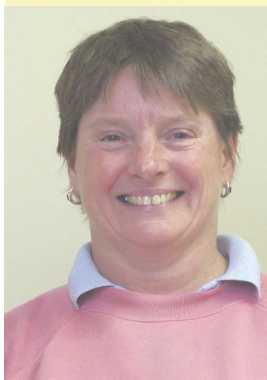


EDITOR'S COMMENT

Developing hypertension



BRIDGET FARHAM

ugqirha@africa.com

Hypertension is a distressingly common problem. According to a review in the *Lancet* in 2005, overall 26% of the world's adult population in 2000 had hypertension and 29.2% were projected to have this condition by the year 2025. In 2000, the estimated total number of adults with hypertension was 972 million, 333 million in economically developed countries and 639 million in the developing world. By 2025 the number of adults with hypertension was predicted to increase by about 60% to a total of 1.56 billion.

Why is hypertension important? Over the decades, increasing importance has been put on identifying and then doing something about risk factors for particular diseases. Hypertension is one of them – a leading risk factor for premature mortality and the condition is ranked third as a cause of disability-adjusted life-years. Although the prevalence of hypertension in various regions around the world has been reported, there are no reports of absolute prevalence and so the burden around the world. This is unfortunate because, as the authors of the *Lancet* review point out, this information is vital to rational planning of health services.

According to this article, the crude rate of hypertension in people older than 20 years in South Africa is 23.9% overall; 22.9% in men and 24.6% in women. In neighbouring Zimbabwe the overall rate rises to over 34%, with a staggering 41% in men and 28% in women. The main burden of this disease is carried by men and women over the age of 50, but the prevalence among those aged between 30 to 39 is still around 22%, approaching a quarter of the region's population.

What does this mean? Sub-Saharan Africa, with its already enormous burden of infectious disease, poverty and malnutrition, faces yet another pandemic – the diseases associated with hypertension. These are cardiovascular disease and renal disease, expensive to treat and potentially fatal for the individual who suffers them. And this is saying nothing about the costs associated with the morbidity that comes with these diseases. As we all know, far too few people in our region of the world are treated for their hypertension or resulting illnesses and if they were all to be treated according to international guidelines, the costs would be prohibitive. For example, statins now form part of the treatment guidelines for certain categories of hypertensives with particular risk factors, even in the presence of normal lipid levels. These drugs certainly are not within the budget of health departments in sub-Saharan Africa. The other issue is monitoring. Once a patient is diagnosed as hypertensive it is not simply a matter of placing him or her on medication and giving repeat prescriptions. There must be frequent follow-up until the goal blood pressure is reached, monitoring for target organ damage and checks on the efficacy and tolerability of the medication prescribed. All this costs an enormous amount as those who see patients daily will know from experience. These are the accumulated costs that developing countries simply cannot bear. So their population once again carries the costs – physical, emotional and monetary – of preventable illness. And that is the tragedy with most cases of hypertension. It is a disease of lifestyle and can be prevented by good public health measures, implemented at individual level. This is probably one of the areas of health where developing countries fall down most. Prevention requires education, awareness and constant reinforcement of unpopular messages – don't smoke, drink in moderation, watch your diet, get regular exercise. How do you get these messages across to people who have no food security so their diet is whatever they can manage each day, and generally does not consist of five servings of fruit and vegetables, washed down with olive oil, each day? How do you advocate regular exercise to people who have to get up at 04h00 to start the long journey to work and a day that ends late in the evening because they live so far from their place of work and are dependent on a poor public transport system? How do you tell people who have so little pleasure in their lives not to smoke and drink?

Hypertension in the developing world would seem to be yet another disease of poverty. And it is the burden of poverty that is the greatest burden of all.

CME is published monthly by the South African Medical Association Health and Medical Publishing Group
Private Bag X1, Pinelands, 7430
(Incorporated Association not for gain. Reg. No. 05/00136/08).

Correspondence for CME should be addressed to the Editor at the above address.

Tel. (021) 530-6520

Fax (021) 531-4126

E-mail: publishing@hmpg.co.za

Head Office:

PO Box 74789, Lynnwood Ridge, 0040

Tel. (012) 481-2000

Fax (012) 481-2100