



MAKE SURE YOU SAVE THE DATE FOR OUR NEXT VIRTUAL CONFERENCE!



Save the date for our virtual Canadian Hypertension Congress!

May 29-30, 2025

Canada's largest national scientific and educational conference of its kind, the Canadian Hypertension Congress and YI Forum, is back virtually on May 29-30, 2025. The event will highlight our new guidelines with programming for primary care, basic science, and clinical/population science. You won't want to miss it!

Registration details and the call for abstracts will be following soon!





2025 CALL FOR AWARDS NOMINATIONS



The Hypertension Canada annual awards recognize a distinguished record of substantial contributions by an individual or organizations that have increased prevention and/or improved control of blood pressure in Canada.

We are pleased to invite all members to submit nominations for the 2025 Hypertension Canada Awards. The deadline for nominations is January 17, 2025. The recipients of the Senior Investigator Award, New Investigator Award, and George Fodor Award will be invited to present at our virtual 2025 Conference on May 29-30.

For additional award specific information regarding eligibility and the selection criteria and process, please refer to the call for nominations forms below. If you have any other questions, please email us at <u>info@hypertension.ca</u>.

Click here for details on specific awards and the nomination process.





The Plan for Our New Guidelines

Recently, the Canadian Journal of Cardiology published <u>an article</u> by our Guidelines Executive Committee that outlines the plan for our new guidelines. Up until 2021, Hypertension Canada would publish its guidelines on an annual basis, but because of organizational restructuring in 2020, the decision was made to reduce the frequency with which the guidelines are developed and released. Because of this, we have not released new guidelines since 2020.

Late last year, Hypertension Canada put together a taskforce to interview those who were interested in being the new guidelines Co-Chairs. The task force selected Drs. Remi Goupil and Greg Hundemer as the new Co-Chairs earlier this year and work started on the new guidelines right away. Both the members of the Guidelines Executive Committee and the Primary Care Guidelines Subcommittee were chosen in the summer.

The new CJC article outlines the process that our Co-Chairs have developed for our guidelines development, where we will be creating two sets of guidelines: primary care and comprehensive guidelines. The Primary Care Guidelines Subcommittee has now completed work on the primary care guidelines and we recently completed the public review phase, where we asked for feedback from primary care providers. We want to sincerely thank all of you who sent in your feedback to us! We've taken all of the feedback we received and have used it to create an FAQ that will be included in the publication.

Our guidelines work continues with both the comprehensive guidelines and the patient guidelines. Our Guidelines Executive Committee recently formed the Patient Guidelines Subcommittee, which will be adapting the primary care guidelines into an educational tool for patients. For the comprehensive guidelines, our Guidelines Executive Committee is developing a process to determine which topics will be a priority for future evidence synthesis work. There is plenty of exciting work that is being done, so be sure to keep an eye on your inbox for future updates!





IMPLICATIONS OF INACCURATE BLOOD PRESSURE MEASUREMENT ON HYPERTENSION PREVALENCE

The cornerstone of the management of hypertension is accurate measurement of blood pressure (BP). A recent study showed that over half of home BP devices sold in Canada have no evidence of validation for accuracy. The purpose of this study was to model the implications of inaccurate BP measurements on diagnosis and control of hypertension.

We used data from the Canadian Health Measures Survey to model the effects of inaccurate BP devices by 5 or 10 mmHg over- or under- the true BP value. Hypertension was defined as BP ≥140/90 mmHg (or ≥130/80 mmHg in those with diabetes).

If both systolic and diastolic BP were overestimated by 10 mmHg, the prevalence of hypertension would falsely increase by 50–63%, potentially leading to over-treatment of about 3.5 million Canadians. Conversely, the impact of underestimation of BP appeared minimal, but mostly due to design limitations of our study.

We found that overestimation of BP by just 10 mmHg could lead to overtreatment of up to 3.5 million Canadians. Government should mandate the validation of BP devices before they can be sold, until then, clinicians and patients should be cautious in their selection of BP devices, using the Hypertension Canada Recommended Device Program to guide selection.

<u>Click this link</u> for the full article.

SYMPLICITY SPYRAL[™] MULTI ELECTRODE RENAL DENERVATION SYSTEM IS THE TURNING POINT IN HYPERTENSION CARE

For a long time, the only way to manage high blood pressure (hypertension) was through medications and lifestyle changes, like diet and exercise. Today, there is another approach called the Medtronic Symplicity blood pressure procedure. The Symplicity Spyral multi electrode renal denervation system is now licensed by Health Canada. This milestone marks the turning point in hypertension care and introduces the Symplicity[™] blood pressure procedure to more patients globally. <u>Click this link</u> to find out more.

eINFO



8-10 May, 2025 Warsaw, Poland



The 3rd International Congress of Hypertension in Children, Adolescents and Young Adults

The program of the 4-day congress includes an overview of the most important issues of hypertension in children, adolescents and young adults. From pathophysiology to the organization of care and a discussion of the main research networks. The congress program will include plenary lectures on original reports and workshops on assessing organ damage and imaging diagnostics.

ABSTRACT SUBMISSION is OPEN! Submit your research today!

EARLY BIRD registration is OPEN

ESERVE YOUR SPACE TODAY!

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https://ichca.net 🖄 secretariat@ichca.com

