FOR the past several years a broad-based education program has been conducted in the United States under the auspices of the National Heart, Lung, and Blood Institute to apprise the health-care delivery system and public about the magnitude, the high cardiovascular morbidity and mortality, and the dramatic benefits of therapy of the hypertensive diseases. The success of these efforts has already been documented, and a rather dramatic downturn in these vital statistics in the United States has been demonstrated.

These public health efforts in preventive cardiology have not been confined solely to the United States. Indeed, massive public screening, evaluation, and treatment programs for individuals with hypertension and other cardiovascular factors have been a worldwide effort. Because of these widespread concerns, the World Health Organization convened an Expert Committee on Hypertension in Geneva, Switzerland, in March, 1978, to draft a revised and updated document on the state of knowledge of fundamental epidemiological and clinical information concerning the hypertensive diseases. This report has recently been published and provides a concise summary of that information, as well as current thinking concerning the clinical evaluation and management of the hypertensive patient and control of hypertension in population groups.

Because of the potential applicability of the report to nations with varied ethnic, social, economic, and political characteristics, the document was, of design, general in its overview of this vast problem. Nevertheless, areas of epidemiology, pathophysiology, diagnosis, evaluation, treatment, prevention, and population control of hypertension are detailed with key appropriate references. This information should stand in good stead not only for specialists in hypertension but also for other practicing physicians, cardiologists, and public health scientists of the world.

Because this document necessarily reflects worldwide viewpoints (and a consensus) of clinical evaluation and treatment of hypertensive diseases, there are certain disparities between this document and the recommendations prepared by the "Joint Committee" of the National High Blood Pressure Education Program published early in 1977 but approved in 1976. Some of these differences represent national or professional differences in clinical and public health approaches to evaluation and treatment. For example, the WHO report provides for a "first step" therapeutic alternative (thiazide diuretic or beta-adrenergic receptor blocker, whereas the U.S. recommendation is for only a thiazide diuretic). Indeed, several of these "inconsistencies" may no longer exist with the publication of the third revision of the Joint Committee's recommendation, anticipated for 1980. At the present time the committee is redrafting its document on recommendations for evaluation and treatment. These changes will no doubt reflect additional knowledge, newer antihypertensive agents, and probably a less tangible (but predictive) factor, the changing composition of committee membership.

Nevertheless, the major impact of the WHO Expert Committee Report on Arterial Hypertension is that hypertension can and should no longer be considered a health problem of the western world, of only "aculturated" societies, or, from a more secular point of
view, of the United States. Clearly, hypertension is a pandemic health problem that importantly affects the impressively high vital statistics of cardiovascular morbidity and mortality worldwide. To this end, we recommend this more current and timely document.

References

1. National High Blood Pressure Education Program, National Heart and Lung Institute. Professional Education. Report of Task Force II to the Hypertension Information and Education Advisory Committee, September 1, 1973

WHO Expert Committee on Arterial Hypertension

Membership

Professor F. Gross, Department of Pharmacology, University of Heidelberg, Federal Republic of Germany (Chairman)
Professor O. O. Akinkugbe, Vice-Chancellor, University of Ilorin, Ilorin, Nigeria (Vice-Chairman)
Professor I. K. Shvacabaja, Director, Institute of Cardiology, Myasnikov Institute, Academy of Medical Sciences of the USSR, Moscow, USSR (Vice-Chairman)
Dr. E. D. Frohlich, Vice-President, Education and Research, Alton Ochsner Medical Foundation, New Orleans, Louisiana, USA (Rapporteur)
Dr. J. I. S. Robertson, Physician, Medical Research Council Blood Pressure Unit, Western Infirmary, Glasgow, Scotland (Rapporteur)
Dr. R. Cruz-Coke, Professor of Medicine, Aguirre Hospital, Santiago, Chile
Professor J. Ménard, Chief, Service for Arterial Hypertension and Internal Medicine, St. Joseph's Hospital, Paris, France
Dr. O. Paul, Professor of Medicine, Harvard Medical School, Harvard University, Boston, Massachusetts, USA
Dr. I. Prior, Director, Epidemiology Unit, Wellington Hospital, Wellington, New Zealand
Dr. L. Wilhelmsen, Associate Professor and Head of the Department of Medicine, Eastern Hospital, Götteborg, Sweden
Professor Y. Yamori, Professor of Pathology, Shimane Medical University, Tokyo, Japan
Professor A. Zanchetti, Professor of Medicine, Institute of Cardiovascular Research, University of Milan, Italy

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Professor Tao Shou-chi, Head, Medical Department, Fu Wai Hospital, Peking, People's Republic of China (Temporary Adviser)
Review of the WHO expert committee report on arterial hypertension.

E D Frohlich

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