HHS Public Access

Author manuscript

Lancet. Author manuscript; available in PMC 2015 May 20.

Published in final edited form as:

Lancet. 2014 July 19; 384(9939): 234. doi:10.1016/S0140-6736(14)61211-3.

14TL3893 Hypertension in populations of different ethnic origins

Ranu S Dhillon[*], **Kiran Clair**, and **Max Fraden**

Division of Global Health Equity, Brigham and Women's Hospital, Boston, MA 02115, USA (RSD); Earth Institute, Columbia University, New York, NY 10115, USA (RSD); Department of Obstetrics and Gynecology, University of California Irvine, Orange, CA 92868, USA (KC); Department of Medicine, Dartmouth Hitchcock Medical Center, Lebanon, NH 03756, USA (MF); and Division of Cardiology, Department of Medicine, Columbia University MedicalCenter, New York, NY 10032, USA (MA)

In their recent Editorial Hypertension: an urgent need for global control and prevention (May 31, p 1861),[1] Lancet Editors highlight the global need to address high blood pressure —the leading risk factor for mortality worldwide. This is particularly urgent in low-income and middle-income countries where prevalence is increasing. Present treatment guidelines, however, are largely based on white populations whereas evidence suggests that cardiovascular disease varies with ethnic origin.[2] South Asian populations, for example, have higher death rates from ischemic heart disease at young ages compared with populations in Western countries; Hispanic populations might achieve better blood pressure control with less treatment compared with non-Hispanic groups.[3,4] Thresholds for treatment, blood pressure targets, and antihypertensive regimens might differ between ethnic groups. Despite differences in general guidelines, the Eighth Joint National Committee (JNC8), American and International Societies of Hypertension, and European Society of Hypertension/ European Society of Cardiology all provided specific recommendations for blacks individuals.[5–7] Ethnic variations couldhave implications for polypills and other initiatives to streamline management in low-income and middle-income settings, such as the Global Standardized Hypertension Treatment Project [http://www.cdc.gov/globalhealth/ncd/hypertension-treatment.htm].

Good quality data on hypertension in different ethnic populations are missing. Of the more than 180 studies that met the JNC8's standards for inclusion, less than 30 include analysisof non-white, non-black groups.[5] Generating high-quality evidence for diverse populations should become a priority. Prospective cohort studies and randomised controlled trials are needed to define how blood pressure should best be managed among the groups found in low-income and middle-income countries where the burden of hypertension is growing.

[*]*MarwahAbdalla***dhillon.ranu.s@gmail.com**.

We declare no competing interests.

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