

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

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

Increased BP 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.
- 18% of deaths overall and more than 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 older than 25 years have hypertension, and in many countries another 1 in 5 have prehypertension.
- An estimated 9 of 10 adults living to 80 years will develop hypertension.
- One half of BP-related disease occurs in people with higher levels of BP 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.

BP-related disease has a major impact on healthcare spending.¹¹

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

Behavioral factors play a major role in increasing BP.¹²

- Unhealthy diet is estimated to be related to about half of hypertension cases.
- About 30% of cases are related to increased salt consumption, and about 20% are 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 BP is high.
- A large proportion of those who are aware that their BP is high remain untreated and, even when treated, a large proportion still have suboptimally controlled BP.

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 WHO.
- The United Nations has agreed to a 2025 goal of reducing hypertension by 25% and dietary sodium by 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 BP-related damage (heart disease, stroke, kidney damage).
- Treating increased BP in the range defined as hypertension ($\geq 140/90$ mmHg) is effective in reducing stroke and heart disease.
- Managing increased BP in those at moderate to high risk for hypertension is cost-effective.

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- 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).
- 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 Inertia²²

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

TRANSFORMATION AND REFOCUSING EFFORTS ON PREVENTION AND CONTROL IS REQUIRED

The World Hypertension League Recommends the Following Steps

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 healthcare providers that diagnose and manage hypertension.
- Ensure there is monitoring and evaluation of efforts to prevent and control hypertension.

Healthcare professionals:

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