

PSH and PLAS officials led by Dr Alberto Atilano, Dr Leilani Mercado-Asis and Dr Roberto Mirasol, as well as members of the board of trustees open the exhibits for the 24th Joint Annual Conference at the EDSA Shangri-La, Manila. They were joined by Dr Clarito Cairo, Jr., who was representing the DOH, and Professor Claudio Borghi, Professor of Medicine at the University of Bologna and a guest speaker for the convention.

Adapting to the challenges in the management of hypertension and dyslipidemia

he Philippine Society of Hypertension (PSH) and the Philippine Lipid & Atherosclerotic Society (PLAS) held their 24th Joint Annual Convention at the EDSA Shangri-La, Manila on 20–22 February 2019. The first day of the convention focused primarily on the problem of hypertension, dyslipidemia and other non-communicable diseases especially among the shift workers and adults transitioning to the geriatric age, as well as the importance of primary care physicians and proper patient evaluation to effectively manage these diseases.

The Joint Convention opened with "Battle of the Chiefs," a quiz challenge

for chief residents from various hospitals in Metro Manila. The participants were asked easy, moderate and difficult questions that tested their knowledge on studies concerning hypertension and dyslipidemia management. Dr Katherine Jordan from St. Luke's Medical Center (SLMC)—Quezon City, won 1st place. Dr Von Albert Estrada from Quezon City Medical Center came in at 2nd place, and Dr Patricia Sandoval from SLMC—Bonifacio Global City placed 3rd.

The keynote address was delivered by Dr Clarito Cairo, Jr., Program Manager from the Lifestyle-Related Disease Division of the Department of Health (DOH). Dr Cairo, who represented

- Healthcare costs and catastrophic medical expenditure are major causes of poverty in the country.
- Medical expenses greater than Php4,000.00 in single-income families are catastrophic and can lead to poverty.
- Investing in the prevention and control of non-communicable disease is essential to a nation's economic health

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Disruption of circadian rhythms and health: Sleep, social jetlag, and cardiometabolic risk



- Several studies suggest a relationship between shift work and increased incidence of diabetes, cardiovascular diseases and cerebrovascular accident.
- Industries with 24/7 work sched ules can increase the risk of occupational safety and health issues.
- Implementation of mandatory occupational safety in all work places is necessary to address and eliminate health risks.

Dr Mark Anthony Sandoval discusses the relationship between shift work and the risk of developing non-communicable diseases.

The circadian system is a 24-hour internal clock that functions as the body's sleep/wake cycle. This biological clock affects the daily rhythms of the different physiological processes and synchronizes with the cycles of light and dark or the solar clock. 'Social jetlag' occurs when circadian clock timing does not match solar clock timing, and this is correlated with depression, metabolic problems, obesity and higher body mass index (BMI). It also increases the likelihood of alcohol or caffeine intake and tobacco

use. About half of the population in an industrialized society may have out-of-sync circadian rhythms, and this can influence cardiometabolic risk. Technology, behavior and shift work has been associated with the shift in the sleep-wake pattern, and several studies suggest the relationship between shift work and increased incidence of diabetes, CAD, CVD, coronary heart disease, acute myocardial infarctions, and cerebrovascular accident.

Business process outsourcing companies and other industries with a 24/7 work

schedule set "graveyard shifts" to meet client's business hours, and this may lead to occupational safety and health issues. Policy Guidelines set by the Occupational Safety and Health Standards covers the health of workers in the call center industries through engineering and administrative control measures. Mandatory occupational safety implementation in all work places aims to address and eliminate health risks.

Occupational safety and health legislation in relation to improvement of the metabolic health of shift workers

Measures to promote health and safety in the workplace may involve:

- 1 Engineering measures that may include redesigning the workstations, equipment and materials, and ensuring efficient ventilation
- Administrative control measures that can reduce hazard exposure, including job rotation; medical and environmental surveillance; and safety and health training for employers, supervisors, employees and safety and health practitioners.
- 3 Regulatory compliance is concerned with maintaining and controlling the working environment to promote health and safety of the workers.

From page 1: "Adapting to the challenges in the management of hypertension and dyslipidemia"

Dr Francisco Duque III, stated that healthcare costs and catastrophic medical expenditure are major causes of poverty in the country. Every year, about 1.5 million families are pushed to poverty due to healthcare-related expenses. He added that spending more than Php4,000 per month for medications is considered catastrophic for single-income families.

Investing in health, specifically in the prevention and control of non-communicable disease is essential to a nation's economic health.

May Measurement Month 2017: Analysis of blood pressure screening in the Philippines



- May Measurement Month highlights the need to increase screening for elevated blood pressure and to identify and reduce it to more than 2 million people whose blood pressure requires intervention.
- To get participants to be actively involved, its importance needs to be demonstrated thoroughly.

The speakers from the symposium on the role of the primary care physicians in the early detection and timely management of non-communicable diseases pose with PSH and PLAS officials after the open forum.

levated blood pressure remains the biggest contributor to the global burden of disease and to global mortality. It annually results in 9.4 million deaths worldwide. About 85,881 Filipinos die every year because of hypertension and its complications. Despite this, the Philippines performs poorly about awareness, treatment and control of hypertension

compared to other countries. May Measurement Month was established to highlight the need for increased screening for elevated blood pressure (BP) and to identify and reduce it to more than 2 million people whose BP requires intervention based on current guidelines. It is the largest synchronized and standardized multinational screening survey of any

cardiovascular risk factor, and it explores the potential relationship between BP and other environmental factors, including comorbidities. Its importance needs to be demonstrated – not just described – thoroughly to the prospective participants to persuade them to be actively involved.

The role of primary care physicians in the early detection and timely management of non-communicable diseases

ommunicable and non-communicable diseases (NCD) cause illnesses among Filipinos; however, there is not enough funds for programs to battle NCD. The government needs to partner with the private sector to effectively manage these.

Primary care physicians are in the forefront of early recognition and management to control disease progression. To be effective, the physician can use new technologies adapt to them so that they could help improve patient manage-



ment and avoid spending on unnecessary tests that may even result in psychological harm due to labeling.

- To effectively manage noncommunicable diseases (NCDs), a partnership between the government and the private sectors must be established
- Primary care physicians are the frontliners in detecting and managing NCDs.
- New technologies are effective in improving the ways to manage patients.

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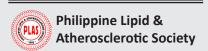
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Clockwise, from top right: Dr Claudio Borghi discusses the role of the renin-angiotensin-aldosterone system (RAAS) in hypertension and hypercholesterolemia; Speakers from the symposium on the metabolic profile among shift workers pose for a group photo; Dr Rafael Castillo actively participates in the discussion; The joint convention allows hypertension and dyslipidemia experts to come together for 3 days of learning, but also to establish and re-establish camaraderie with their colleagues.

Transitioning from adulthood to geriatrics: Bridging the gap in preventing hypertension and dyslipidemia

mphasis on medical care has shifted from the treatment of acute illnesses to the management of chronic illnesses. As the elderly today tend to have a longer lifespan compared with their predecessors, there are also the increasing challenges of variety of health status, divergent symptoms of the diseases, increased incidence of co-morbidities, diverse treatment goals, greater need for social support and increased incidence of illnesses that result from the actual treatment provided to them. Care should be individualized, and it should not have a 'one-size-fits-all' approach. There is insufficient evidence to recommend screening and treatment for lipid disorders; Hypertension screening is favored over cholesterol screening and treatment for women.

One is only as old as his arteries, and vascular age is not the same as one's birth age. The arteries age faster if they are constantly exposed to cigarette smoke,

- A longer lifespan created the challenges of differing health issues, increased incidences of co-morbidities and higher need of social support, among others.
- A 'one-size-fits-all' approach to the management of illnesses should not be done.
- A person is only as old as his arteries, and accelerated vascular aging can result from cigarette smoking, poor diet, hypertension and diabetes.

food rich in saturated and trans-fat, hypertension and diabetes. It is therefore important to nurture them with daily physical activities, healthful diet and good relationships with family and friends.