

COUNCIL'S CORNER - HYPERTENSION ISSUES; A PERSONAL VIEW

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**Any quick fixes for
hypertension out
there?**



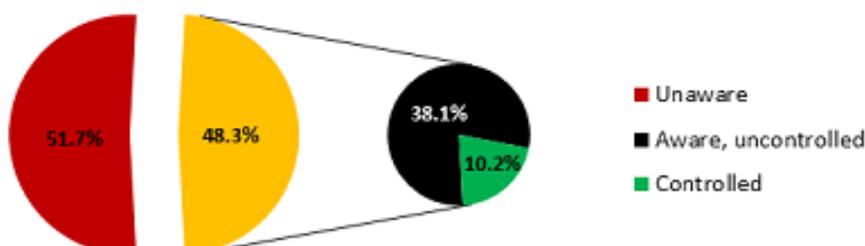
Within the sphere of the ISH one is forced to 'zoom out' from developed countries, and take note of what the impact of hypertension is globally. With the world population running over 7 billion, latest statistics indicate that 83% (5.9 billion) reside in low and middle-income countries (LMICs).¹ It is therefore no wonder that 80% of NCD deaths occurred in developing countries in 2008.² Future predictions are all but rosy, indicating e.g. that Africa's population is expected to more than double by 2050.¹

When living and working in a developing country one is struck by the reality that numerous individuals suffer and die from hypertension-related consequences without ever being aware of their condition. It was shown recently in LMICs that less than 50% of those with hypertension are aware of their condition, with only 10% controlled.³ The reality is that 90% of hypertensives in LMICs aged over 50 are walking around uncontrolled. We may have highly effective antihypertensive treatment, but we have to face the fact that we are not doing a great job for the majority of the world population.

The international hypertension community becomes excited by innovative and novel technologies that could change the way in which hypertension is treated - as recently seen with renal denervation. The mind-blowing technological era of the space age showed the world that practical spinoffs of high-end technology could end up in numerous advances on ground level, including medical innovations benefitting almost every household in the world. Novel technologies for hypertension treatment may with time hopefully also impact the 5.9 billion in the developing world. But how is it possible that in 2012 there were 6 billion mobile phone subscriptions in the world, of which nearly 5 billion were in developing countries?⁴ How is it possible that we can deliver soda drinks and mobile phones to most of the world, but due to dysfunctional health systems, hypertension awareness, prevention, treatment and control remain beyond our reach? The 25x25 strategy to achieve a 25% relative reduction in overall mortality from NCDs by 2025 is a powerful initiative. But we will reach 2025 in only 10 years, thus the strategy to reach these goals needs to rely on 'best buys' such as secondary prevention and tobacco control. To make a long-term impact we also need to start thinking of novel ways to reach the majority of the globe when health behaviours are formed and fixed - to prevent and to invest in the youth, and to protect them from unhealthy behaviours. (Thirty to 40% of the population in LMICs are aged younger than 15.¹) When it comes to hypertension there does not seem to be a 'quick fix', but we need a long term investment in health and health systems, and we need to start *now*.

1. Population Reference Bureau 2013. http://www.prb.org/pdf13/2013-population-data-sheet_eng.pdf
2. World Health Organization, *Global Status Report on Noncommunicable Diseases 2010* (Geneva: World Health Organization, 2011).
3. Lloyd-Sherlock *et al.* Hypertension among older adults in low- and middle-income countries: Prevalence, awareness and control. *Int J Epidemiol* 2014; 43:116-128.
4. The World Bank. <http://www.worldbank.org/en/news/press-release/2012/07/17/mobile-phone-access-reaches-three-quarters-planets-population>

Hypertensives in LMICs older than 50 yrs



(Adapted from
Lloyd-Sherlock *et al.*
2014 *Int J
Epidemiol*)