



CVD Prevention global news update
is produced for Heartfile by ProCor

Heartfile President featured in The Lancet

In a special issue of The Lancet focusing on chronic disease (8 December 2007, available at www.thelancet.com), Dr. Sania Nishtar calls for a global response to non-communicable diseases (“*Time for a global partnership on non-communicable diseases*”). Noting that chronic diseases are currently excluded from global public health partnerships, Dr. Nishtar emphasizes the need for “partnership, with a multisectoral construct and a scope beyond the health sector.” Citing the relation of non-communicable disease to agriculture and trade, and the importance of a lifecourse approach to non-communicable disease prevention, she advocates for coordinated efforts by a broad-based, diverse constituency of agencies and organizations--such as the Food and Agricultural Organization, World Trade Organization, International Labour Organization, UNICEF--as well as international non-governmental organizations and industries.

Such a collaboration would require the coordination of a “multilateral agency with a global-health mandate to set goals and targets that are acceptable worldwide, and to create a mechanism for synchronising stakeholders’ efforts,” she states, and could be achieved through multilateral agreements, multisource funding, and safeguards against ethical governance and other issues.

A profile of Heartfile’s president (“Sania Nishtar: preventing chronic diseases in Pakistan”) also appears in the same issue and is available (open access) at <http://www.thelancet.com/journals/lancet/article/PIIS0140673607617991/fulltext>.

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WHO risk assessment guidelines provide framework for policy, practice

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Cardiovascular disease (CVD) is the primary cause of death globally, causing one-third of all deaths. In 2005, 11.8 million people died of heart attacks and other heart diseases, and 5.7 million died of stroke. Around 80% of these deaths were in low- and middle-income countries. By 2015, an estimated 20 million people will die from CVD annually, mainly from heart attacks and strokes. Socioeconomic costs of premature deaths and disability, and escalating costs of medical care make it all the more urgent to take measures to prevent and control this burgeoning epidemic in low- and middle-income countries where health care resources are limited.

Successful prevention and control of the CVD epidemic requires a combination of population- and individual-based strategies in order to lower the cardiovascular risk of populations and individuals.

Until now, individuals have often been assessed and treated based on a single cardiovascular risk factor such as high blood pressure, high blood lipids, or diabetes. This approach can result in committing a patient who has only a small cardiovascular risk to many years of drug therapy, or, conversely, neglecting to treat those with a higher cardiovascular risk. Most importantly, the single risk factor approach is not cost-effective and is not affordable for many low- and middle-income countries.

In many low- and middle-income countries, national and state health care budgets and per capita health expenditures are suboptimal. It is imperative, therefore, to use limited resources as effectively and efficiently as possible. This requires prioritizing cost-effective approaches and targeting patients who are most likely to benefit from interventions. In any population, people who are most likely to benefit from cost-effective CVD interventions are the people with the highest cardiovascular risk.

Risk assessment / continued from page 1

Several forms of therapy can prevent coronary, cerebral, and peripheral vascular events. Decisions about whether to initiate specific preventive action, and with what degree of intensity, should be guided by estimation of the risk of any such vascular event. But many health care systems in low-income countries do not have the basic infrastructure facilities to support resource-intensive risk prediction tools, particularly in primary health care. Therefore, the WHO/ISH charts use easily measurable indicators of risk to quantify the 10-year risk of developing heart attacks and strokes. These indicators of risk include gender, age, systolic blood pressure, smoking status, diabetes, and total blood cholesterol.

The World Health Organization, in collaboration with the International Society of Hypertension (ISH), has developed cardiovascular risk prediction charts for cardiovascular risk assessment and prediction in non-Western populations. Assessment tools are differentiated among 14 WHO epidemiological sub-regions and alternate predictors are provided for settings where blood cholesterol measurement is not routinely available.

The risk prediction charts allow treatment to be targeted according to simple predictions of absolute cardiovascular risk, indicating 10-year risk of a fatal or nonfatal major cardiovascular event (myocardial infarction or stroke), according to age, sex, blood pressure, smoking status, total blood cholesterol, and presence or absence of diabetes mellitus for 14 WHO epidemiological sub-regions. The guidelines include recommendations for management of major cardiovascular risk factors through changes in lifestyle and prophylactic drug therapies.

The guidelines also provide a framework for developing national strategies to prevent cardiovascular disease that take into account the particular political, economic, social, and medical circumstances.

Materials in PDF Format can be downloaded free of charge at www.who.int/cardiovascular_diseases/resources/publications

Printed versions with CD-ROMs and pocket version tailored to sub-regions can be ordered:

Online: www.who.int/bookorders

Email: bookorders@who.int

Post: WHO Press, World Health Organization, Avenue Appia 20, CH - 1211 Geneva 27, Switzerland

South African children's program receives ProCor award

ProCor presented the first Louise Lown Heart Hero Award to the Heart and Stroke Foundation South Africa Children's Programme at a Cape Town crèche on 23 October 2007. The winning project helps young children from impoverished settings develop heart healthy habits by engaging them in activities such as growing vegetables for their daily meals.

Prof. Lionel Opie, a member of ProCor's International Advisory Council and Director of the Cape Heart Center, University of Cape Town, presented the Heart Hero Award plaque to program staff. The creche's children proudly displayed their large vegetable garden to guests and the media, and sang songs about "Hearty," a heart-healthy character.

The Heart Hero award was established in 2007 by ProCor founder Dr. Bernard Lown to recognize innovative, preventive approaches to cardiovascular health in developing countries and other low-resource settings. Recipient programs receive US\$1000 and global visibility through ProCor.

"The Louise Lown Heart Hero Award aim to identify community innovators who do not merely inform about prevention, but mobilize people to live healthier lives. The first recipient, The Heart and Stroke Foundation South Africa Children's Programme, has responded to heart disease and hunger by promoting sound nutrition through community gardens. It is thereby seeding change, instilling hope, and promoting health," stated Dr. Bernard Lown.

The HSFSFA Children's Programme, a community-based project serving 1.7 million children, promotes heart healthy lifestyles among youngsters from rural and urban disadvantaged communities. Childcare providers use music, activity books, and games to teach children about nutrition, physical activity, the effects of smoking, and other health issues such as HIV/AIDS and rheumatic heart fever.

The program's Sow-a-Seed project teaches gardening skills and basic nutrition information to members of poor communities--be they parents, teachers, or volunteers--to provide healthy food for childcare centers. Fresh vegetables, planted and harvested by children and adults working together, become part of the school meals and provide essential vitamins and minerals. HSFSFA dieticians consult with caregivers to create meals that are nutritious and within budget. For many children, the meal they receive at daycare is the only meal of the day.

Journal Club

Effect of General Practitioner Education on Adherence to Antihypertensive Drugs: Cluster Randomised Controlled Trial

NN Qureshi NN, J Hatcher, N Chaturvedi, TH Jafar
BMJ 2007; 335: 1030 (open access)
www.bmj.com/cgi/content/full/335/7628/1030

Reviewers: Norm Campbell MD, FRCPC, ProCor Hypertension Editor, Canada Chair in Hypertension Prevention and Control, Professor of Medicine, University of Calgary, Canada; Sailesh Mohan, MD, MPH, CIHR Canada-HOPE Fellow, Faculty of Medicine, University of Calgary, Canada

In this randomized controlled trial, care by general practitioners specially trained in hypertension management was compared with usual care. The primary outcome was correct dosing, defined as percentage of prescribed doses taken, measured with electronic medication event monitoring system (MEMS) bottles.

A total of 200 patients (38% men; mean age 55 years) were enrolled, and 178 (89%) were successfully followed up at six weeks. Adherence was higher in the special care group compared with the usual care group (unadjusted mean percentage days with correct dose 48.1% versus 32.4%). Blood pressure lowering was greater in the patients who adhered to treatment.

Key patient-related factors that influenced higher adherence were educational status, encouragement by family members, and belief in the effect of drugs. The key physician-related factor was explanation of the purpose of the drugs to the patient.

Comments

This study reports the impact of physician training in hypertension management on improving patient adherence to antihypertensive drugs in a developing country setting. It is well known that adherence to long-term hypertensive treatment is sub-optimal in most developed countries and even worse in most developing countries, where the burden of hypertension is increasing rapidly. Physicians in most developing countries are overburdened and spend limited time with their patients, often failing to effectively discuss and communicate with patients the underlying reasons for treatments given.

The findings underline the importance of appropriate communication about treatment strategies between the physician and the patient in improving adherence. Notable, a simple intervention for physicians was found to increase adherence substantially in a setting with very low hypertension treatment and control rates, indicating the fact that low-cost educational programs for healthcare professionals could potentially be useful in improving hypertension treatment rates and related outcomes. Given that many hypertensives in developing countries also have regular contact with non-physician health professionals such as nurses, pharmacists, and health workers, educating them as well could be an additional strategy to further improve adherence to hypertension treatment.

This trial is of a very high quality and proves that sound clinical trials addressing important context specific questions regarding improvement of hypertension treatment and control are feasible in developing countries.

Importantly, it could potentially serve as an exemplar for addressing similar issues related to sub-optimal treatment and control in other developing countries that are also facing an epidemic of hypertension.

Award / continued from page 2

"When all you can afford is one meal a day, the focus is, understandably, on filling the tummy rather than nutrition. We saw a need for a project that makes it possible to add healthy, nutritious fresh vegetables to the basic diet," says Robert de Souza, The Heart and Stroke Foundation South Africa's CEO. "With community involvement, vacant land in the townships is turned into vegetable gardens. We hope this award will attract support for Sow-a-Seed so that we may expand the program."

Dr. Lown of ProCor created the Heart Hero award to honor his wife Louise Lown and her lifelong commitment to the rights and well-being of others as a social worker, activist, and writer. A review committee of cardiology and public health specialists chose this year's winner from a pool of applications from across the globe, including India, Philippines, Brazil, Iran, and Papua New Guinea.

The deadline for the next award is 30 April 2008. Applications for the annual award are encouraged from programs working to promote heart health in developing countries or other low-resource settings. For more information, visit www.procor.org or email Juan Ramos, ProCor Program Coordinator at jramos3@partners.org.

Reducing population-wide salt intake

Sailesh Mohan, MD, MPH, CIHR Canada-HOPE Fellow, Faculty of Medicine, University of Calgary, Canada

Norm Campbell MD, FRCPC, ProCor Hypertension Editor, Canada Chair in Hypertension Prevention and Control, Professor of Medicine, University of Calgary, Canada;

Hypertension, a direct and important health consequence of high salt consumption, is a major global health challenge. In Canada, for example, which is generally recognized for its well functioning health system, 30% of hypertension is estimated to be associated with excess dietary sodium. A recent study indicated that reducing salt intake by half would eliminate hypertension in one million Canadians--double the number of Canadians with adequately controlled hypertension--and save the health-care system \$430 million a year.

Needless to emphasize, it is an even greater challenge for resource-limited health systems. Most developing countries have not implemented dietary guidelines or strategies to reduce salt intake. Furthermore, the food industry in many countries is poorly regulated, with little or no food content labeling.

Unlike in developed countries, where processed foods are the major source of salt consumption, in most developing countries salt is added during cooking and in sauces and seasonings. This might soon change given increasing marketing, availability and consequent consumption of processed foods in developing countries. This offers a potential window of opportunity for effectively implementing strong preventive measures. Implementing population-wide public health measures is of vital importance for developing countries if they are to reduce and prevent the current and projected increased burden of CVDs and hypertension.

Health professionals and their professional organizations need to be educated about the benefits of population salt reduction strategies. This will help them engage with their governments and advocate for proper implementation and effective enforcement of WHO's recommended policies on food labeling, legislation, product reformulation; and to add strong professional support and credibility to such policy initiatives. Education and involvement of health professionals will also help counter the salt industry lobby and its paid consultants who often produce misleading information to confuse the public and government health policymakers.

Health professionals involved in CVD prevention and con-

trol, particularly in developing countries, are invited to contribute to the global effort to reduce population salt intake by becoming members of the World Action on Salt and Health (WASH), which was established in 2005 with the mission to improve the health of populations throughout the world by achieving a gradual reduction in salt intake. WASH encourages multi-national food companies to reduce salt in their products and works with Governments to highlight the need for a population salt reduction strategy. WASH has 299 members from 70 countries. For more information email Naomi Campbell, WASH Project Coordinator (ncampbel@sgul.ac.uk) or visit www.worldactiononsalt.com.

Adapted from a Commentary posted to the ProCor network by Drs. Mohan and Campbell. Their Commentary can be read in full at www.procor.org.

“Reducing salt intake in populations: Report of a WHO Forum and Technical Meeting 5-7 October 2006, Paris France”

This new WHO report offers a potential roadmap for governments in developing countries to initiate effective public health action to reduce population salt intake.

Recommendations include:

- Strategies aimed at population-wide reductions in salt consumption are highly cost effective and will improve the general health status of the population.
- Salt intakes are excessive in almost all populations. Given the adverse impact of excessive salt consumption on health and particularly on blood pressure levels and cardiovascular diseases, policies to reduce population wide dietary salt intake should be implemented by all countries.
- Average salt consumption of <5 g/day should be the goal for general adult populations for every country, except where lower levels have already been set.
- Salt intakes should be evaluated and monitored over time to assess variations in and the impact of implemented policies and programs.
- Ministries of health or appropriate national mandated agencies should lead the development and implementation of policies aimed at reducing population-wide salt consumption. Policies should be intersectoral, multidisciplinary and include all relevant stakeholders; they should act in all the appropriate settings and use available tools (labeling, legislation, product reformulation, etc) to ensure their effective implementation.

The full report is available for download (490 KB): www.who.int/dietphysicalactivity/Salt_Report_VC_april07.pdf

Journal Club

Symptom Presentation of Women With Acute Coronary Syndromes

JG Canto, RJ Goldberg, MM Hand, RO Bonow, G Sopko, CJ Pepine, T Long
Arch Intern Med 2007; 167: 2405-2413,
<http://archinte.ama-assn.org>

Reviewer: Robert Goldberg, PhD, University of Massachusetts Medical School, Worcester, Massachusetts, USA; ProCor contributing editor

Purpose of study: To describe possible differences in the presenting symptoms of an acute coronary syndrome (ACS) in women as compared to men and whether women should have a different message created about their symptoms of acute coronary disease than men.

Location of study: Birmingham, Alabama, USA.

Study design: The authors performed an extensive summary review of studies published between 1970-2005 that examined sex specific differences in symptom presentation in patients with an acute coronary syndrome (ACS)-myocardial infarction (MI); a total of 391 studies were identified by the reviewers of which 69 were included in the present analysis.

Results: While the published literature clearly lacked standardization in assessing the symptoms of ACS and their severity, and made this summary overview particularly challenging, several findings emerged from the authors review of the available literature.

Women were more likely to present with unstable angina than men and women were almost a decade older than men at the time of their index MI.

Between one-quarter and one-third of the men and women included in the case-control and prospective studies analyzed presented to the hospital with an ACS-MI without accompanying chest pain or discomfort. The absence of chest pain or discomfort in association with an episode of ACS was consistently higher in women than in men. These differences remained whether the findings were based on the results from small single center studies or in larger more representative patient

studies or in larger more representative patient populations.

The frequency of other symptoms considered to be more nonspecific in association with the onset of an ACS also differed between men and women. In general, women with acute coronary disease were more likely to complain of back pain, neck pain, jaw pain, shortness of breath, nausea, dizziness, weakness and other more nonspecific symptoms, than men.

The authors discussed the importance of considering age in discussing any sex specific differences in the occurrence of symptoms associated with AMI. In general, a limited number of studies have shown progressive sex specific declines in reports of acute coronary disease presentation without chest pain or discomfort with advancing age.

Comments: The results of this comprehensive overview highlight the difficulties in reviewing the published literature in interpreting possible gender differences in ACS presentation. This is due to the lack of standardized data collection methods, inherent difficulty of patient recall, possible differential probing of patients and recording of information in medical charts, and related concerns. Based on their interpretation of the published literature, the authors conclude that a separate message for the awareness of the symptoms of ACS in women as compared with men need not be developed.

The authors suggest that further research be done, using standardized data collection efforts and questioning of patients by trained health care providers, to examine possible differences in ACS-MI clinical presentation in individuals of both sexes, all ages, and in those of different race/ethnicities. These efforts should distinguish the chief complaint from more ancillary symptoms associated with an ACS. These studies should furthermore determine the extent of delay in seeking medical care after the onset of acute coronary symptoms, and factors associated with delays in seeking medical care, which may (or may not) differ between men and women of different ages. These contemporary data could be utilized to more systematically design community-based educational programs to encourage the more rapid care seeking behavior of men and women experiencing symptoms of an ACS and to reduce the burden associated with ACS in both men and in women.

Read ProCor's Journal Club online at:
www.procor.org

Prevention activities *around the world*

Global: Incidence of acute rheumatic fever (ARF) has declined slightly over time globally, but ARF and rheumatic heart disease still occur relatively frequently in Eastern Europe, the Middle East, and Australasia, according to a review of 10 studies in 10 different countries. The overall mean incidence rate of first attack of acute rheumatic fever per year for each study ranged from 5-51 per 100,000 population. A low incidence of acute rheumatic fever of ≤ 10 per 100,000 per year was found in North and South America, and in Northern Europe. There was a high incidence of >10 per 100,000 in Eastern Europe, Middle East, Asia, and Australasia. *Abstract from Heart 2 Heart Africa 2007 conference:* www.samj.org.za

China: Over 33,000 ischemic heart disease deaths could be attributable to passive smoking in China in 2002. Although most of the disease burden caused by active smoking occurs among men, women bear nearly 80% of the total burden from passive smoking. Number of deaths among women caused by passive smoking is about two-thirds of that caused by smoking for ischemic heart disease and lung cancer. *Tobacco Control 2007; 16: 417-422* <http://tobaccocontrol.bmj.com>

Czech Republic: Organized daily physical activity by preschool children together with ample physical space for spontaneous activity may establish prerequisites for further healthy development, according to a study comparing physical activity levels of preschool children (aged 5-7 years), teenagers (aged 12-17 years) and young adults (aged 18-24 years). Preschoolers were significantly more active than teenagers and young adults during weekdays, including during leisure time, and on the weekend. The activity levels of preschoolers were similar on weekdays and weekends, unlike the older youths. *European Journal of Public Health 2007; 17(6): 646-651* <http://eurpub.oxfordjournals.org>

France: The EPODE campaign ("Together, let's prevent obesity in children"), launched in 2004 in 10 towns in France, conducts annual check-ups to measure the BMI of children age 5-12 years. Overweight and at-risk children are encouraged to see a doctor and each town receives suggestions for activities, diets and community initiatives. The program was launched after a successful similar campaign in the 1990s in which participating towns

followed a nutritional program that significantly modified children's eating habits. Childhood obesity did not increase during 1992-2000 in the participating towns, but in the rest of the region, it doubled. More than 100 communities are now taking part. *BMJ 2007; 335: 1236-1237 (open access)* www.bmj.com/cgi/content/full/335/7632/1236

Iran: Iranian adults are at increased risk of coronary artery disease, according to a study of 3000 adults aged 18 years and over. Over 6% were diabetic, 22% were smokers, 15% had a family history of heart disease, 61% had total cholesterol level over 200mg/dL, 32% had triglyceride over 200mg/dl, 48% had LDL-c over 130mg/dl, 5% HDL-c under 35mg/dl, 14% systolic blood pressure over 140mmHg, 9% diastolic blood pressure over 90 mmHg and 87% were physically inactive. *BMC Cardiovascular Disorders 2007; 7: 32 (open access)* www.biomedcentral.com/1471-2261/7/32/abstract

Netherlands: Brisk walking combined with muscle strengthening can help control type 2 diabetes as effectively as more costly medical fitness programs, according to a small Dutch study of 92 diabetics. Half of the participants enrolled in a medical fitness program of three weekly 30-minute sessions with an exercise trainer/physical therapist. The rest of the individuals participated in a program of brisk walking three times a week in groups of 15-25 people, supervised by an exercise trainer/physical therapist. The walking sessions were paced at 3-3.5 miles per hour and were coupled with resistance and floor exercise. After 12 months, participants' A1C levels, blood pressure and lipid profiles improved with no significant differences between the exercise groups. *DOC News 2007; 4(11): 6 (open access)* <http://docnews.diabetesjournals.org/cgi/content/full/4/11/6?etoc>

Thailand: An alliance of health professional groups is working to build capacity in the areas of population-based smoking cessation and science-based collaborative research, aided by Mahidol University. Plans are under way for 2008 for a national smoking cessation telephone quit line system. *Tobacco Control 2007; 16: 366* <http://tobaccocontrol.bmj.com>

Read ProCor's **Global CVD Prevention News Update** at www.procor.org or receive weekly updates by sending an email to procor-join@healthnet.org.

Resource Update

ProCor's "Resource Update" highlights relevant new materials. Additional resources are available on the ProCor website (www.procor.org).

Connecting for Health: Global Vision, Local Insight
Report that highlights opportunities for eHealth and the need for a global, long-term and collaborative approach. PDF (3.39 MB):

www.who.int/kms/resources/wsis_report/en/index.html

Diabetes Voice

Quarterly magazine covering latest developments in patient care, education, prevention, research, policy, and economics. In English, French, and Spanish. Print, email, and downloadable versions available free of charge.

www.diabetesvoice.org

Dietary Changes and the Health Transition in South Africa: Implications for Health Policy

Report that examines major risk behaviors to explain non-communicable disease patterns and their outcomes. Recommends utilizing school environments to promote healthy lifestyle.

PDF (893 KB):

www.sahealthinfo.org/lifestyle/dietaccess.pdf

DOC News

Open access journal focusing on preventing and treating diabetes, obesity, and cardiovascular disease. Handheld downloads and RSS feeds available.

<http://docnews.diabetesjournals.org>

Global Health Library

Repository of worldwide networks on the collection, organization, dissemination, and universal access to reliable health sciences information.

www.globalhealthlibrary.net

Global Tobacco Treaty Action Guide: Challenging Tobacco Industry Interference

Collection of first-hand stories about tobacco trans-national attempts to interfere with health policy and what government officials and NGOs are doing to expose and challenge them. Available in English, French, and Spanish.

www.stopcorporateabuse.org/cms/page1167.cfm

Lancet series on chronic diseases

Series on global chronic disease in *The Lancet* (Volume 370, Number 9603, 8 December 2007), introduced with an editorial by *Lancet* editor Richard Horton ("Chronic dis-

eases: the case for urgent global action"). Examines recent data from 23 low- and middle-income countries to determine burden and costs of chronic diseases; evidence for scaling up interventions; and health effects/financial costs of salt reduction, tobacco control, and drug treatment for high-risk CVD. Concluding article comprises a call to action. Available online and freely accessible.

www.thelancet.com

Putting Evidence into Practice: Smoking Cessation

Collection of interventions for smoking cessation. Includes a toolkit for a systems approach to help patients stop smoking.

PDF (814 KB): <http://clinicalevidence.bmj.com/downloads/smoking-cessation.pdf>

Social Determinants of Health: Developing an Evidence Base for Political Action

Report identifying principles that support measurement of social determinants, including defining equity as a value; methodological diversity; structural and dynamic approaches to understanding social systems; and explicating potential bias.

PDF (606 KB):

www.who.int/social_determinants/resources/mekn_report_10oct07.pdf

Stop the Global Epidemic of Chronic Disease: A Practical Guide to Successful Advocacy

Tool for advocates of chronic disease prevention and control. Presents a plan for effective advocacy, including identifying target audiences, developing key messages and selecting implementation strategies.

www.who.int/chp/advocacy

PDF (9.75 MB):

www.who.int/chp/advocacy/chp.manual.EN-webfinal.pdf

Tackling Obesity: Future Choices

Report of the UK government's Foresight Programme of a strategic 40-year forward look at how society could respond to obesity.

PDF (15 MB):

www.foresight.gov.uk/Obesity/obesity_final/17.pdf

World Development Report 2007: Development and the Next Generation

Report that explores issues of investment in better education, healthcare, and job training young people. Full report available in English; overviews available in Arabic, Chinese, French, Japanese, Portuguese, Russian, Spanish, and Vietnamese.

<http://tinyurl.com/bs8zl>

Global CVD Calendar

Selected events in 2008 are highlighted below. The complete CVD Calendar is available at www.procor.org. Monthly calendar updates are posted to the ProCor network. Subscribe by sending a message to procor-join@healthnet.org.

International Stroke Conference

20-22 February 2008

New Orleans, Louisiana, USA

www.strokeconference.org

Contact: strokeconference@heart.org

Second International Conference on Hypertension, Lipids, Diabetes, and Stroke Prevention

6-8 March 2008

Prague, Czech Republic

www.kenes.com/strokeprevention

Contact: strokeprevention08@kenes.com

57th Annual Scientific Session of the American College of Cardiology

29 March-1 April 2008

Chicago, Illinois, USA

www.acc08.acc.org

Contact: acc@itsmeetings.com

World Health Day

7 April 2008

www.who.int/world-health-day

Contact: whd2008@who.int

Second International Congress on Physical Activity and Public Health

13-16 April 2008

Amsterdam, the Netherlands

www.icpaph08.org

Contact: paog@vumc.nl

World Hypertension Day

17 May 2008

World Congress of Cardiology 2008

18-21 May 2008

Buenos Aires, Argentina

www.worldheart.org

Contact: wcc2008@congresosint.com.ar,

congress@worldheart.org

World No Tobacco Day

Heartfile (www.heartfile.org) is a Pakistan-based non-profit, health-sector NGO recognized worldwide for its pioneering contributions in health policy, public health planning, and disease prevention and control. Heartfile focuses on developing innovations in the health sector, contributes to knowledge in the areas of health policy and public health planning for low-resource settings, and forms the empirical basis for health system reforms within the framework of an integrated approach to the prevention and control of chronic diseases.

ProCor (www.procor.org) is a global health communication network promoting cardiovascular health in low-resource settings. ProCor uses email and the internet for the exchange of timely, accurate, and relevant information among a global community involved in medicine, public health, policy, and research.

The *CVD Prevention global news update* compiles recent news about advances in heart health knowledge and practice around the world. To receive regular email updates and become part of ProCor's discussion forum, send an email to procor-join@healthnet.org or visit www.procor.org. For more information or to contribute to the next issue, contact Catherine Coleman, Editor in Chief, ccoleman5@partners.org

The *CVD Prevention global news update* is printed and circulated by Dr. Samia Rizwan, Heartfile. Additional distribution is provided by Highnoon Labs, Pakistan.

Calendar / continued

31 May 2008

22nd Scientific Meeting of the International Society of Hypertension

14-19 June 2008

Berlin, Germany

www.hypertension2008.com

Contact: vking@kit-group.org

World Heart Day

30 September 2008

www.worldheartday.com

World Diabetes Day

14 November 2008

www.worlddiabetesday.org