

eINFO



REGISTRATION AND THE CALL FOR ABSTRACTS ARE NOW OPEN FOR OUR 2024 CONFERENCE!



We are proud to announce that we have partnered with Obesity Canada to develop our 2024 conference, titled, "Obesity and Hypertension in Canada: From Science to Solutions." The event will be held at the picturesque Fairmont Banff Springs from April 3-6 and we have an amazing hotel rate for the event ([click here](#) for details). For this year's conference, our theme will be about the intersections between conditions, so topics will not be limited to just hypertension or obesity. From bench research to clinical care, changing health systems, emerging therapies, and integrated healthcare, our 2024 conference will cover it all. There will be something for everyone who works in healthcare at this event! Registration and the call for abstracts are now open, with links below, and all other information about the event can be found [here](#) on our website. We look forward to seeing you there!

**[CLICK HERE
TO REGISTER](#)**

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AN ABSTRACT](#)**



NEW ONLINE TOOL TO HELP PATIENTS MANAGE THEIR BLOOD PRESSURE AT HOME

Hypertension Canada, together with six other sponsoring organizations, is proud to present the 'Home Blood Pressure Monitoring: Promoting Patient Self-Measurement' online course, from the Pan American Health Organization (PAHO) and World Health Organization (WHO). The course is delivered through a mix of interactive video and illustrated guides and is intended for people with hypertension. Health and social care professionals are also encouraged to take the course in order to better communicate with their patients about home measurement.

NEW INVESTIGATION ON THE EFFECTS OF LONG-TERM BLOOD PRESSURE CONTROL ON HYPERTENSIVE PREGNANCY

Last month, the results of a clinical trial were published, which demonstrated that self-monitoring and physician-guided titration of antihypertensive medication was associated with lower blood pressure and present a possible alternative to the standard outpatient care in the UK. The trial examined whether these methods provided better long term blood pressure control than standard methods. Data was collected from 220 randomized participants, who showed a 6/5-mm hg lower ambulatory blood pressure at 9 months postpartum, following physician guided self-management of postnatal blood pressure.

NEW TRIAL EXAMINES THE IMPACT OF DIETARY SODIUM ON BLOOD PRESSURE

The findings of a recent crossover trial on the effects of dietary sodium intake on middle-aged to elderly individuals were released this past month. The study aimed to examine the responses to high and low sodium diets and whether these varied according to baseline blood pressure and antihypertensive medication use. The participants had varying levels of controlled and uncontrolled hypertension. Results showed that dietary sodium reduction significantly lowered blood pressure in the majority of the participants and this decline was independent of hypertensive status, medication use, and was generally consistent across sub groups.



U.S. STUDY FINDS COST SAVINGS AND IMPROVED HEALTH OUTCOMES WITH PHARMACIST-PRESCRIBED BP INTERVENTIONS

A new study suggests that pharmacist-prescribing interventions could significantly improve blood pressure control in the United States, providing substantial economic benefits. Conducted over a 30-year horizon, the research, based on the Alberta Clinical Trial in Optimizing Hypertension (RxACTION), reveals that the pharmacist-led approach resulted in 2100 fewer cardiovascular disease cases and 8 fewer kidney disease cases per 10,000 patients compared to standard care. The intervention, involving BP assessment, counseling, medication review, and prescribing, not only extended life years but also yielded cost savings of \$10,162 per person. When scaled to the U.S. population with a 50% adoption rate, the pharmacist-prescribing strategy is estimated to save a staggering \$1.137 trillion and preserve 30.2 million life years over three decades. Despite demonstrating the potential for improved health outcomes and substantial cost savings, the study highlights reimbursement limitations as a barrier to the widespread implementation of pharmacist-prescribing interventions. The research underscores the urgent need for innovative solutions, particularly as hypertension-related mortality rates in the U.S. have been on the rise, emphasizing the role of pharmacists in improving healthcare access and outcomes. Click [here](#) to read more.

A NEW PRACTICAL APPROACH FOR THE DIAGNOSIS AND MANAGEMENT OF PRIMARY ALDOSTERONISM

A [recent article](#) in the Journal of Human Hypertension addresses the lack of a general consensus among medical professionals in the diagnosis and management of primary aldosteronism. The authors carried out a survey among 2022 BIHS members to assess current clinical management practices for patients with primary aldosteronism, combining the results to create the final document. We reached out to Dr. Greg Hundemer, a specialist in the study of primary aldosteronism, for his thoughts on the article and he stated, "I fully agree with the authors that there is a lack of existing guidelines to provide specific recommendations on how to approach the diagnosis and management of PA. Papers like this will hopefully serve to help fill this gap. I also appreciate the point that we increasingly recognize PA as a continuum of disease rather than a dichotomous disease state, as has been the historical dogma. One discussed point that I would push back on some is the emphasis on confirmatory testing. There are a growing number of studies suggesting that the performance, accuracy, reliability, and reproducibility of these PA confirmatory tests are quite poor. This has led many in the field to bypass these tests in many cases, particularly as we are increasingly recognizing that you don't need the historical diagnostic label of 'PA' to benefit from aldosterone-targeted therapies."

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