
Vice President:	Prof. Hafizullah
Joint Secretary:	Prof. Javed Akram
Treasure:	Prof. Mansoor Ahmad

Publication Board:

Chairperson:	Dr. Tazeen H. Jafar
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Chapter Coordinators/Secretary:

Peshawar:	Prof. Saeed-ul-Majeed
Islamabad/Rawalpindi:	Dr. Shabaz Qureshi/ Gen. Ashur Khan
Lahore:	Prof. Saulat Siddique
Faisalabad:	Prof. Naeem Ahmad
Multan:	Prof. Farooq Nazir
Quetta:	Prof. Abid Amin
Karachi:	Dr. Khawar Kazmi/ Dr. Qaiser Jamal
Mirpurkhas:	Dr. Didar Hussain Gajoo/ Dr. Akram Sultan
Hyderabad:	Prof. Feroz Memon
Abbotabad:	Prof. Waqar A. Mufti

Dr. Aamir Hameed
Co-Editor

When should we screen for HYPERTENSION?

Dr. Aamir Hameed

Hypertension is an epidemic by all measures. It has immense economic implications in the form of target organ damage that it renders silently. Therefore, it is imperative that we devise a method by which we are in a better position to detect and treat this global menace. This puts us into the realm of disease screening. Unfortunately, about 60% of the Pakistani adults reported never having their blood pressure screened according to the National Health Survey of Pakistan 1990-1994. Since there have been no national level programs for detection of hypertension, the situation has probably not changed much during the last decade. Evidence from elsewhere has confirmed that screening for hypertension is cost effective in terms of reduction of cardiovascular morbidity and mortality.

The American Pediatric Association recommends screening to start from the age of 3 years. For adults the guidelines recommend screening blood pressure measurement should be obtained from any patient greater than or equal to 18 years of age in the health care system at every health care encounter. A diagnosis of hypertension is not typically made based on the first elevated blood pressure reading. Wide fluctuations in readings are common, even in normotensive individuals. After any elevated reading, a second measurement should be performed during the same patient visit. Elevated blood pressure readings should be confirmed on the contra lateral arm and the higher level used for management guidance. The diagnosis of hypertension is based on the average of two or more elevated blood pressure readings taken at each of two or more visits after an initial screening.

The interval for follow-up measurements for adults should be based on the initial reading and the following table:

Initial Blood Pressure Measurement		Recommended Follow-up Interval
Systolic	Diastolic	
<130	<85	Recheck in 2 years
130-139	85-89	Recheck in 1 year
140-159	90-99	Confirm within 2 months
160-179	100-109	Evaluate or refer within 1 month
>180	>110	Evaluate or refer immediately or within 1 week depending on the clinical situation

If the systolic and diastolic categories are different, the recommendations for the shorter follow-up should be utilized. Unusually low readings should be evaluated for clinical significance. Scheduling of follow-up should be modified by reliable information about past blood pressure measurements, other cardiovascular risk factors or target-organ disease. Further evaluation is necessary once screening has led to a diagnosis of hypertension to include a history, physical examination and diagnostic laboratory procedures. These are necessary to accurately determine blood pressure stage and risk group stratification for appropriate management.

The Anglo-Scandinavian CARDIAC OUTCOMES

Trial-Blood Pressure Lowering Arm (ASCOT-BPLA)

Dahlof B, Sever PS, Poulter N, Wedel H, Beevers DG, Caulfield M, Collins R, et al. Lancet 2005; 366 895 – 906.

Dr. Aamir Hameed

ASCOT was a multicentre, prospective, randomized controlled trial, which recruited 19,257 hypertensive patients between 40 and 79 years of age, who had at least three other

cardiovascular risk factors. Patients were either assigned to amlodipine based (Norvasc 5/10 mg), where perindopril (Coversyl 4 – 8 mg) was added on therapy or the atenolol based arm (Tenormin 50/100 mg) where bendroflumethiazide (1.25 – 2.5 mg) was added on. In case of uncontrolled blood pressure doxazocin gastrointestinal transport system was added on two both arms. Additionally potassium was given to the patients on bendroflumethiazide. The primary end point was non-fatal myocardial infarction and fatal coronary heart disease. The analysis was by intention to treat. The blood pressure control was noted to better early on in the amlodipine arm but levels were nearly equal by the end of the study. The mean difference was 2.9/1.8 mm Hg though the course of the study. In the amlodipine arm 14.3% of the patients remained on monotherapy while only 8.6% did so in the atenolol arm. The study was prematurely stopped after 5.5 years median follow-up on the recommendation of the data safety monitoring board on the grounds that compared to the amlodipine arm the atenolol arm had significantly higher mortality as well as worse outcomes on several other secondary end points. A 10% reduction in the non fatal MI and fatal coronary heart disease, the primary end point did not reach statistical significance, a finding the researchers attribute to the early stoppage of the trial. As per the design the study keeping the primary end point the power of the study was calculated to be 80% with a two sided significance level of 5% ($\alpha=0.05$). The power calculation for the study was based on 1150 events. However, when the study was stopped only 869 events had been reached. The other salient features were the reduction in the all cause mortality in the amlodipine arm (738 vs. 820; unadjusted HR 0.89, 0.81 – 0.99, p 0.25) and statistically significant improvements in other secondary end points like in cardiovascular events and procedures.

Another important result was a lesser incidence of developing new onset diabetes on the amlodipine based regimen. In short the amlodipine arm prevented more major cardiovascular events and induced less diabetes. Experts feel that these beneficial changes may not be explained on the blood pressure lowering effect alone. Furthermore, the ASCOT data questions the current recommendations of using beta blockers and diuretics as first line therapy.

This trial has a special implication for all of us who treat hypertension in Pakistan. We are aware that hypertension, diabetes mellitus and obesity have reached epidemic proportions in our country, therefore when we treat our patients with central obesity who are at risk of developing diabetes mellitus, then we should be cognizant of drugs and combinations that whilst treat hypertension also give protection against new onset diabetes.

World Kidney Day, March 9, 2006 Early Detection and Prevention of CKD – Act Now-

The International Society of Nephrology (ISN) and the International Federation of Kidney Foundations (IFKF) have jointly launched a World Kidney Day to increase awareness of chronic kidney disease (CKD) and its associated cardiovascular morbidity and mortality, and draw attention to the urgent global need for early detection and prevention of chronic kidney disease.

Hypertension and diabetes are amongst the most common causes of both CKD and cardiovascular disease (CVD), both in the developed and developing nations. Globally more than 500 million individuals, or about one person

in ten in the general population, have some degree of chronic kidney disease. Preliminary evidence suggests that this may be even more prevalent in urban Pakistan with approximately 15-20% of the population aged 40 years or over showing some form of underlying chronic kidney disease.

On top of this, kidney disease is a 'disease multiplier'. Individuals who appear to be healthy who are then found to have CKD have at least a tenfold risk of dying prematurely from CVD (coronary disease, cerebrovascular disease, peripheral artery disease, and heart failure) regardless of whether they develop kidney failure.

Early detection of any kind of kidney impairment is therefore essential – this can be achieved through simple testing for serum creatinine, calculated GFR and urine albumin. As a priority, general physicians and healthcare workers are urged to pay particular attention to screening individuals who are considered to be at high risk of kidney disease, specifically patients with diabetes mellitus and hypertension, or individuals who are obese, smoke or are over 50 years of age.

For more information about the role of the kidney as risk marker, the need for early detection and ideas on how to support World Kidney Day, visit the website at www.worldkidneyday.org

**International Society of Nephrology (ISN)
Global Headquarters Brussels, Belgium**

Update on Current **PROGRAMS**

The National Action Plan for Non-Communicable Disease Prevention, Control, and Health Promotion in Pakistan (NAP-NCD) has been operational for the last three years. The program is distinct in that it is based on public-private partnership (PPP) model involving

the Ministry of Health, W.H.O, and Heartfile. The terms of the agreement stipulated in an official Memorandum of Understanding, gave the NGO partner Heartfile – which lent impetus to its creation – a lead role in developing and implementing this plan.

Developed in three stages, the program is based on an expanded definition of chronic diseases and covers cardiovascular diseases, diabetes, cancer, mental illnesses, chronic chest diseases and injuries under its umbrella.

The first step involved disease-specific planning from a local perspective, the second step prioritized issues whereas the development of an integrated approach constituted the third stage of program design. NAP-NCD takes a population and community-centered risk-factor approach towards preventing and controlling chronic diseases through its Integrated Framework for Action (IFA) which is an approach to addressing the multidisciplinary range of issues within a prevention, control and health promotion framework across the broad range of NCDs. It is modeled to impact a set of indicators through the combination of a range of actions in tandem with rigorous formative research (<http://heartfile.org/napdoc.pdf>). Work is currently underway to implement the first phase of NAP-NCD. Details about the status of implementation are posted on <http://heartfile.org/napppp.htm> where monthly updates are also posted <http://heartfile.org/napjuneupdate.pdf>

Pakistan Hypertension League

CHAPTER ACTIVITY Report

HYDERABAD CHAPTER

Hyderabad chapter continued its awareness programme. Prof. Feroz Memon gave a presentation at Matiari, Dr. Fazal-ul-Rehman

gave a presentation to family physicians in Shehdad Pur, Prof. Muhammad Ishaque General Secretary PHL was invited to give a presentation on Hypertension with specific relation new JNC VII guidelines.

Prof. Feroz Memon gave a lecture to teaching staff of Foundation Public School Hyderabad, emphasized on the diagnosis of HT. Prof. Mansoor Ahmed. Prof. of cardiology LNH gave a talk hypertension and Dyslipidaemia.

QUETTA CHAPTER

PHL Quetta chapter arranged a number of academic activities in the year 2005. The first such activity was arranged by the local chapter on Risk Factor for CAD on the 28th Jan. 2005 sponsored by Pfizer Pak.

- A symposium was arranged on 15th Feb. 2005 on use of Ca++ antagonists in hypertension by pharimatec.
- Another academic activity arranged by Novartis on 12th March, 2005.
- On 25th April 2005, a public awareness programme was arranged in BMCH in outdoor clinic of Cardiology department with the coordination of CCL Pakistan.
- A joint symposium on 9th June, 2005 organized by Pakistan Cardiac society & Pakistan hypertension league, Quetta chapter in Hotel Serena. Professor Allahdin was the chairman, myself was the speaker.

FAISALABAD CHAPTER

Four Free medical camps at Gojra with free medical check up. ECGS X-ray chest and blood

chemistry and free distribution of medications for approximately 130 patients in each camp. These camps were held at THQ Hospital Gojra and funds were provided by local organizations and Pharmaceutical companies.

8 CME programs at Serena hotel and Chenab club Faisalabad. These lectures were well attended by GPs and post graduate students.

Public awareness program on hypertension on World Heart Day and World hypertension day.

LAHORE CHAPTER

The Lahore chapter of Pakistan Hypertension League continued with its mission to promote awareness of hypertension among the lay public and the doctor community. A lecture on Hypertension was held for the students and teachers of Punjab University on 30.03.2005 as part of the Punjab University Health Week.

Servier Research and Pharmaceuticals Pakistan arranged a lecture on Hypertension on 9-5-2005 in connection with the World Hypertension Day. The lecture was delivered by Dr. Jean Jacques-Murad of Paris, France.

The Lahore chapter was honoured to be assigned the 9th Annual Symposium of the Pakistan Hypertension League in last year's meeting of the Pakistan Hypertension League held in Karachi.

ISLAMABAD CHAPTER

Lectures were arranged in the College of Islamabad in order to create awareness among the students about the preventive measures regards to "Cardiovascular diseases in general

and hypertension in particular and the emphasis was laid on the heart healthy life styles including prudent diet, regular exercise.

Dr. Shaukat Malik and Dr. Shahbaz A. Qureshi gave short talks on the status of hypertension in Pakistan and the importance of controlling it.

A free medical camp was arranged at DINA, near Jehlum.

One world Heart Day a seminar was arranged at the NESCOM Hospital where Dr. Samar Mubarak mand, Chairman NESCOM was the Chief Guest. It was very well attended, with lectures delivered by Dr. Shaukat Malik, Dr. Shahbaz Qureshi, Col. Ashiq Hussain and a Paediatric Cardiologist from Shifa Hospital.

A seminar was organized to update cardiology in which different aspects of cardiovascular diseases were discussed including hypertension jointly by Pakistan Hypertension League and Sandoz.

PESHAWAR CHAPTER

To update the general Practitioners the following clinical meeting were arranged:

29-12-2004	Importance of 24 hours Blood Pressure Control	Dr. Nosheen Aslam
19-01-2005	Role of Beta Blockers in Hypertension and Ischemic Heart Disease	Dr. Aziz Gul Mufiti
12-05-2005	New Frontier in Hypertension	Prof. Dr. Fexques Mourad, France
08-09-2005	Latest Guidelines in the Management of Hypertension	Dr. Hikmatullah Jan

The chapter was associated with "Smart Heart Programme" on 12th March 2005 arranged by Govt. Lady Reading Hospital (Cardiology Department).

World heart day was celebrated on 24th September by Pakistan Cardiac Society and Pakistan Hypertension League Peshawar chapter. The chapter also participated in public awareness programme arranged by the Society.

CALANDAR OF INTERNATIONAL SCIENTIFIC MEETINGS

10th Annual Symposium of the Pakistan Hypertension League

Saturday 4th - Sunday 5th November 2006

Peshawar, Pakistan

Information: **Dr. Saeed-ul-Majid**

Majid's Clinic, Sikandarpura

Peshawar, Pakistan

Fax: (+91-22) 16991

E-mail: ofm@psh.paknet.com.pk

Tuesday 16th - Saturday 20th May 2006

American Society of Hypertension

New York

for more information: <http://www.ash-us.org/>

Monday 12th - Friday 16th June 2006

16th European Meeting on Hypertension

Madrid

for more information:

<http://www.aimgroup.it/2006/esh/>

Saturday 17th - Tuesday 20th June 2006

European Society of Cardiology, Heart Failure 2006

Helsinki

for more information:

<http://www.escardio.org/congresses/HF2006/>

Saturday 2nd - Wednesday 6th September 2006

World Congress of Cardiology

(Joint Meeting of the European Society of Cardiology Congress 2006 and the World Heart Federation's XVth World Congress of Cardiology)

Barcelona

For more information:

<http://www.worldcardio2006.org/>

Monday 18th - Wednesday 20th September 2006

Annual Scientific Meeting of the British Hypertension Society

(members and guests only)

Churchill College, Cambridge

[Click here for on-line abstract submission](#)

The Meeting Announcement will be sent to members in June 2006

Wednesday 27th - Friday 29th September 2006

Hypertension Update XVIII

St. Jhon's College, Cambridge

For more information:

<http://www.hamptonmedical.com/>

Friday 29th September - Sunday 1st October 2006

11th Annual Meeting of the European Council for Cardiovascular Research (ECCR)

La Colle sur Loup, Nice, France

For more information: <http://www.eccr.org/>

Wednesday 4th - Saturday 7th October 2006

US Council for High Blood Pressure Research

San Antonio

For more information: <http://www.heart.org/>

Sunday 15th - Thursday 19th October 2006

ISH 2006 - The 21st Scientific Meeting of the International Society of Hypertension

Fukuoka International Congress Center Fukuoka Japan

For more information:

<http://www.congre.co.jp/ish2006/>

Thursday 26th - Sunday 29th October 2006

1st World Congress on Controversies in Obesity, Diabetes and Hypertension (CHDHy)

Estrel Hotel, Berlin, Germany

E-mail: codhy@codhy.com

Tel: +972-3-5666166

For more information: <http://www.codhy.com/>

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