

transmission was found. Results from Doppler echocardiography suggested that in resting conditions about 50% of aortic peak flow velocity (pV) and stroke distance (StrDis) can be attributed to genotypic variance. Minute distance (MinDis) was inherited for about 40% and linear resistance for 66%. During submaximal supine bicycle exercise a minor part of the total variance of StrDis and MinDis was a transmissible effect. In conclusion, the presence of a genetic component in the variability of SBP and DBP was found in resting conditions but not during submaximal supine exercise. At rest genetic variance was shown for left ventricular outflow hemodynamics and for peripheral vascular resistance. However during exercise the transmissible effect on hemodynamics and peripheral resistance was small.

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EVOLUTION EPIDEMIOLOGIQUE DE L'HTA EN BELGIQUE ENTRE LES DECADES 1970 ET 1980

Entre 1983 et 1989, un poste de dépistage de l'hypertension artérielle équipé d'un appareil de mesure automatique «Telkoor» installé au Centre Administratif de la Ville de Bruxelles a enregistré la TA ainsi que l'âge, les antécédents d'hypertension et son traitement évolutif, les habitudes tabagiques de plus de 11.000 personnes des deux sexes âgés de 15 à plus de 80 ans. Les données recueillies ont été comparées aux résultats du dépistage de l'HTA réalisé par le CBH entre 1973 et 1977.

De cette comparaison entre les décades 1970 et 1980, il apparaît notamment une diminution de la TA syst. moyenne (de 5 à 13 mmHg) des classes d'âge après 30 ans chez les femmes et une diminution de la TA diast. moyenne (de 3 à 10 mmHg) de toutes les classes d'âge chez les hommes et après 50 ans chez les femmes.

La proportion de sujets traités pour HTA dans la population générale augmente nettement chez les hommes pour les classes d'âge de 40 à 70 ans, de même que chez les femmes de 30 à 60 ans, alors qu'il apparaît au contraire une réduction importante chez les femmes de plus de 60 ans. Parmi ces hypertendus traités, 49% des hommes et 36% des femmes ont néanmoins des

chiffres de TA au-dessus de 160/95 mmHg. L'étude précise aussi l'évolution du tabagisme dans la population au cours de ces deux décades.

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HYPERTENSION, OBESITY, IS DIETARY SODIUM RESTRICTION YET USEFUL ?

A controversy subsists according to the need for salt reduction in the treatment of obese hypertensive patients submitted to a low caloric diet.

We have tested the usefulness of this association in 57 obese essential hypertensives (more than 20% of excess weight) without antihypertensive drugs, but treated by low caloric and/or sodium diets for 3 months. These patients had to be visited every month for measuring weight, supine blood pressure (with a random zero sphygmomanometer), the 24 h urinary Na excretion and the plasma renin activity.

We have been able to note that when the weight loss already after 1 month is higher than 4 kg, salt reduction is not required because it has no added effect on the excellent decrease of BP. However, in patients without weight loss, salt reduction has a lowering, although less important effect on BP. Those who have not followed the diets proposed do not show any significant BP modification. At 3 months, the best effect on BP has still been noted for the sole weight reduction but the difference with the salt reduction effect is less evident.

In conclusion, for the obese essential hypertensive patient, hypocaloric diet is the main part of the non pharmacological treatment of hypertension. It has to be greatly encouraged. Salt restriction has not to be associated to this measure. However, alone, this salt reduction remains useful.

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CADMIUM, BLOOD PRESSURE AND THE PREVALENCE OF CARDIOVASCULAR DISEASES IN THE GENERAL POPULATION: A REPORT FROM THE CADMIBEL STUDY

The present study investigated whether in the popu-