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Lennart Hansson, MD

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In Memoriam

Lennart Hansson, MD

On November 8, 2002, at 62 years of age, Lennart Hansson lost a long battle with cancer. He died in the quiet dignity of his Stockholm home surrounded and supported by loved ones—his wife Gerd, his daughters, and stepdaughters. Len suffered his predicament with discipline and determination. He kept a full traveling schedule up to 3 weeks before his demise. Nobody listening to his recent lectures could have suspected that he had any personal cares or that he was coping with pain. And in the last week before his final hospitalization, Len took a cruise through the Mediterranean, willing himself to spend some quality time with his beloved wife.

His behavior in the last few weeks was typical of Lennart Hansson's entire life. He always could decide what was important, set his priorities, and focus his incredible energy on achieving specific goals. Luckily for all of us, the study of hypertension was the love of his scientific life. He left behind him an impressive opus that will continue to guide research into the treatment of hypertension for many years to come. For him, the treatment of hypertension was both an academic discipline and a practical problem. And as his curriculum vitae shows, he systematically prepared himself to master both sides of the issue.

Lennart Hansson was born on June 16, 1940 in Landskrona, Sweden. He graduated from Goteborg University Medical School in Goteborg, Sweden, where from 1968 to 1978, he was first a resident and later an instructor in medicine. In Goteborg, Len trained under Bertil Hood and Lars Werko. Hood was one of the early European pioneers in the epidemiology, treatment, and clinical aspects of hypertension. Werko was an expert in the hemodynamics and clinical pharmacology of hypertension. Recognizing Hansson's talent, his mentors encouraged him to seek further education in United States. He came to the University of

Michigan in Ann Arbor in 1971 for a 2-year term as a resident and research associate in the Division of Hypertension. Upon his return to Goteborg, Len completed his doctoral thesis on β -adrenergic blockade in hypertension. The thesis included a study of the hemodynamic effects of propranolol, which he completed in Ann Arbor. In 1978 he became a docent (associate professor) of medicine in Goteborg and moved from Sahlgrenska to the Ostra University Hospital where he organized a hypertension treatment and teaching center. A decade ago he became Professor of Medicine at the University of Uppsala in Sweden.

Knowing that his academic work would be fruitful only if its results were applied in clinical practice, Dr Hansson invested considerable energy in the education of the public and professionals in the treatment of hypertension. He was one of the first chairmen of the Swedish League Against Hypertension, and he represented Sweden in the Nordic Working Group on Hypertension. In 1980, he became secretary and, in 1984, president of the International Society of Hypertension. He was instrumental in writing two ISH-WHO guidelines on the treatment of hypertension. More recently he was president of the European Society of Hypertension.

His huge bibliography is remarkably consistent. He maintained a steady interest in the hemodynamics and natural history of hypertension, in the questions of how the drugs work, who benefits most from treatment, and how aggressively one should treat blood pressure. In the last 2 decades, Len applied his knowledge and his universally recognized leadership skills to organize large scale treatment trials of outcomes in hypertension. The results were the landmark Hypertension Optimal Treatment Study (HOT) and the Swedish Trial in Old Patients with Hypertension (STOP-1), proving that aggressive treatment of blood pressure yields better results and that lowering the blood pressure is useful even in very old patients. His mega-trials comparing outcomes with various drugs, STOP-2, Nordic



Diltiazem Study (NORDIL), and Captopril Prevention Project (CAPP), confirmed that blood pressure lowering by any means is useful, but that different drugs might have different effects on specific morbidity and mortality in hypertension. His latest project, the Study on Cognition and Prognosis in Elderly Hypertensives (SCOPE), opened a new field by investigating whether treatment of high blood pressure in elderly patients might be useful also for preserving cognitive function.

Full of energy and a zest for life, Len had many interests beyond his work in hypertension. He was a wine connoisseur, a keen golfer, an expert in American jazz, a collector of modern art, and an avid reader of novels. In political discussions nobody could shake his love of America. He was also eternally loyal to

the University of Michigan; the best gift you could give him was an “M” jersey, and he made sure that each of his grandchildren got one. Len had a keen eye for his own and other people’s weak spots, and he used his marvelous dry sense of humor to put everybody in his rightful place.

Len was open and had no fear of telling the truth. People who sought advice from him got just that—honest assessment, be it negative or positive.

Our profession has lost a great and unique contributor. Those who knew him well have lost a loyal, dependable, and precious friend.

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