



**THE QUEENSLAND  
HYPERTENSION  
ASSOCIATION (INC.)**

PO Box 193  
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# THE B.P. MONITOR

**EDUCATION AND RESEARCH IN THE FIGHT AGAINST HIGH BLOOD PRESSURE**

Incorporating **SALT SKIP NEWS**

**DECEMBER 2022 NEWSLETTER – VOLUME 36, NUMBER 5**

**Christmas is here! Have you done your shopping? Made the Christmas cake and pudding? Put up the tree? I have done none of that! And guess what? The resident cat doesn't care! Little does he know that he is about to move house and change lives! All remaining 9 of them! I have told him but he just doesn't care a hoot...so long as there is food in his plate, he can go out walking (he's an indoor boy) and he doesn't have to take a drive in the car or see the veterinarian..."Who cares about a man dressed up in a red suit"! Says he.**



## **Perth Researchers Are Behind Ground-Breaking New Treatment For High Blood Pressure**

In November 2022, a team of West Australian (WA) researchers supported by the renowned Royal Perth Hospital Research Foundation (RPH Research Foundation), tested a ground-breaking new treatment for those with high-blood pressure.

Chair in Clinical Research at the Dobney Hypertension Centre, Professor Markus Schlaich from the University of WA's Medical School, travelled to the United States to present positive findings from the Phase 3 PRECISION trial looking at a new drug targeting treatment-resistant hypertension.

"The trial tested a new drug, Aprocitentan, which blocks the effects of endothelin, a very potent constrictor of blood vessels," Professor Schlaich said.

"After 4 weeks of treatment, we found a clinically meaningful lowering of both office and 24-hour out-of-office blood pressure, in patients with treatment-resistant hypertension. Importantly,

the effects were sustained for 48 weeks.

"For decades healthcare providers have been challenged to help their patients with resistant hypertension achieve better blood pressure control. The Phase 3 PRECISION study is a significant breakthrough as a promising new therapeutic approach."

The trial also reported no unexpected safety signals, with the main adverse event being oedema (fluid retention), which can usually be managed with additional diuretic therapy.

### **#Hypertension = the silent killer**

Hypertension is the biggest single killer worldwide, with an estimated 10 million deaths a year directly attributable to uncontrolled blood pressure.

**More than 30% of adult Australians are affected by high blood pressure, and while many are successfully treated with currently available therapies, a significant proportion are categorised as having treatment-resistant hypertension.**

The ground-breaking research was made possible with the support from the RPH

Research Foundation and the Dobney Hypertension Centre.

RPH Research Foundation Chair, Professor Lyn Beazley AO, said it is an exciting development. “We know the significant health impacts of hypertension and the importance of being able to offer a potential new treatment for those patients who have been treatment-resistant,” Professor Beazley said.



“The RPH Research Foundation is thrilled to have played a role in developing a potential new treatment for this condition.”

Professor Beazley says the Foundation is passionate about providing support and grant funding to the State’s best minds to allow them to transform innovative ideas and research into life-changing clinical treatments.

“As WA’s former Chief Scientist, I am acutely aware of the impact of medical advances which simply wouldn’t be possible without medical research,” she said. “I’m always in awe of what can be delivered when you invest in people with the passion and purpose to improve health outcomes.” **Source:** [UWA](#)



# COVID-19 Changes In Blood Pressure Among Hypertensive Patients - an analysis of 3 US healthcare entities

## Pandemic: Blood Outcomes USA’s

### Background:

The COVID-19 pandemic may have negatively affected medical care for and self-management of chronic hypertension. US Researchers sought to examine the impact of the pandemic on blood

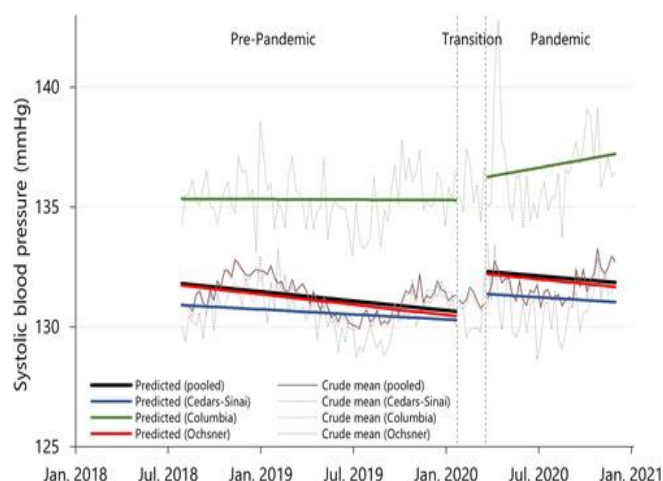
pressure (BP) among individuals with hypertension.

### Methods:

Using an interrupted time series analysis researchers compared the level and trend (slope) of BP outcomes before the US public health emergency declaration (pre-pandemic period in August 2018 through to January 2020,) versus after the stay-at-home orders (pandemic period: April 2020 through to November 2020) among adults with hypertension. Researches followed 3 large US health systems (n=137 593). Outcomes include systolic and diastolic BP recorded in electronic US health records and the proportion of US individuals with BP <140/90 mm Hg.

### Results:

The number of US BP measurements substantially dropped early in the pandemic and then gradually increased. During the pandemic period, systolic and diastolic BP increased by 1.79 mm Hg (95% CI, 1.57–2.01; P<0.001) and 1.30 mm Hg (95% CI, 1.18–1.42; P<0.001), respectively, compared with the US pre-pandemic period. Similarly, the proportion of US patients with controlled BP decreased by 3.43 percentage points (95% CI, -3.97 to -2.90; P<0.001). A trend showing increasing control in the US pre-pandemic period (+3.19 percentage points per year [95% CI, +2.96 to +3.42]; P<0.001) flattened during the US pandemic period (+0.27 percentage points per year [95% CI, -0.81 to -1.37]; P=0.62).



The first 8 months of the COVID-19 pandemic were associated with worsening blood pressure outcomes among individuals with hypertension followed at three large health systems in the U.S. (n=137,593) based on our interrupted time series analysis.

### Conclusions:

The first 8 months of the pandemic in the US were associated with worsening BP outcomes among US individuals with hypertension. Opportunities to ensure ongoing access to health care with telemedicine and home BP

monitoring may mitigate adverse impacts on BP control for future US disasters/emergencies.

Source: [Hypertension](#)

## Grief: Losing A Loved One Can Increase The Risk Of Death By 20%

The death of a family member can affect the mental and physical health of their loved ones.

- Every year, the number of individual deaths due to heart failure (HF), worldwide, increases at Christmastime.
- Stress is a recognised risk factor associated with increased mortality from HF.
- The loss of a family member “is one of the most severe sources of stress” a person can experience.
- A US Study has shown the death of close family member is associated with an increased risk of mortality in people with HF.

**Christmas Can Be Stressful: Remember to ‘Check In’ on those that have lost someone.**

New US scientific research has found that people who experience the death of a close family member are at greater risk of mortality from HF and that the risk is greater during the first seven days of the loss. Source: Published in the [Journal of American College of Cardiology: Heart Failure](#), the study highlights the impact of stress from losing a loved one on the risk of mortality in people with HF.

## Heart Failure: Signs and Symptoms

HF is a serious consideration where the heart fails to pump enough blood and oxygen to the body’s organs.

**People with heart failure need to be aware of their own increased risk of mortality after losing a family member**

There can be a number of causes of HF including damage caused by a heart attack, high blood pressure putting strain on the heart and disease of the heart muscle called [cardiomyopathy](#). HF can also be attributed to alcohol abuse or over consumption, certain cancer treatments, anemia and [Takotsubo cardiomyopathy](#), also known as ‘Broken Heart Syndrome’.

HF symptoms may include:

- Breathlessness due to lack of oxygen;
- Fluid build-up and swelling of the feet and ankles, stomach and lower back, and
- [Tiredness](#) and weakness due to lack of oxygen in the muscles.

Known [risk factors](#) for HF include [coronary artery disease](#), diabetes, high blood pressure and [obesity](#).

Depression, [anxiety](#) and alcohol have also been shown to be risk factors for the development and progression of HF and have been associated with increased mortality rates.

## Heart Failure And Severe Stress

[Dr Suzanne Steinbaum](#), Cardiologist and [American Heart Association](#) Volunteer said: “Studies have shown that [depression](#), anxiety and low social support, along with increased amounts of stress and alcohol can worsen cardiac function and are associated with worse outcomes for people with heart failure.”

## Nationwide Swedish Study Findings:

A new [Karoliska Institute](#) Swedish study led by [Dr Krisztina Laszlo](#) found an association between the loss of a close family member and an increased risk of mortality from HF occurring after the death of a child, partner, grandchild or sibling *but not after the death of a parent*.

The Swedish Study examined patient records between 2000 and 2018 from the [Swedish Heart Failure Registry](#) and data from 1987 to 2018 from the [Swedish Patient Register](#). Almost 500,000 individuals with HF were included in the study. Information on the cause and date of death was taken from the Cause of Death Register.

During the study, 12% of participants experience the loss of a close family member (child, spouse/partner, grandchild, sibling or parent) during the mean 3.7 year follow-up and 383,674 patients with HF died.

## Grief and Heart Failure Risk

The greatest risk of mortality was observed after the loss of a partner (20%) or a sibling (13%).

Researchers also observed a 10% increased risk after the loss of a grandchild. The study also noted that overall, the mortality risk after any

loss was greatest in the first week after bereavement.

Source: [Heart Failure](#)

## Christmas is Coming ....

It's that time of the year, there are things to do, lists to consult, tick off and scub out as you progress the shopping and "the to-do list". Then the BIG day is suddenly here and people run around like crazy things preparing food (usually in 40° heat in Queensland), set the table and make sure there's enough seats, plus making sure the Christmas tree is looking good...then the family arrives and it's bedlam and just a sea of wrapping paper and gifts in the lounge room. Christmas carols ring out, everybody eats and then there is the washing up and storing away of turkey, ham, salads and left-overs. Was it all worth it?...Yes, and we will do it all again next year!



**Happy Christmas from your QHA Committee. May all of your days be merry and bright!**

Oh for a hotel booking, fully catered for, air conditioning and nothing to do except splash the cash about. Santa might visit, right?

Think of Covid contamination (do you really want to wear a mask all day?), food poisoning from the smorgasbord and impersonal casual staff on Christmas Day rosters. *That should change your mind.* Plus there is an opportunity for afternoon Siesta time at home! Or just say: "It is Nanna Nap time!"

Nobody about this year? You can always volunteer to brighten someone else's day or visit your local aged care home (just organise your visit in advance please).

Just enjoy yourself and have a happy little Christmas!

[www.hypertensionqueensland.com.au](http://www.hypertensionqueensland.com.au)

The QHA provides education and research in the fight against high blood pressure.

## December Mentions

**"It's December and nobody asked if I was ready!"**  
~ Sarah Kay

**"How did it get so late, so soon?"** ~ Dr Seuss

**"Welcome, December. New month, new chapter, new page and new wishes.**

**May the month give you courage, strength, confidence, patience and peace. May every day in December be filled with hope, love, sunshine and energy.**

**Let there be joy, fun and laughter."**  
~ Unknown

**"December is a time of giving"**  
~ Anon.



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Use the **editorial address** when writing about the newsletter—see the panel on page 4.

## Global Action On Sodium Is Grinding To A Halt

**Despite strong evidence of the health benefits, a new review of strategies to reduce the sodium content of packaged foods shows there has been little progress, with many countries falling short of the new World Health Organisation (WHO) sodium benchmarks.**

### **Why is salt a problem and how do we reduce it?**

Globally, high blood pressure accounts for just over ten million deaths and eating too much salt - a leading cause of high blood pressure and is responsible for almost two million global deaths, annually.

Packaged or processed foods make up three quarters of the daily salt intake in high-income countries like Australia and they're now increasingly consumed in lower income countries.

Reducing the amount of sodium in packaged foods is an effective and cost-effective way to reduce the burden of disease attributable to high sodium intakes.

A key approach is reformulation - the process whereby manufacturers alter the nutritional composition of foods by reducing concentrations of harmful nutrients.

Either voluntary or mandatory, it can include setting reformulation targets, signed agreements between government and industry bodies or specific manufacturers and supporting manufacturers to reformulate, through workshops and meetings.

### **What is the WHO doing about this problem?**

In its 2010 Global Status Report on Non-communicable Diseases (NCDs), the WHO recommended salt reduction as a 'best buy', recognising it as one of the most cost effective and feasible approaches to prevent these diseases.

In 2013, [it recommended](#) Member States reduce population salt intake by 30 percent to try and reduce premature deaths from NCDs by a quarter, by 2025.

A subsequent [systematic review](#) by the [George Institute](#) researchers found that in 2014, 75 countries had a national sodium reduction strategy and that 61 of those were working with the food industry to reduce sodium in packaged foods. However, less than half the programs were implemented in low- and middle-income countries, where the majority of deaths from NCDs occur.

**Skip The Salt**

## Global Action On Sodium Is Grinding To A Halt ~ *Cont.*

[Another review](#) assessing progress towards WHO targets found that by 2019, more than 96 countries, had a national sodium reduction strategy. But no country had yet met the 2025 target of 30 percent reduction in salt intake. The authors concluded that efforts would need to be accelerated if the targets are to be met.

In May 2021, the WHO released [global sodium benchmarks](#) to guide countries in setting national sodium targets in a further effort to boost the reformulation of processed foods around the world.

The new study by the [George Institute](#) team is the first to compare national strategies to reduce sodium in processed foods against these benchmarks.

### What did this review find?

The latest analysis, published in [Advances in Nutrition](#) found the number of countries with national food reformulation strategies and sodium reformulation targets hasn't changed much since 2014.

Most countries that already had programs in place had not updated them since the previous review in 2014 and they are still predominantly in high income countries. No low-income countries were found to have reformulation programs.

Where they did exist, many countries' reformulation strategies were less than ideal, but the WHO initiative has been designed to address the key issues, (summarised next column).

### Where to from here?

Although the review paints a fairly bleak picture of the current efforts to reduce population sodium consumption, with little change over time, it is hoped that the latest move by the [WHO](#) may provide the impetus for change.

The benchmarks will provide a consistent target for global food manufacturers so they don't need to work to different targets across multiple countries. There will also be step by step guidance for countries to adapt the benchmarks to their local context, where needed.

Problem	Solution
Strategies in most countries target just one or a limited selection of foods, which is unlikely to significantly reduce population sodium intake.	WHO benchmarks cover most packaged foods across 11 major food categories, with targets for 58 sub-categories.
Some countries have average targets or percentage reduction targets, which can be challenging to implement and monitor.	WHO benchmarks are set as maximum targets set at the lowest appropriate sodium concentration - the most practical and feasible approach.
Only one quarter had plans to incrementally lower targets over time, which helps to continually reduce sodium in packaged foods.	WHO has plans to progressively lower the sodium benchmarks over time.
Less than half had evaluated the impact of the strategy, which keeps governments and the food industry accountable for their commitments.	WHO is developing global guidance for monitoring and evaluating sodium targets. <b>Source:</b> <a href="#">WHO</a>

## Sodium Reduction Is A Must Among Children and Teens!

### New United States (US) statistics are alarming - making reducing sodium intake among children and teens crucial.

US children and adolescents' dietary habits often resemble those of their household and their environment. Taste preferences formed during childhood often carry into adulthood.

Because much of the sodium intake comes from processed foods and restaurant foods, lowering sodium content across the food supply would contribute to significantly less sodium intake among children, teens and adults.

Cooking meals at home also can significantly reduce sodium intake, specifically with the use of spices and herbs to replace sodium and enhance flavour. Reading nutrition fact labels of boxed, bagged and canned foods is important.

# Sodium Reduction Is A Must! ~ Cont

Look for products (in the US) that contain less than 140–200 milligrams of sodium per serving.

The Australian and New Zealand Governments' recommend adults eat around 2,000 mg of sodium per day (equivalent to about 5,000 mg or 5 g of salt or 1 teaspoon). The [Dietary Guidelines for Australian Adults](#) and the [Eating and Activity Guidelines for New Zealand Adults](#) recommend choosing foods low in salt.

At each meal, try to have **only one** product that comes from a bag, box or can.

Lastly, grocery shopping, cooking and eating *together with children* gives parents and guardians the opportunity to model healthy dietary choices to create lifelong habits.

Source: [Anne Harguth](#) is a registered dietitian in [Nutrition](#) in [Waseca](#), Minnesota.

## No Salt Thankyou

**Lifestyle Tip Sent In By Anita:**  
*Years ago, I found this tiny article in a newspaper (remember them) and decided to keep it:*

**Relaxation HQ** (provides information and tools when rapid relaxation is required – designed for athletes, performers and high achievers who are required to manage stress and tolerate anxiety to perform under pressure. (It was recommended by a friend).

*I have no idea if 1. There is such a thing or resource called **Relaxation HQ** and 2. Or if this technique works – it may suit someone experiencing blood pressure issues? Anita.  
PS: Let me know if it works for you?*

**A warm Season's Greetings to all Salt Skip Readers, Colleagues and Friends**

**.... Our Christmas Wish ....**

**The Salt Skip Editorial Committee would like to wish one and all a very Happy and Safe Christmas.**

**'May your days be happy and bright, filled with all of the good things that Christmastime brings'.**



**Salt Skip News**  
Have you got a lifestyle tip to share? Please email to: [Malcolm.Riley@csiro.au](mailto:Malcolm.Riley@csiro.au)

## SALT SKIP NEWS

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# Christmas Chutney



Looking for the ideal Christmas gift? *Look no more.*

Makes: 1 Litre. Prep 20 Mins & Cooking: 1 ¼ Hrs.

### Ingredients:

- 8 medium tomatoes (1.5kg)
- 3 medium white onions (459g), chopped finely
- 1 1/2 cups (300g) firmly packed brown sugar
- 1 1/2 cups (375ml) malt vinegar
- 1 1/2 tablespoons mustard powder
- 1 tablespoon mild curry powder (no added salt)
- 1/2 teaspoon cayenne pepper

**NB:** the recipe calls for 2 teaspoons cooking salt – *but we have omitted any salt additives.*

### Method:

1. Peel and coarsely chop the tomatoes; combine with remaining ingredients in a large, heavy-based saucepan.
2. Stir over heat, without boiling, until sugar dissolves. Simmer, uncovered, stirring occasionally, about 1 1/4 hours until mixture thickens.
3. Spoon hot chutney into hot sterilised jars, seal while hot.

Source: [Women's Weekly](#)

At Salt Skip News, we are always interested to hear from readers. Please send us your Salt Skip news, tips and salt-free or low sodium recipes... please email to [Malcolm.Riley@csiro.au](mailto:Malcolm.Riley@csiro.au)

*BP Monitor with Salt Skip News* is published every 2 months, from February to December (6 issues a year). This newsletter is not a substitute for health and medical advice. Readers should always seek the advice of a qualified health professional regarding their health or a medical condition.

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