With exciting speakers already confirmed, this event is one not to be missed. Stay updated by following the event on Twitter with #Hypertension2020. Highlights to look forward to are:

- o The release of the **2020 ISH Global Hypertension Guidelines** catering for the needs of those in low resource settings and high resource settings, chaired by Thomas Unger. Watch this space!
 - o Recognising new investigators, life-time achievers, women scientists and those working in the developing world with **ISH awards**. In the coming months the Chair of the Awards Committee, George Stergiou, will invite you all to submit nominations for the various awards (<http://ish-world.com/activities/awards-prizes.htm>).
 - o For the first time, the ISH will also recognise and honour members of the Society who have distinguished themselves through excellence in clinical practice or research in the field of hypertension, by awarding “**Fellows of the International Society of Hypertension**” (FISH). FISH status will be a symbol of excellence, and will represent recognition by the ISH of our members’s scientific and professional accomplishments in the field of hypertension. Members will be invited during the coming months to apply online.
 - o Sessions by the **Women in Hypertension Research Committee** and **New Investigator Committee** including several topics such as career planning.
 - o With the meeting being in the month of May, there will be specific activities on **May Measurement Month**, including scientific sessions where investigators from around the world will have the opportunity to share their experiences.
- Please note that the official journal of the Society, the Journal of Hypertension is advertising a Call for Applications for a new **Editor-in-Chief**. http://ish-world.com/data/uploads/Call_for_Editor_JH.pdf Applications should be submitted by 1 December 2019.
 - The ISH Committee handling **bids for the 2024 ISH meeting** is chaired by Fadi Charchar. Numerous applications were received, and applicants shortlisted will have the opportunity to present their bids at the ESH-ISH Joint Meeting in Glasgow. The winning bid will also be announced there, and I am very curious to know where we will all be going in 2024.
- Finally, may every member have a peaceful Holiday Season – taking some rest and enjoying time with family and friends. I am greatly looking forward to encounter all of you during ISH events in the new year.

With my very best wishes,

Alta Schutte - alta.schutte@nwu.ac.za

¹Benjamin IJ, Kreutz R, Olsen MH, Schutte AE, Lopez-Jaramillo P, Frieden TR, Sliwa K, Lackland DT, Brainin M. Fixed-dose combination antihypertensive medications. Lancet 2019; 394: 637-638. [http://dx.doi.org/10.1016/S0140-6736\(19\)31629-0](http://dx.doi.org/10.1016/S0140-6736(19)31629-0)

THE SECRETARY’S VOICE

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Thomas Unger

ISH Secretary

CARIM – School for Cardiovascular Research,
Maastricht University, Maastricht, The Netherlands

One of the major current tasks of our Society is the elaboration of a new ISH 2020 Global Hypertension Guidelines document.

In the recent past, several local Hypertension Societies have published their own Hypertension Guidelines, among others, the US-American AHA/ACC Guidelines or the Latin American Guidelines in 2017, followed by the European ESC/ESH Guidelines in 2018, the Japanese Hypertension Guidelines and the UK-NICE Guidelines in 2019.

All these documents have their own merits. They are based on extensive review of the current literature trying to extract as much scientific evidence as possible on which to base their preventive, diagnostic and therapeutic recommendations. They are usually written by a large panel of renowned experts and have undergone several stages of external review. Some of them like the European- and the US-American Guidelines are also quite voluminous

which may reduce their readability. While all of them bring together the best available knowledge to distill into recommendations, they address to a large extent their own local or regional clienteles. Most of these Guidelines stem from affluent countries or regions, in which optimal health care is possible if not comprehensively provided. Advanced, sophisticated diagnostic measures, expensive therapies are widely available and in many such countries also financially taken care of by social health providers or at least by private health insurances. However, in many regions of the world, in the less affluent, developing countries, the reality looks quite different. Little is covered by the local health system and one has to scale down expectations and performance from optimal to minimal.

When the idea came up within the council and executive committee of our International Hypertension Society to write our own updated 2020 Hypertension Guidelines, it was clear from the very beginning that we should not create just another guideline document copying in essence what has already been provided by others. We were captured by the thought that within the context of the society's mission to provide global assistance in combatting hypertension, we should generate a document which would take also into account the needs of the less affluent regions of the world, the so-called low- and middle income countries (LMIC). This appeared even more important in view of the fact that blood pressure trends show a clear shift of the highest blood pressures from high-income to low-income regions, with an estimated 349 million with hypertension in high income countries (HIC) and 1.04 billion in low- and middle-income countries (LMIC) in 2010, and that hypertension control is substantially lower in LMIC than in HIC.¹ In another survey, it had been shown that the number of adults with raised blood pressure substantially increased from 1975 to 2015, with the increase largely in low-income and middle-income countries.²

This in mind, our goal was to create guidelines as brief and concise as possible in order to facilitate readability. In addition, we wanted them to be of practical use especially in LMIC, and to be read and followed also by health care providers and medical assistants without an MD degree.

It became clear to us that, in order to allow specification of essential as opposed to optimal standards of hypertension management in LMIC, we would have to abandon a continuous, strict observance of scientific/clinical evidence in favor of expert opinion. To follow this strategy, we are dividing our recommendations whenever possible in two parts: essential and optimal. Whereas essential means a minimal standard of care based on expert opinion even in absence of clinical evidence, optimal describes evidence-based standards of care as summarized in recent guidelines, especially the opulent recent European and US-American documents. We are convinced that, following this avenue, we will reach out globally, providing assistance to hypertension management in many low-and middle income areas of the world in which resources are scarce and in which current guidelines, as excellent as they may be, are difficult to follow.

The ISH 2020 Global Hypertension Guidelines Committee consists of 12 members: Claudio Borghi (Italy), Fadi Charchar (Australia), Nadja Khan (Canada), Neil Poulter (UK), Dorairaj Prabhakaran (India), Agustin Ramirez (Argentina), Markus Schlaich (Australia), Aletta Schutte (South Africa), George Stergiou (Greece), Maciej Tomaszewski (UK), Thomas Unger (The Netherlands; Chair), Richard Wainford (USA), Bryan Williams (UK). We have met three times face-to face, and will have another session in December. A large group of international reviewers will be invited end of October making sure that parts of the world, especially also the LMIC, are represented and that their experts can contribute to the final document. We plan to have our Guidelines presented at the ISH/ESH/BIHS Congress in Glasgow (UK) end of May 2020 and have them published at the same time. We are convinced that with our new ISH 2020 Global Hypertension Guidelines we will make an important, practical contribution to reduce the global burden of hypertension.

Key References

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Thomas Unger, Secretary - thomas.unger@maastrichtuniversity.nl