Council on the Move

This is a busy year for our Council. I wish to highlight five important upcoming events and congratulate those involved.

Join me in congratulating John Hall, PhD, FAHA (prior Chair of our Council) who has been selected to receive the highly regarded Award for Mentorship Achievement from AHA.

We also congratulate John Flack, MD, MPH, FAHA, who has agreed to serve late John Flack, MD, FAHA, mentor from AHA.

We are also congratu-
lating the winning groups of the AHA Strategir-Research Committee.

We have also selected to receive the highly regarded Award for the Young Investigator Meeting into our Hypertension Early Career Award, jointly spon-

Supported by AHA, the CHAMP website, which can be found at my.americanheart.org/hypertensioncouncil. More details appear on the CHAMP website.

Membership Report

Current membership for our Council includes 1,139 overall members with 334 holding membership at the FAHA level. Thirteen new FAHAs were recently approved from the January nomination deadline. Those nominated for the June deadline will be approved in the fall. The deadline for nomination occurs twice per year, in January and in June. Thus, the next deadline for nomination for fellowship will be in January 2016. Check out our up-
coming membership reports or refer to the Council on Hypertension webpage for the updated information regarding nomination deadlines for 2016. The American Heart Association has initiated a program, titled the Early Career Program. An email describing this important initiative, please be on the lookout for announcements for next year’s program.

Trainee Advocacy Committee Report

We are excited to see you and your scientific endeavors at the annual Council on Hypertension Scientific Sessions that will be held Sept. 16-19, 2015, at the Omni Shoreham in Washington, DC. Jointly with the International Society of Hypertension New Investigator Committee, the Trainee Advocacy Committee has planned several events, opportunities and awards.

We will again host a trainee-only poster session at which we will be awarding approx-
imately 22 travel awards to undergraduates, medical, graduate and postdoctoral trainees based on an adjudicated poster competition. We will also be awarding several New Investigator Travel Awards. 

We are happy to announce a new Hypertension Early Career Award, jointly spon-
sored by Hypertension, the AHA TAC and the ISH NIC. This award will recognize the trainee who presents the highest quality oral presentation during the Top Trainee Abstracts Oral Session.

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Thanks

I would like to thank the very many members of our Council who give generously of their time and serve on our numerous com-

Council on Hypertension Activities

The Council on Hypertension 2015 Scientific Sessions will again include a full-day “Recent Advances in Hypertension” overview session covering hot topics in hypertension research. We are excited that this year will be the inaugural year of CHAMP — the Council on Hypertension Advisory and Mentoring Program. Finally, the TAC and NIC will jointly host a combination of career develop-

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AHA research grant application fee is waived for members.

You can apply at my.americanheart.org/research

AHA MEMBERS SAVE UP TO $300

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Advocacy Report

In order to stay on top of the most up-to-date policy issues important to the Council on Hypertension, please make sure that you are part of the You’re the Cure network (yourethecure.org/aha/advocacy/default.aspx).

Become a Research Advocate

Biomedical research offers the promise of improved health for humans and animals as well as insights into ecological and environmental challenges. The public is eager to enjoy these benefits, yet many find science confusing and frustrating. If public support for biomedical research is to continue, scientists need to help people appreciate how the process of discovery works and why it is a good investment of tax dollars. In Building Public Support for Science, the American Physiological Society offers some simple advice on how to get started. www.the-aps.org/BuildingSupport.

New Recommendations for Treating Patients With High Blood Pressure

A new scientific statement issued jointly by three medical organizations and published in the American Heart Association’s journal Hypertension (2015: 65(6):1372-407) addresses how low to aim when treating patients with high blood pressure who also have vascular diseases. The document provides an up-to-date summary on treating hypertension in patients who have both high blood pressure and have had a stroke, heart attack or some other forms of heart disease, said Elliott Antman, MD, president of the American Heart Association and professor of medicine at Harvard Medical School.

“The writing committee reinforces the target of less than 140/90 to prevent heart attacks and strokes in patients with hypertension and coronary artery disease,” he said. “This is important since confusion has arisen in the clinical community over the last year regarding the appropriate target for blood pressure management in the general population.” The current statement is issued jointly by the American Heart Association, American College of Cardiology and American Society of Hypertension. The writing committee consisted of internationally recognized experts in the fields of cardiology and high blood pressure research. According to the statement, while a target of less than 140/90 is reasonable to avoid heart attacks and strokes, a lower target of less than 130/80 may be appropriate in some individuals with heart disease who have already experienced a stroke, heart attack or mini-stroke (also called a transient ischemic attack or TIA) or who have other cardiovascular conditions such as a narrowing of leg arteries or abdominal aortic aneurysm.

Blood-pressure lowering can be done safely, and the majority of individuals will not experience problems when standard medications are used, the committee writes. However, the statement recommends that clinicians use caution in patients with coronary artery blockages, advising that blood pressure should be lowered slowly and not strive to decrease the diastolic (lower number) blood pressure to less than 60 mm Hg, particularly in patients more than 60 years old. The statement offers specific, evidence-based recommendations and contraindications to help clinicians select which anti-hypertensive medications to use in patients with various types of heart disease. For many patients, that will mean taking a beta-blocker by itself or in combination with other classes of drugs.

“In the spectrum of drugs available for the treatment of hypertension, beta-blockers assume center stage in patients with coronary artery disease,” said Clive Rosendorff, MD, PhD, Chair of the writing committee, professor of medicine at the Icahn School of Medicine at Mount Sinai in New York, and director of graduate medical education at the Veterans Administration in the Bronx. In addition to their effect on blood pressure, beta-blockers slow the heart rate and reduce the force of cardiac contraction, both of which reduce the heart’s consumption of oxygen. They also increase blood flow to the heart by prolonging the time between contractions, which is when blood flows into the heart muscle.

“In addition to treating hypertension, this statement also recognizes the importance of modifying other risk factors for heart attack, stroke and other vascular disease, including abdominal obesity, abnormal cholesterol, diabetes, and smoking,” Rosendorff said.