

FROM THE EDITOR

A new man at the ISH helm, who will make ISH flourish again!

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Dear reader,

It is again a pleasure for me to present a new double issue of Hypertension News (Opera 71–72) to you. Hypertension News is the web-based Newsletter of the International Society of Hypertension (ISH) and has been its main source of news and scientific exchange for about 20 years.

A month ago, and after some very difficult years, the members of the ISH and other hypertension researchers were finally able to meet again in Kyoto in Japan. About 3,000 participated, half of them in person. The Japanese hosts, under the leadership of Hiroshi Itoh and Hiromi Rakugi, should be commended for arranging a very good meeting in beautiful surroundings, having had major difficulties in getting us there. In this issue of Hypertension News (pages 4–19), you will find a series of reports from that meeting, including one from the organisers, one from Victor Dzau (pages 6–8) and one from Suzanne Oparil (pages 10–13).

At the end of the ISH meeting in Kyoto, Bryan Williams from London, UK, took over as the new President of the Society. With his outstanding scientific merits in cardiovascular medicine, his broad knowledge of recommendations and guidelines, and his good common-sense, Bryan Williams has every chance to make the ISH flourish again. We bid him welcome and wish him the best of luck with his new undertaking!

To present Bryan Williams to you, I have asked my old friend, Stuart Spencer, who is a senior executive editor at *The Lancet* and an honorary member of the ISH, to interview him (page 2). Over

the years, I have not often seen Stuart enthusiastic, but this is how he starts his interview on page 2, “Wow! I had a conversation with our new president of ISH and came away stimulated and excited. It was supposed to be an interview but, from the first reply to my opening greeting I had to do little except listen while Bryan enthusiastically outlined his vision for the society and for hypertension.” Not everyone will agree with Bryan Williams’s thoughts and intentions. They are certainly more radical than we have seen in the past, but, as Stuart Spencer puts it: “If half of them are successfully introduced the International Society for Hypertension could encourage radical changes that will benefit millions of people.” I strongly recommend you read the interview and consider what it implies!

Our heavily read “Learning the Ropes” feature, first introduced in March 2019, has allowed for some of the most distinguished leaders in the hypertension field to introduce key topics in hypertension research and management to our readership. In this issue, the title of this section is: From bench to clinic: Nitrates in vascular biology. Several authors, who have significantly contributed to NO/nitrate/nitrite research, contribute an introduction and four state-of-the-art articles (pages 28–45) on their findings and thoughts in this intriguing field. Texts well worth reading! Sincere thanks to Thomas Unger for editing this section.

Moreover, in this issue there are three important comments on the TIME study, recently published in *The Lancet* (pages 20–27), where the authors showed that it didn’t really matter if you took

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your blood pressure lowering medication in the morning or in the evening. There is also a lovely presentation of Michael Bader's institute in Berlin, Germany, on page 46–48.

Finally, the next meeting of the ISH will be held on 19–22 September 2024 in Cartagena, Colombia, one of the most beautiful colonial cities in Latin America. Cartagena was declared a World Heritage site in 1984, due to its amazing architecture

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Interview with Bryan Williams

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Wow! I had a conversation with our new president of ISH and came away stimulated and excited. It was supposed to be an interview but, from the first reply to my opening greeting I had to do little except listen while Bryan enthusiastically outlined his vision for the society and for hypertension. I did get in a few questions.

On the question of guidelines, Bryan was forward thinking. While accepting that European and North American societies (and their journals) benefit from producing their own guidelines, there was a case for low and middle income countries to develop their own guidelines. On the other hand, there is little difference between the various guidelines. Furthermore, he thought guidelines are not very effective in delivering improvements in the detection or, treatment and control of blood pressure; there has been too little focus on effective implementation in individual patients. Moving the focus away from the medical profession, and better empowering patients with information about what should be happening with the. To take responsibility for their own blood pressure would be in line with modern

and history. In this issue, the president of that meeting, Patricio Lopez Jaramillo, gives us a first presentation of the planning (pages 50–53). Time flies, so please note the dates and reserve the funding – the meeting is only 22 months away!

To finish, let me thank my brilliant deputy editor Dylan Burger, the excellent ISH Secretariat, and all the members of the editorial team for their endless support and help! Thanks also to all the authors for their valuable contributions.



thinking and be more effective. This is something he wants ISH to do. He accepted that there would be resistance to this, but patient well-being should take precedence over vested interests. Given the very low price of common anti-hypertensive drugs, and many decades of safety data, he suggests there is a strong case for deregulating availability of these drugs. In response to the usual arguments against such an approach he had logical counter arguments. This also ties in with helping to make blood pressure control a greater priority for Governments. Politicians respond to public pressure from their constituents, so patient power can be more effective than pressure from industry and organisations. This is especially so when economic arguments showing the long term cost benefit of investing in blood pressure control, thereby reducing kidney and heart failure cases, are emphasised.

Similar thoughts were expressed in relation to low and middle income countries. Tackling the world's biggest killer, but it might be better achieved through using non-specialist platforms and by platforms to improve health care profession,