Working Group on: **CARDIOVASCULAR RISK IN LOW RESOURCE SETTINGS**

**STEERING COMMITTEE**

**CHAIRMAN**
Pietro Amedeo Modesti  
Department of Clinical and Experimental Medicine, University of Florence, Florence, Italy; pamodesti@unifi.it

**VICE-CHAIRMAN**
Gianfranco Parati  
Department of Health Sciences, University of Milano-Bicocca; Department of Cardiology, S.Luca Hospital, IRCCS Istituto Auxologico Italiano, Milan, Italy; gianfranco.parati@unimib.it

**SECRETARY**
Mohamed Bamoshmoosh  
Department of Clinical and Experimental Medicine, University of Florence, Florence, Italy; University of Science and Technology, Sana’a, Yemen; bamoshmoosh@hotmail.it

**NUCLEUS**

Piergiuseppe Agostoni  
Centro Cardiologico Monzino, IRCCS, Milan, Italy; piergiuseppe.agostoni@unimi.it

Charles Agyemang  
Department of Public Health, Academic Medical Centre, University of Amsterdam, Meibergdreef 9, Amsterdam 1105 AZ, The Netherlands; c.o.agyemang@amc.uva.nl

Sanjay Basu  
University of California, San Francisco, Ca, USA; sanjay.basu@ucsf.edu

Athanase Benetos  
Université de Lorraine, Vandoeuvre-les-Nancy, France; a.benetos@chu-nancy.fr

Francesco Cappuccio  
University of Warwick, Warwick Medical School, and University Hospitals Coventry & Warwickshire NHS Trust, Coventry, United Kingdom; cvm@warwick.ac.uk

Robert Kalyesubula  
Makerere University, Kampala, Uganda; rklyes@yahoo.com

Pietro Amedeo Modesti  
Department of Clinical and Experimental Medicine, University of Florence, Florence, Italy; pamodesti@unifi.it

Michael Ochan Kilama  
Benedict Medical Center, Kampala, Uganda; michael.ochankilama@bayer.com

Eoin O’Brien  
Department of Molecular Pharmacology, The Conway Institute, University College Dublin, Dublin, Ireland; eobrien@iol.ie

Gianfranco Parati  
Department of Health Sciences, University of Milano-Bicocca; Department of Cardiology, S.Luca Hospital, IRCCS Istituto Auxologico Italiano, Milan, Italy; gianfranco.parati@unimib.it

Stefano Perlini  
Clinica Medica II, Università degli Studi di Pavia, Italy; stefano.perlini@unipv.it

Eugenio Picano  
Institute of Clinical Physiology, CNR, Pisa, Italy; picano@ifc.cnr.it

Giuseppe Remuzzi  
‘Mario Negri’ Institute for Pharmacological Research, Centro Anna Maria Astori, Science and Technology Park, Bergamo, Italy; giuseppe.remuzzi@marionegri.it

David Stuckler  
Department of Sociology, University of Oxford, Oxford, United Kingdom; david.stuckler@aya.yale.edu

Luc M. Van Bortel  
Heymans Institute of Pharmacology, Faculty of Medicine and Health Sciences, Ghent University, Gent, Belgium; luc.vanbortel@ugent.be

Dong Zhao  
Beijing Institute of Heart, Lung & Blood Vessel Diseases, Capital Medical University Beijing Anzhen Hospital, Beijing, China; zhaodee@hotmail.com

**MEMBERS**

Mohamed Bamoshmoosh  
Department of Clinical and Experimental Medicine, University of Florence, Florence, Italy; University of Science and Technology, Sana’a, Yemen; bamoshmoosh@hotmail.it

Henrique Barros  
Department of Clinical Epidemiology, Predictive Medicine and Public Health University of Porto Medical School & Centro de Investigação Clínica Hospital de São João
European Society of Hypertension
WG on Hypertension and Cardiovascular Risk assessment in subjects living in or emigrating from Low Resource Settings

WG on CV Risk in LRS

Alameda Prof Hernani Monteiro 4200-319 Porto, Portugal; hbarros@med.up.pt; henriquebarros@gmail.com

Daniela Bartoli
Department of Clinical and Experimental Medicine, University of Florence, Florence, Italy; danielina.bartoli@gmail.com

Louise Bennet
Skåne University Hospital; Louisa.Bennett@med.lu.se

Rosa Maria Bruno
Institute of Clinical Physiology, CNR, Pisa, Italy; rosam.bruno@gmail.com

Axel C. Carlsson
Karolinska Institutet, Stockholm, Sweden; axelcefam@hotmail.com

Antonio Ceriello
Institut d’Investigacions Biomèdiques August Pi i Sunyer – IDIBAPS Mallorca, Barcelona, Spain; antonio.ceriello@hotmail.it

Renata Cifkova
Thomayer University Hospital, Prague, Czech Republic; renata.cifkova@fhn.cz

Stefano Del Prato
Department of Clinical and Experimental Medicine, Section of Metabolic Diseases and Diabetes, University of Pisa, Italy; stefano.delprato@med.unipi.it

Lars T. Fadnes
University of Bergen, Norway; Lars.Fadnes@cih.uib.no

Helen Grech
University of Malta; helen.grech@um.edu.mt

Marek Klocek
Krakow University Hospital, Poland; klocek@endo.cm-uj.krakow.pl

Bernadette Kumar
Norwegian Centre for Minority Health Research (NAKMI); bernadette.kumar@medisin.uio.no

Nebojsa Lalic
University of Belgrade, Serbia; nmlalic@eunet.rs

Athanasios J. Manolis
Asklepion General Hospital, Athens, Greece; ajmanol@otenet.gr

Giuseppe Marascio
Department of Clinical and Experimental Medicine, University of Florence, Florence, Italy; g.marascio@gmail.com

Marie Nørredam
Danish Research Centre for Migration; mano@sund.ku.dk

Maximilian Pangratius de Courten
University of Copenhagen, Denmark, maxc@sund.ku.dk; Western Centre for Health Research and Education in Melbourne, Australia, Maximilian.deCourten@vu.edu.au

Marta Pereira
Universidade do Porto, Portugal; martasfp@med.up.pt

Eleonora Perruolo
Department of Clinical and Experimental Medicine, University of Florence, Florence, Italy; eleonoraperr@hotmail.it

Lorenza Pratali
Institute of Clinical Physiology, CNR, Pisa, Italy; lorenza@ifc.cnr.it

Stefano Rapi
Central Laboratory of Clinical Biochemistry, Careggi Hospital, Florence, Italy; rapis@aou-careggi.toscana.it

Gianpaolo Reboldi
Department of of Internal Medicine, University of Perugia, Perugia, Italy; paolo.reboldi@unipg.it

Josep Redon
Institute of Research INCLIVA, Valencia, Spain; josep.redon@uv.es

Andreas Siegert
Universität Potsdam, Brandenburg, Germany; siegantereades@web.de

Alicia Szklarska
Polish Academy of Sciences, Poland; Alicja.Szklarska@antro.pan.wroc.pl

Michal Tendera
Silesian School of Medicine; michal.tendera@qcm.pl

Marc Twagirumukiza
University Hospital Ghent, Heymans Institute of Pharmacology, Ghent University, Gent, Belgium; TWAMARC@gmail.com; marc.twagirumukiza@ugent.be

Anna Volodina
University of Heidelberg, Heidelberg, Germany; anna.volodina@yahoo.com

Ghassan Watfa
Department of Geriatrics, CHU Nancy, Nancy, France; g.watfa@chu-nancy.fr

Kamilu M Karaye
Department of Medicine, Bayero University & Aminu Kano Teaching Hospital, Kano, Nigeria; kkaraye@yahoo.co.uk

Bernard Kianu Phanzu
University of Kinshasa, Democratic Republic of Congo; doctorkinjia@gmail.com

Anastase Dzudie
Cardiac Intensive Care & Cardiac Pacing Unit, Douala General Hospital, Douala - Cameroon; aitzdudie@yahoo.com

Roland N’Guetta
Institut de Cardiologie d’Abidjan, Cote d’Ivoire; rolandnguetta@hotmail.com
European Society of Hypertension
WG on Hypertension and Cardiovascular Risk assessment in subjects living in or emigrating from Low Resource Settings
WG on CV Risk in LRS

Mondo Charles Kiiza  
Department of Medicine, Mulago Hospital, Kampala – Uganda;  
charlesmondo2011@gmail.com

Essayas Kebede Gudina  
Jimma University, Jimma, Ethiopia;  
esakgd@gmail.com

Benjamin Longo-Mbenza  
Walter Sisulu University, Faculty of Health Sciences, Eastern Cape, South Africa;  
longombenza@gmail.com

Joseph Mucumbitsi  
Rwanda Biomedical Center/King Faisal Hospital, Kigali – Rwanda;  
jmucumbitsi@gmail.com

Benedict Anisiuba  
National Post Graduate Medical College of Nigeria, University of Nigeria, Enugu, Nigeria;  
banisiuba@yahoo.co.uk

Toure Ali Ibrahim  
Niamey Niger;  
pr_toure@yahoo.fr

Ogah S. Okechukwu  
Division of Cardiology, Department of Medicine, University College Hospital Ibadan,  
Ibadan, Oyo State, Nigeria,  
osogah56156@gmail.com
PLANNED ACTIVITIES

Background and Aims

Stroke mortality, is now highest in Eastern Europe, north Asia, central Africa, and the south Pacific. If we assume that stroke mortality can serve as a proxy for average blood pressure (BP) in a population, the necessity to adopt actions to increase the diagnosis, treatment and hypertension control in low resource settings (LRS) is now a recognized global priority.

Issues for specific activities of the WG

1. Current WHO/ISH guidelines for developing countries support adoption of a total risk approach enabling the intensity of interventions to be matched to the degree of total risk. Information regarding the prevalence of proteinuria in LRS is lacking.

WG specific activities:

- to prepare a state-of-the-art review article and/or a White Paper on CV risk stratification and management in LRS
- to investigate the prevalence of early kidney damage (proteinuria) and to validate the ESH/ESC algorithm for CV risk assessment in LRS
- to promote more frequent and widespread BP measurement as a screening tool also thanks to ad hoc developed devices in LRS
- to prepare educational material for ESH Summer and Winter Schools to promote awareness on hypertension and CV risk in LRS

2. In the last decades of the 20th century, Europe witnessed a relevant wave of immigration. A high prevalence of hypertension and CV disease with a low rate of awareness has been observed in immigrants. Communication problems and cultural barriers in the approach to prevention strategies have to be specifically addressed.

WG specific activities:

- to start a screening program on immigrants living in different European countries using a shared methodology
- to analyze administrative datasets such as hospital admission episodes statistics and drug prescriptions to target need and reduce inequalities

3. In recent years different technologies proved their value in improving cardiovascular risk stratification. However, the costs of instruments and personnel are a relevant limitation to move these technologies in LRS.

WG specific activities:

- to develop diagnostic tools which can be used by non-medical personnel, nomadic caregivers, for screening purposes able to provide enough information for addressing the subject to further evaluation
- to facilitate communication of clinical data to caregivers also in remote areas of LRS through appropriate application of novel communication technologies

4. Planning and implementation of intervention strategies for cardiovascular prevention in LRS and migrants (in particular targeting high risk populations).

WG specific activities:

- to model the effect of salt reduction policies, of smoking cessation and of pharmacological prevention strategies on hypertension and CV risk in LRS.
European Society of Hypertension

WG on Hypertension and Cardiovascular Risk assessment in subjects living in or emigrating from Low Resource Settings

WG on CV Risk in LRS

APPLICANTS SHOULD HAVE

1. A degree in medicine and/or specialization in cardiology, nephrology, internal medicine or any biomedical science

2. An ongoing scientific activity in Low Income Countries or Migration (according to main publications and impact factor)

3. A willingness to actively participate to Working Group activities (list of fields of interest)

WG ACTIVITIES

WG at the ESH Congress

22nd European Meeting on Hypertension and Cardiovascular Protection, London, UK: The ESH Council accepted the proposal by PA Modesti and G Parati and the WG was founded


Publications by WG


Publications by WG Members

Due to the very large number of publications by the WG members, only papers dealing with the Topics covered by WG have been listed here below: