Guidelines set new definitions, update treatment for hypertension

Some 600 million people worldwide have high blood pressure and nearly 3 million die every year as a direct result. Yet seven out of every 10 people with hypertension are not being treated adequately, according to WHO and the International Society of Hypertension (ISH).

WHO and ISH have worked together to produce new guidelines aimed at reducing hypertension and lowering the risk of heart disease, heart attacks and strokes. The guidelines, which are based on the recommendations of experts from 23 countries, deal with issues such as diagnosing and grading hypertension, stratifying risk on the basis of multiple factors, and treating hypertension with various options that include both medications and adjustments in lifestyle.

The WHO-ISH hypertension guidelines are intended for specialist physicians responsible for the care of patients with high blood pressure. They are complemented by a set of “practice guidelines” for general practitioners and other clinicians.

Like the previous WHO-ISH guidelines issued in 1993, the 1999 guidelines concentrate on the management of patients with “mild” hypertension since there is often uncertainty about how to manage this condition. The guidelines deal with the management of more severe hypertension only in more general terms.

WHO and ISH believe their latest guidelines come at a “critically important time globally” for reducing hypertension and preventing cardiovascular problems. The second half of the 20th century has seen a gradual drop in cardiovascular deaths in Australasia, Japan, North America and western Europe. The control of hypertension has also improved in these regions. For instance, the Health Examination Surveys in the USA showed that while 10% of hypertensive subjects had their blood pressure lowered to 140/90 mmHg in 1976–1980, by 1988–1991 the proportion had risen to 27%. Despite the progress, this still leaves more than 70% of subjects with imperfect control (or no treatment at all) of their hypertension. WHO and ISH say there are “worrying signs” that the rate of improvement has levelled out or even reversed in some cases. A recent survey in the United Kingdom indicated that only 6% of hypertensive patients had their blood pressure lowered to below 140/90 mmHg.

More worrying, according to WHO and ISH, is the fact that cardiovascular disease is rapidly becoming an important factor in developing countries and in the newly independent states of the former Soviet Union. It is projected that death and disability from coronary heart disease and cerebrovascular disease are now increasing so quickly in these parts of the world that they will rank as first and fourth, respectively, among the causes of the global burden of disease by 2020. Because of hypertension’s “central role” in coronary heart disease and stroke, “one of the biggest challenges facing public health authorities and medical practitioners is the control of hypertension worldwide”, WHO and ISH claim.

High blood pressure, according to the WHO-ISH guidelines, includes both hypertension (defined as 140/90 mmHg or above) and “high normal” (between 130/85 mmHg and 140/90 mmHg). The guidelines acknowledge that high normal blood pressure also poses a threat to health. The new WHO-ISH classification of blood pressure levels has been harmonized with the guidelines of the United States Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC VI). Hypertension is divided into three grades of severity (to match the three stages used by JNC VI).

The WHO-ISH guidelines class optimal blood pressure as less than 120/80 mmHg, while normal blood pressure is defined as less than 130/85 mmHg. Lower blood pressure targets, i.e. below 130/85 mmHg, have been introduced because of evidence from recent trials that intensive reduction of high blood pressure markedly lowers death and disability from cardiovascular disease.

The guidelines cover all six classes of antihypertensive drugs (diuretics, beta-blockers, ACE inhibitors, calcium antagonists, angiotensin II antagonists, and alpha-blockers), emphasizing that the drugs of choice for a particular patient depend on factors such as age, ethnicity and presence of other cardiovascular conditions. The properties of the different classes of drugs, and their effects on mortality and morbidity, are summarized in the guidelines. Combination drug therapy is recommended for patients whose blood pressure does not fall to optimal levels with single-drug treatment.

According to WHO and ISH, lifestyle measures for reducing hypertension include stopping smoking, losing weight, limiting alcohol consumption, reducing salt intake, eating healthier food, taking more exercise, and learning to cope with stress. “Smoking cessation is the single most powerful lifestyle measure for the prevention of both cardiovascular and non-cardiovascular diseases in hypertensive patients,” according to the guidelines. “All hypertensive patients who smoke should receive appropriate counseling for smoking cessation.” Excess body fat is described as “the most important factor predisposing to hypertension”.


World Health Day will focus on ageing

World Health Day is celebrated every year on 7 April. The date commemorates the day on which WHO was founded in 1948. The theme of this year’s World Health Day is ageing, acknowledging the fact that the number of older people is growing rapidly worldwide.

The world’s population is set to reach 6.000 million later this year. The United Nations Population Fund has already designated 12 October 1999 as “the Day of 6 Billion”.

Half a century ago, most people in the world died before the age of 50 but most people today live well beyond that age. There are already more than 580 million people over the age of 60, and the number is projected to rise to 1000 million by 2020 – a 75% increase compared to 50% for the population as a whole. By 2025, WHO says, two-thirds of the world’s older people will be in developing countries and most of them will be women.

Elderly people are also apparently growing older. The fastest-growing part of the population in most countries, according to WHO, is the “oldest old” – those aged more than 80 years. In the next 30 years the over-80s are expected to increase until they...
account for as much as one-third of the population over 65 in some countries.

As older people are living longer, fertility rates around the world are falling. This trend by which more people live to reach old age while fewer children are born is being referred to as “population ageing”. This trend has been especially rapid in developing countries, according to WHO. While it took 158 years for the proportion of older people in France to double from 7% to 14%, it will take China only 27 years to achieve the same increase between 2000 and 2027.

A symposium on ageing held at WHO’s Centre for Health and Development in Kobe, Japan, last October issued a declaration that called for “strengthening inter-generational links, a change in the current image of old persons and the creation of a society for all ages”. Referring to the increase in older persons as the “graying” of the world, the Kobe declaration spoke of the need to encourage “healthy and productive ageing” through education and life-long learning.

Maintaining mental and functional abilities into older age is greatly facilitated by healthy habits. For World Health Day, WHO is promoting the idea of “active ageing”, maintaining both health and creativity throughout the lifespan and especially into the later years. WHO’s recommendations include balanced nutrition, avoiding smoking, limiting alcohol consumption, taking regular exercise at all ages, maintaining a normal body weight, keeping involved in community activities and continuing to educate oneself.

---

Plans for international convention to control tobacco move ahead

Plans for a framework convention on tobacco control are moving ahead following a resolution by WHO’s Executive Board calling on the Organization’s 191 Member States to participate in drafting and negotiating the text of the convention. The resolution was adopted at the closing of the 103rd session of the WHO Executive Board in January.

At least 3.5 million lives were lost in 1998 as a result of smoking and other forms of tobacco use worldwide, the Executive Board was told. By 2030, the tobacco-related death toll will top 10 million a year, with 70% of the deaths in developing countries, if present trends continue, according to a report on WHO’s Tobacco Free Initiative.

The Executive Board’s resolution now goes to the World Health Assembly which meets in Geneva in May. If the Assembly approves the resolution, an intergovernmental negotiating body would start work next year and have a draft framework convention and related protocols drafted for adoption in May 2003. A framework international convention is a legally binding international treaty whereby the states that sign agree to pursue broadly stated goals, in this case international tobacco control. This would be the first international convention adopted by WHO. Areas that it might address include:

- tobacco smuggling (recorded world exports of cigarettes exceed imports by about 350 billion cigarettes, implying that up to 7% of global production is smuggled, according to US Department of Agriculture estimates);
- tobacco advertising, promotion and sale;
- pricing and taxation (international harmonization of tobacco prices and taxes at high levels would discourage smoking and reduce smuggling from low-price countries to high-price ones);
- package design and labelling;
- minimum standards for the content of tobacco products.

WHO Director-General Dr Gro Harlem Brundtland described tobacco as a “main risk factor” to health in the next century in an address to the World Economic Forum in Davos, Switzerland, at the end of January. “By 2020, the burden of disease attributable to tobacco is expected to outweigh that caused by any single other disease,” Dr Brundtland said. “Investing in health,” she added, “is sound economics. From being perceived as an unproductive consumer of public budgets, health is now gradually being understood to be a central element of productivity itself.”

In a related development, the WHO European Partnership Project on Tobacco Dependence is currently being set up with the aim of reducing tobacco-related death and disease. The Partnership Project, which will involve private, non-commercial and public sector partners, will support the goals of the Tobacco Free Initiative.

The Partnership Project has brought together three major pharmaceutical companies — Glaxo Wellcome, Novartis Consumer Health, and Pharmacia & Upjohn — in support of a common goal. All three companies are manufacturers of treatment products for tobacco dependence.

Among its other actions the WHO Executive Board welcomed the establishment of the Organization’s Roll Back Malaria project and reaffirmed WHO’s commitment to the global eradication of poliomyelitis by the end of the year 2000. The Members of the Board also called for the establishment and enforcement of “regulations that ensure good uniform standards of quality assurance for all pharmaceutical materials and products”.

---