



***High Blood Pressure: Why Prevention and Control are Urgent and Important. A 2014 Fact Sheet from the World Hypertension League and the International Society of Hypertension***

***Increased blood pressure is the leading risk factor for death and for disability globally according to the World Health Organization Global Burden of Disease Study(1).***

**Increased blood pressure was the cause of an estimated 9.4 million deaths and 162 million years of life lost in 2010 and the cause of (2-8)**

- 50% of heart disease, stroke and heart failure.
- 13% of deaths overall and over 40% of deaths in people with diabetes.
- Hypertension is a leading risk for fetal and maternal death in pregnancy, dementia, and renal failure

**Hypertension is a public health epidemic (2;9;10)**

- Approximately 4 in 10 adults over age 25 have hypertension and in many countries another 1 in 5 have prehypertension.
- An estimated 9/10 adults living to 80 years of age will develop hypertension.
- One half of blood pressure related disease occurs in people with higher levels of blood pressure even within the normal range.

**Hypertension now disproportionately impacts low and middle income countries (2)**

- Two thirds of those with hypertension are in economically developing countries.
- Heart disease and stroke occur in younger people in economically developing countries.

**Blood pressure related disease has a major impact of health care spending (11)**

- An estimated 10% of the health care spending is directly related to increased blood pressure and its complications.
- The costs are estimated to be just under 25% of health care spending in Eastern Europe and Central Asia.

**The behavioural factors play a major role in increasing blood pressure (12)**

- Unhealthy diet is estimated to be related to about half of hypertension.
  - About 30% related to increased salt consumption, and about 20% related to low dietary potassium (low fruit and vegetables).

- Physical inactivity is related to about 20% of hypertension.
- Obesity is related to about 30% of hypertension.
- Excess alcohol consumption also causes hypertension.
- Being tobacco free is especially important for people with hypertension.

**Clinical interventions have not been systematically applied in both economically developed and developing countries (2;13;14)**

- Most individuals with hypertension are unaware that their blood pressure is high.
- A large proportion of those who are aware that their blood pressure is high remain untreated and even when treated, a large proportion still have sub-optimally controlled blood pressure.

**Investments in prevention are often cost saving (15-19)**

- Policy interventions at a population level to improve diet and physical activity are often cost saving and allow people to make healthy choices.
- Recommended policies to prevent or manage hypertension through improved diet and increased physical activity are outlined by the World Health Organization (WHO).
- The United Nations has agreed to a 2025 goal of reducing hypertension by 25% and dietary sodium 30%.

**Investments in Treatment and Control are cost effective if targeted to those at higher risk (20;21)**

- Most people with clinical hypertension have additional cardiovascular risks and or evidence of blood pressure related damage (heart disease, stroke, kidney damage).
- Treating increased blood pressure in the range defined as hypertension ( $\geq 140/90$  mmHg) is effective in reducing stroke and heart disease.
- Managing increased blood pressure in those at moderate to high risk of hypertension is cost effective.
- Management of hypertension should be based on an assessment of cardiovascular risk.

**Policy Inertia**

- Many countries have not implemented effective public policies to prevent hypertension and control hypertension ([http://www.wcrf.org/policy\\_public\\_affairs/nourishing\\_framework/index.php](http://www.wcrf.org/policy_public_affairs/nourishing_framework/index.php) accessed Feb 2 2014).
- Some national hypertension organizations do not have policy statements and do not advocate for policies aligned with those developed by the WHO that would effectively prevent and control hypertension.

**Clinical Inertia (22)**

- Some national hypertension organizations do not have published strategic plans for diagnosing, treating and controlling hypertension.
- Many clinicians do not routinely assess blood pressure, and do not initiate or titrate treatment in those with elevated blood pressure readings.

**TRANSFORMATION AND REFOCUSING EFFORTS ON PREVENTION AND CONTROL IS REQUIRED.**

## **THE WORLD HYPERTENSION LEAGUE RECOMMENDS THE FOLLOWING STEPS BE CONSIDERED.**

### **National Hypertension Organizations:**

- Develop strategic plans for prevention and control of hypertension.
- Advocate for healthy public policies and especially those that reduce dietary salt/sodium and promote healthy diets and smoking cessation.
- Ensure there are hypertension management guidelines adapted to the country's population.
- Develop strong partnerships with the organizations that represent health care providers that diagnose and manage hypertension.
- Ensure there is monitoring and evaluation of efforts to prevent and control hypertension.

### **Health care professionals:**

- Measure blood pressure at all relevant clinical encounters.
- Assess cardiovascular risk in those diagnosed with hypertension.
- Treat those at high cardiovascular risk to controlled blood pressure levels.
- Assess hypertensive disorders of pregnancy.
- Advocate for healthy public policy.
- Encourage and assist community blood pressure screening programs.

### **Individuals:**

- Eat unprocessed or minimally processed foods most often.
- Choose low sodium options and do not add salt to food.
- Be physically active.
- Attain and maintain a healthy body weight.
- Avoid exceeding maximum daily and weekly recommended alcohol intake.
- Get their blood pressure checked regularly and understand what it should be.
- Advocate for healthy public policies.

### **Key Messages**

- Hypertension may often be preventable and remains a constant threat to well-being.
- There are effective policies that could facilitate people making healthy choices which if implemented could largely prevent hypertension from occurring.
- Hypertension is easy to screen for BUT only about 50% of adults with hypertension are aware of their condition.
- Effective lifestyle and drug treatments are available that could control hypertension in most individuals.

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