It’s been a very busy few weeks since the summer holidays and the time seems to have flown by. The Annual Scientific Meeting in Cambridge was of a particularly high standard this year with a varied and interesting programme of talks and debate and the Educational Programmes Working Party has produced a Masterclass, a Training Day for Independent Prescribers and a Primary Care Meeting. Reports of these events are detailed on the following pages.

Apparently most people can access website links from the pdf copy of the Newsletter so they’re not detailed separately with the email this time. If you do have trouble accessing information or have any comment about the format of the Newsletter, do let me know.

The World Hypertension League has informed us that it now produces its Newsletter online and you can access it via the following link: http://worldhypertensionleague.org/documents/newsletters/2008/whl121.pdf

Well, the festive season is upon us already and on behalf of the BHS Executive Committee and Working Parties, I would like to wish you a very happy and peaceful Christmas.

Jackie Howarth
BHS Administrative Officer
bhs@le.ac.uk 07717 467973

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Calendar of Events

<table>
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<tr>
<th>Event</th>
<th>Dates</th>
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<tr>
<td>Early Disease Detection &amp; Prevention Thailand</td>
<td>21-25 Jan 2009</td>
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<tr>
<td>Chronic heart failure and hypertension: risks, diagnosis and management London</td>
<td>12-13 Feb 2009</td>
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<tr>
<td>BPA Training for Nurses &amp; Pharmacists Manchester</td>
<td>27 Feb 2009</td>
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<tr>
<td>Mediterranean Cardiology Meeting Italy</td>
<td>26-28 April 2009</td>
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<tr>
<td>European Congress on Obesity Netherlands</td>
<td>6-9 May 2009</td>
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<tr>
<td>BPS New Drugs in CV Research Germany</td>
<td>7-9 May 2009</td>
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<tr>
<td>Diabetes Update IV Stratford upon Avon</td>
<td>11-12 May 2009</td>
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<tr>
<td>BHS Primary Care Meeting RCP, London</td>
<td>19 May 2009</td>
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<tr>
<td>ESH Annual Meeting Italy</td>
<td>12-16 June 2009</td>
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<tr>
<td>BHS Annual Scientific Meeting Cambridge</td>
<td>14-16 Sept 2009</td>
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<tr>
<td>ESH 2012 London</td>
<td>26-30 April 2012</td>
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At this year’s annual meeting of the Society, we were privileged to receive an outstanding Sir George Pickering Guest Lecture delivered by Professor Stephen MacMahon, all the way from the University of Sydney in Australia. The format of allowing extensive interaction with members of the Society was hugely successful and is sure to be retained for future guest lectures.

Despite investing heavily in bringing Stephen to Cambridge, the British Hypertension Society gained little encouragement. Stephen suggested that our name is now redundant and should be changed to acknowledge the arbitrary definition of hypertension. Blood pressure has a continuous, graded relationship with cardiovascular outcomes with no clear threshold for risk and must be considered in conjunction with other risk factors. This should act as a wake up call for the Society.

The British Hypertension Society has a proud heritage. Our recommendations for the management of hypertension are rated highly nationally and internationally, the Information Service website, www.bhsoc.org is consulted widely from all corners of the planet, the Blood Pressure Measurement Working Party has developed standards which are recognized worldwide and has recently produced a successful educational DVD as well as a protocol for the evaluation of monitoring devices, our Collaborative Research Working Party has this year been awarded a major grant from the British Heart Foundation and our Educational Programmes Working Party delivers first class educational training to hundreds of healthcare professionals every year. However, this is not the time to rest on our laurels.

What are the options? We could retreat into our shell and rebrand ourselves as the Self Preservation Society! Alternatively, the Society might engage with other organisations with similar objectives. During my Presidency, with the help of the Executive Committee, I have attempted to work more closely with the European and International Societies of Hypertension, while protecting our independence. This initiative should be continued and developed but there are also opportunities closer to home.

One such vehicle is the Cardio and Vascular Coalition (CVC). The CVC, initiated and funded by the British Heart Foundation, is a national collaboration of voluntary bodies working towards improved cardiovascular health. The evidence of declining mortality from myocardial infarction and stroke in recent years may encourage policy makers to take their eyes off the ball. In fact, morbidity from cardiovascular diseases continues to rise and is projected to continue to do so as the population ages. The Department of Health’s successful ten year strategy for coronary heart disease ends in 2009 and it is not clear that this will be replaced. We must now build on the achievements of this initiative and carry these forward into the next decade. Because cardiovascular diseases share many common risk factors, of which high blood pressure is among the most important, a comprehensive strategy is essential. The Cardio and Vascular Health Strategy for 2010 – 2020 will be published as a “White Paper” in spring 2009. This will act as a vision for the next ten years and call upon government to act.

I have represented the British Hypertension Society at many, often tedious, meetings of the CVC Steering Committee over the last year. It is now time for the Society as a whole to engage. Otherwise, there is a danger that the future will be dominated by cardiology “plumbers” and that the management of hypertension will be sidelined.

The Society stands at a crossroad. If we take the correct turning towards collaboration, the future is bright. A wrong turn may result in our demise, particularly as we enter an era when the pharmaceutical industry is likely to be less supportive, and we face relegation to be the cuddly toys of cardiovascular risk management, as my team Partick Thistle has become in Scottish football!

Professor Gordon T McInnes
President, British Hypertension Society, University of Glasgow

The CVC has launched a Public Survey on the content of the White Paper which can be accessed via the following link: www.consultationfinder.com/cvc Professional Health Organisations and the general public have been invited to take part—Ed
The Real Threat to Clinical Research: Regulation, Regulation, Regulation

Professor Morris Brown together with Anna Stears, Paul Stewart, and Jeremy Tomlinson recently published an article in the British Medical Journal calling for an end to ‘red tape’ restrictions in research projects.

Abstract
The role of clinical research governance is to encourage safe and effective experimentation in human subjects. Largely as a consequence of EU directives in 2001, implemented in 2004, the regulatory burden in the UK for individual investigators has become oppressive in the extreme. The benefit-risk pendulum has swung so far towards aversion of the minimal risk implicit in clinical trials – much lower than in everyday medicine – that regulation is obstructing the very activity which is it meant to encourage: High-quality clinical research. Here we document and analyse the problems seen through the eyes of both junior and senior researchers. We conclude with a four-point plan (see below) and call for action. This call is addressed to those leaders in Science, Medicine, Politics and Industry who have staked their name and fortune to the prospect of translating UK predominance in scientific discovery into the development of ground-breaking advances in diagnosis and therapy. We believe we speak on behalf of a large number of threatened clinical investigators, who are invited to join this action before it is too late.

Recommendations:
1 A single and simple web-based submission form for all research studies
2 Automatic indemnity by NIHR for all research protocols involving NHS patients
3 A national and consistent ethical review process
4 MHRA to focus on its remit to ensure medicines work and are safe, and devolve many current tasks to NIHR approved centres

This paper was published in the BMJ on 16 October 2008. For information on the complete paper follow the link: http://www.bmj.com/cgi/content/extract/337/oct16_2/a1732

10 Steps before you refer for: Hypertension

Professor Franco Cappuccio and Dr Terry McCormack published a 10-step guide for primary care health professionals treating hypertensive patients, in the September/October 2008 issue of The British Journal of Cardiology. Their recommendations are:

1 Check measurement is correct
2 Check compliance, establish concordance
3 Encourage weight loss and salt reduction
4 Stop drugs that raise blood pressure
5 Maximise medication using ACD
6 Spironolactone
7 Establish that better control is required
8 Ensure that other preventive measures are in place
9 Are there any investigations that might be useful for the specialist?
10 Are you referring to the correct consultant?

Each of these steps is fully explained in the article: British Journal of Cardiology, Sept/Oct 2008. Vol 15, issue 5:254-257

British Journal of Cardiology Publication

British Medical Journal

The Real Threat to Clinical Research: Regulation, Regulation, Regulation

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The 2008 Annual Meeting of the BHS attracted 60 abstract submissions, hosted invited presentations from Professor Stephen MacMahon and Professor Lars Lindholm and welcomed over 220 delegates.

Successful abstracts are published in the October 2008 issue of the Journal of Human Hypertension.

**Pickering Lecture**

The Sir George Pickering Lecture was delivered by Professor Stephen MacMahon, Professor of Cardiovascular Medicine at the University of Sydney, Principal Director of the George Institute for International Health and Chief Executive of the Sydney Institutes for Health and Medical Research.

The title of his talk was: ‘Hypertension - time to give it up?’

He presented evidence indicating that an increased risk for adverse cardiovascular outcomes associated with blood pressure is found well within the “normal” range.

He suggested the next set of clinical guidelines from the BHS should not incorporate the word hypertension at all and helpfully suggested a new name for the BHS - the British Blood Pressure Society. Professor McInnes, who chaired the session, gave a rather short shrift to the suggestion in his own inimitable way.

**Prizes**

BHS Young Investigator oral prizes were won by Justin Davis, (London) and Mark Glover, (Cambridge). Dr Davis’ presentation was entitled: Evidence of augmentation of systolic coronary blood flow by retrograde wave reflection travelling back from the proximal aorta.

Dr Davis was also awarded the BHS Scholarship to support his visit as a guest of the High Blood Pressure Research Council of Australia.

Dr Glover received the award for his work on: Human WNK3 splice variants differentially affect NCCT expression: further evidence that NCCT expression and activity can be independently regulated.
The topic for the 9th Masterclass hosted by Barts & the London Hospital was: Physiological Imaging & Measurement in Cardiovascular Disease. Professors Alun Hughes and John Potter organized a fascinating programme comprising the following subjects:

- Cardiac 3D ultrasound
- Cerebrovascular assessment with transcranial Doppler
- Coupling imaging with computational fluid dynamics
- Wave intensity analysis & TDI
- Ambulatory and self blood pressure monitoring
- Cardiovascular PET/CT imaging
- Arterial stiffness
- Cardiac MRI
- Brain imaging by CT and MRI

The next Masterclass will be advertised as soon as details have been finalised. For information: bhs@le.ac.uk or keep your eye on the website: http://www.bhsoc.org/courses_conferences.stm#

On 10 November 2008 The Robert Gordon University, Aberdeen hosted the third British Hypertension Society (BHS) and Nurses Hypertension Association (NHA) training event for Independent Prescribers. This event focussed on Management of Hypertension.

Professor Val Maehle, Dean of Faculty of Health & Social Care welcomed delegates from across Scotland and a few from ‘south of the border’ to RGU for this event. Professor John Webster began the first session of the day by providing an overview of the management of hypertension and current guidelines. This was followed by Dr Mary Jo MacLeod who discussed how particular patient groups should be managed and when referral to more specialised expertise is necessary. These two presentations were then followed by a lively and useful discussion where delegates shared their experiences of managing hypertension.

The focus for the afternoon was on ‘Organising an Holistic Service’ where four non-medical prescribers: Fiona Reid, Alison de Vries, Naomi Stetson and Martin Jackson, shared with delegates their own prescribing practice, how these services have developed and how they are provided. This session provided delegates with examples of different hypertension management services that are currently being provided by nurse and pharmacist prescribers in both primary and secondary care settings.

Professor Alison Strath, Chair in Community Pharmacy Practice, provided delegates with an overview of the potential that the chronic medication service for pharmacy contractors may have for supporting the management of hypertension. The day ended with a quiz for delegates incorporating topics from the day’s discussions.

Dr Gillian Manning is leading the Independent Prescribers training programme for the BHS in association with the NHA. Dr James McLay (Chair, BHS Educational Programmes), Brian Addison (Lecturer in Pharmacy Practice, RGU) and Naomi Stetson (Chair, NHA) organised the programme for this event locally.

At this Primary Care Meeting held at the Manchester Conference Centre, over 80 delegates comprising GPs, Nurses and Pharmacists heard Professors, Paul Padfield, Lewis Ritchie, Franco Cappuccio, Tom MacDonald, Peter Sever, Neil Jackson, Bryan Williams and Dr Jane deal talk about ABPM, Lipids, Resistant Hypertension, Hypertension as a Subspecialty, BP in Children and Young Diabetics. The morning session focussed on Reaching Targets and the afternoon on Children and Teenagers. Professor Gordon McInnes led discussion on 6 Case Presentations based on the topics discussed during the day.

The next Primary Care meeting will be held at the RCP, London on 19 May 2009
The International Society of Hypertension is dedicated to the detection and treatment of high blood pressure, with research and education for both physicians and patients at the centre of its mission. Furthering these aims is the cornerstone of the activities of the Society. Since it achieved charitable status in December 2007, it has become a not-for-profit organisation. In consequence, we are committed to providing education globally and to developing research worldwide.

The research needs of low and middle-income countries are many and varied. In the last four years we have already forged an alliance with The World Health Organization (WHO) and have financially supported work in Sub-Saharan Africa with particular emphasis on finding out whether cardiovascular risk charts actually predict the prevalence of cardiovascular disease in these areas. The data are already emerging and look extremely encouraging.

In the first instance it has been agreed by the Executive Council of the International Society of Hypertension to further these research endeavours by establishing a Research Foundation. This will allow us to accrue financial resources aimed specifically at supporting research worldwide.

Currently Dr John Hall, Chair of the Research Foundation, is heading up a small working group to look at how best we can deploy funds in order to optimise the development of research in a variety of regions. Some laboratories feel that it would be more appropriate to send investigators to established facilities in the developed world so that they can learn methodology and bring it back to their home countries. Reservations have been expressed about this approach in as much as it is difficult to find ongoing support for such investigators and their research then falters. The other possibilities are that we join with established institutions which have links in third world to support their endeavours in a collaborative way and of course we have the option of the longitudinal and more expansive studies with the WHO.

Figure 1. WHO/ISH risk prediction chart for SEAR B. 10-year risk of a fatal or non-fatal cardiovascular event by gender, age, systolic blood pressure, total blood cholesterol, smoking status and presence or absence of diabetes mellitus.

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Age Group</th>
<th>Systolic Blood Pressure</th>
<th>Total Blood Cholesterol</th>
<th>Smoking Status</th>
<th>Diabetes Status</th>
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<tr>
<td>%</td>
<td>40-59</td>
<td>60-69</td>
<td>70-79</td>
<td>80+</td>
<td>100+</td>
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<tr>
<td>10% to 20%</td>
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</table>

At this stage the Foundation has been established and we are placing $500,000 with immediate effect to pump prime the venture. It is hoped that over the next 2 years we shall put in further support so that by year 3 we should be able to begin to disperse resources and support research projects. I know that John is open to all suggestions and if you feel that you wish to contribute, he would be happy to hear from you: jehall@physiology.umsmed.edu

Professor Tony Heagerty, President, International Society of Hypertension
The Votes Are In!

Thank you to those who voted for their favourite ESH 2012 logo design.

The response was not overwhelming but there was a clear winner (see left) and this design will be used on promotional material around the world for the event. The winning logo was announced at the Annual Scientific Meeting in Cambridge in September.

NICE Guidelines

The BHS continues to engage with NICE as a Stakeholder in current Guideline Reviews.

Professor Franco Cappuccio has been appointed to the NICE Public Health Program Development group on the Prevention of Cardiovascular Disease and started attending the meetings in September 2008 - expected publication of the Guidelines is February 2010. Follow progress posted on the NICE website:

http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11881

Chronic Kidney Disease guideline was issued in September 2008 (see below). Dr Charlie Tomson co-ordinated the BHS response to the draft guideline. The guideline can be accessed on the NICE website:

http://www.nice.org.uk/Guidance/CG73

The BHS has recently registered as a Stakeholder in the Chronic Heart Failure Guideline review and will be consulted in all stages of the guideline development. Dr Mark Davis has agreed to co-ordinate the BHS response. Consultation on the Scope finished on 14 November 2008. Developments can be viewed on the NICE website:

http://www.nice.org.uk/Guidance/CG/WaveReview/1

Chronic Kidney Disease Guidelines

National clinical guideline for the early identification and management of adults in primary and secondary care. Developed by the National Collaborating Centre for Chronic Conditions at the Royal College of Physicians.

In commissioning this guideline, the Department of Health was clear that its focus should be early detection and management. This is the area where the guideline can deliver its greatest potential benefit, by delaying progression of disease and therefore reducing the need for dialysis or transplant. The key recommendations singled out in the guideline reflect this emphasis. They present clear criteria for testing for CKD, for suspecting progressive CKD, and referring people for specialist assessment, all of which will be useful in primary care. Recommendations are also provided on starting treatment once proteinuria has been assessed.

As well as providing a comprehensive guide to the identification and management of patients with CKD for general practitioners and general physicians, the guideline will also be relevant to nephrologists, diabetologists, nurses, clinical biochemists and other health professionals involved in the care of patients with CKD.

For more information and to purchase a copy please email publications@rcplondon.ac.uk or call 020 7935 1174 ext 358
Appointments

We have introduced a section within the BHS newsletter for members to post notices of upcoming vacancies in their institutions that might appeal to those interested in hypertension. This could be clinical positions within the NHS, clinical or non-clinical research appointments and studentships etc. The idea here, is not to provide an alternative to traditional means of advertising vacancies, but rather, to highlight vacancies and to provide a link to the advert and further information about the posts and applications process. Importantly, because the BHS newsletter is also available to members of the International Society of Hypertension, this also provides a mechanism to inform the wider hypertension community about vacancies and opportunities. Perhaps most important of all, it is FREE, but you must ensure that contact information for further information about the post and the web-link provided to access information is functional.

Any vacancies advertised here will also be included on the ‘Jobs’ page of the BHS Website.

Please note that we cannot accept responsibility for the accuracy of the information in the job advertisements and cannot handle any enquiries about these vacancies.

Why not also tell us about appointments within the Hypertension community? If you have recently filled a position in your department, have just taken up a new post within field of hypertension or if you are looking for a position, let us know and we’ll do our best to include your news.

Professor Bryan Williams, Chair BHS Guidelines & Information Service Working Party

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University of Leicester

School of Medicine, Department of Cardiovascular Sciences

Senior Lecturer (Clinical) in Vascular Medicine—Ref: H4006

Applications are invited from registered medical practitioners with an established track record in cardiovascular research, whose interests complement the study of hypertension, cardiovascular disease and cardiovascular physiology and who are, or are eligible to be, on the Specialist Register of the General Medical Council. Experience in hypertension, lipidology or other aspects of cardiovascular medicine are desirable.

An Honorary Consultant contract will be sought from the University Hospitals of Leicester NHS Trust.

Informal enquiries can be made to Professor Bryan Williams via email, bw17@le.ac.uk or office 0116 252 3182

Downloadable application forms and further particulars are available at http://www.le.ac.uk/personnel/jobs/a&r.html or in hardcopy from Personnel Services:

Tel: 0116 252 5114 Fax: 0116 252 5140 Email: recruitment2@le.ac.uk.

Closing date: 9 January 2009
The World Hypertension League would like to invite your participation in:


The Day aims to highlight that:

- High blood pressure is the biggest single cause of death worldwide through strokes, heart attacks and kidney diseases
- Salt is the major factor putting up blood pressure
- Reducing salt intake reduces blood pressure across the population
- If salt intake was reduced by half it would save approximately 2.5 million people a year dying unnecessarily of strokes, heart attacks and chronic kidney diseases worldwide

Last year's World Hypertension Day (WHD) saw participation from a large number of WHL members. Reports received from Algeria, Bangladesh, Botswana, Brazil, Canada, Cuba, Egypt, Georgia, Germany, Iran, Philippines, Thailand and Turkey are posted on the WHL website. Full details of the event and promotional materials as they are developed can be found on the WHL website: http://www.worldhypertensionleague.org/

WHD is pleased to announce an official partnership, collaboration and reciprocal endorsement with World Kidney Day (WKD), jointly hosted by the International Society of Nephrology (ISN) and the International Federation of Kidney Foundations (IFKF), which is taking place on March 12th, 2009 with the message: “Keep the pressure down”, www.worldkidneyday.org and World Salt Awareness Week initiated by the World Action on Salt and Health (WASH), focusing on ‘Salt and Eating out’, taking place during the week of February 2nd, 2009. www.worldactiononsalt.com

The WHL encourages you (both as individual and organisational) to become a member of WASH. If you are not already, and would like to become a member of WASH, please email your work and contact details to Ms. Katharine Jenner at kjenner@sgul.ac.uk

All of us have a stake in hypertension control in each of our countries. As in previous years we are confident that you will continue to participate in the WHD activities in 2009.

In addition, we encourage you to collaborate with kidney foundations and nephrology societies in your countries to promote all three events – World Salt Awareness Week in February, World Kidney Day in March and of course World Hypertension Day in May.

Could you kindly let us know your involvement at your country/regional level in all three events and particularly, the World Hypertension Day 2009, by emailing Ms. Chellam Chellappan (whlsec@sfu.ca) at the office of the Secretary General, WHL.

Arun Chockalingam, MS, PhD, FACC
Secretary General WHL, Professor of Global Health

Paul Beerkens
President, IFKF, Co-Chair, WKD Steering Committee

Graham MacGregor, FRCP, FAHA; FMedSci.
Chairman, WASH, Professor of Cardiovascular Med.
Executive Board Member, WHL

William G. Couser, MD
Immediate Past President, ISN, Co-Chair, WKD Steering Committee
Young Investigator of the Year 2007

My name is Tim Burton and I was the lucky winner of the British Hypertension Society Young Investigator of the Year Award in September 2007. At the time I was a second year registrar in Clinical Pharmacology working at Addenbrooke’s Hospital in Cambridge. My research, with Professor Morris Brown, focussed on the mechanisms regulating aldosterone secretion by the adrenal gland. In particular, we have found that the components of an aldosterone response pathway are expressed in adrenocortical cells, and we proposed that this pathway may allow aldosterone to feedback and regulate its own release.

It was a great privilege to have the opportunity to present this work at the 29th Annual Scientific Meeting of the High Blood Pressure Research Council of Australia in Adelaide in December 2007. This was my first trip, not only to Australia, but the Southern Hemisphere. After a 24 hour flight in late November I arrived in Sydney to glorious early morning sunshine. I can remember walking on Bondi beach a few hours later feeling completely awake with no symptoms of jet lag – all those nights on call as a junior doctor must have prepared me well.

After soaking up the delights of Sydney for a few days, I arrived in Adelaide. The Adelaide Hilton Hotel was a delightful contrast to my previous venue, the Bondi Beach Hostel. It quickly became apparent what an impressively organised conference this was. No early morning coach travels to a venue across the city, as I have experienced in some European cities. I was introduced to Stephen Harrap, the chairman, and Kate Denton, both of whom made me feel very welcome. What surprised me was the warm informal nature of the whole conference. This was of course particularly apparent at the Wednesday night conference dinner held in the ballroom. The conference program seemed very well balanced, with some great clinical study data, the ADVANCE trial for example, together with basic science presentations covering the genetics of cardiovascular disease through to the effects of oxidative stress. Of course, I was particularly at home during the symposium on steroid hormones. I also thought that the young clinicians and researchers were well catered for with a student symposium on a career in cardiovascular research. This was a great reminder of the dilemmas, challenges and opportunities that young scientists and clinicians face.

After sampling the Barossa valley vineyards and feeding kangaroos in the nearby National Park, I returned to Sydney for my flight back to the UK. My only regret was that I’d only spent two weeks in Australia. But I’ll be back!

Dr Tim Burton