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Hypertension:
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HYPERTENSION:

MECHANISMS AND MANAGEMENT THE TWENTY-SIXTH HAHNEMANN SYMPOSIUM

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Preface

In December of 1959, the first Hahnemann Symposium on Hypertensive Vascular Disease was held in Philadelphia. It was followed in 1961 by the second Hahnemann Symposium on Hypertensive Disease. Ten years later, this third symposium was organized—initially stimulated through the interest of Sir F. Horace Smirk of New Zealand. He made a number of suggestions which became the cornerstone of the program. On the basis of these suggestions the format was developed by the current editors in association with Dr. Albert N. Brest, who left Hahnemann during the structuring of the program to become Director of the Division of Cardiology at Thomas Jefferson University. A group of 146 internationally known authorities participated in the program.

The accomplishments of the twelve years that had passed since the first of these symposia are evidenced by the different emphasis that was placed on the biochemistry and mechanisms of hypertensive vascular disease. Since that first symposium, many studies have been completed and new data added to our understanding of the epidemiology and role of environmental factors in hypertension Probably the greatest fund of new information has been produced by the observations made on the role of the renin-aldosterone system and electrolyte metabolism in blood pressure regulation.

It is now quite evident that blood pressure reduction prolongs life and reduces morbidity in patients with essential hypertension. These same conclusions were drawn at the first symposium, but were not based on the solid facts and conclusive data that are now available through long-term follow-up treatment programs. Although different and more effective drugs are now available, the basic understanding and application of general pharmacodynamics have changed very little. Nonetheless, the drugs now available are easier to use, have fewer side effects, and therefore are more therapeutically efficacious, although survey studies indicate that less than half of the people with high blood pressure are under treatment and probably only half of these receive adequate treatment. This emphasizes the continuing need for education of physicians responsible for the treatment of hypertension. In addition, probably the most remarkable therapeutic improvement in any of the cardiovascular diseases over the past ten years has been in the medical treatment of essential hypertension. This symposium presents a comprehensive review of the hypertensive mechanisms, methods available for therapy, and complications associated with the disease.

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