



Hypertension control in the world: an agenda for the coming decade (The 1995 WHL Ottawa Declaration)

STATEMENT PANEL

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The changing image of hypertension

As a public-health problem, hypertension is a complex concept. The higher the prevalence of cardiovascular, cerebrovascular and renal disease in a population, the greater is the importance of hypertension; conversely, the higher the blood pressure of a population, the higher is the prevalence of those diseases and the greater the public health burden they represent. Time trends in the prevalence of cardiovascular and cerebrovascular diseases convey an even greater importance to hypertension. In countries or societies where they show a rising prevalence (eg, in the eastern part of Europe) the need for more vigorous public-health action against hypertension is particularly urgent.¹

For an individual the risk to health of a given blood pressure is heightened by the presence of other risk factors such as obesity, diabetes mellitus, excessive alcohol use and left ventricular hypertrophy. No doubt, epidemiological studies would demonstrate this association also at population level. Since faulty nutrition, smoking, alcohol misuse, and physical inactivity are primarily determined by societal factors, the fact that hypertension affects populations jointly with these risk factors emphasizes its societal character.

The distribution of blood pressure values differs considerably among various populations. For example, the ninetieth percentile of systolic blood pressure varies between 146 mmHg and 176 mmHg, resulting in wide differences in the proportion of people having 'hypertension' in various parts of the world.² With cooperative world-wide projects such as MONICA² and INTERSALT,³ the subject of high blood pressure/hypertension is moving towards anthropology and sociology, as shown by Epstein and Eckhoff in 1967,⁴ and con-

firmed recently by new information in INTERSALT.⁵

World-wide perspectives

Hypertension is ubiquitous, though the public health burden it represents, both absolutely and relatively, differs from country to country. Its ubiquity as a major public health problem is the justification for the present World Conference. There are many approaches to the prevention or reduction of the damage caused by hypertension in the world's populations, and in most of them populations have roles to play. This conference has enabled WHL to obtain a truly global view of the approaches, difficulties and solutions associated with the control of hypertension, which should benefit all participants and societies. Indeed, this is the role of WHL, its *raison d'être*.

International experience is of great value for the establishment of national policies, as is the communication of national experience to international bodies such as the World Hypertension League. A review of selected national programmes of hypertension control and cardiovascular disease prevention has shown the importance of mobilizing broad segments of society, including medical and lay organizations, acting in partnership.^{6,7} Hypertension control programmes must include provision for their own evaluation, with regard to process and outcome as well as to impact on the levels of blood pressure of the populations or communities for which the programmes are designed.⁸⁻¹⁰ International communication and comparison of the impact of such programmes should help to define the best approaches.¹¹ Developing countries may need specific consideration in this regard; much can be achieved with modest means, if there is adequate societal



support. Hypertension control measures should be firmly based in primary health care. Health education and, especially in the rural environment, even promotion of literacy can be powerful support measures.¹²

Tasks for WHL

Priority on the agenda for hypertension control must go to primary prevention of hypertension, and of cardiovascular disease in general. The agenda is focused, in this respect, on the behavior of people, particularly of the young. In Australia, for example, higher-risk children show greater responses to lifestyle intervention programmes.¹³ In the United States of America, primary prevention of hypertension has already been recognized.¹⁴ In developing countries, primary prevention may be the only practicable approach to hypertension control at the level of the population.¹⁵

New partners must be sought for population-based approaches. For instance, because 80% of sodium intake in developed countries comes from processed food, the food industry should be requested to reduce gradually the sodium content of such food.¹⁶

Barriers to the control of hypertension and to the prevention of cardiovascular disease need to be identified and overcome. Besides the economic barriers,¹⁷ non-adherence to both non-pharmacological and drug therapy calls for special attention.^{7,18} Analysis of the impact of various guidelines and consensus papers, eg the reports of the US Joint National Committee, shows that they are very influential in promoting hypertension control.¹⁷ Obviously, the treatment of hypertension must remain at the heart of hypertension control. Research continues to produce better drugs.

The education of patients is a crucial issue; it is fundamental to train physicians and other workers in methods of educating patients. Communication with populations, whether in developing or developed countries, calls for efficient use of communication technology.¹⁹ In a developing country such as Brazil, television has been shown to be a potent medium for increasing awareness of hypertension among the population; it reaches 96% of the population and has an important role in the life of the family.²⁰

As funds are scarce, the economics of hypertension control needs particular attention. Cost-effective methods of hypertension control need to be promoted. Social endorsement of hypertension control needs to be strengthened. Much can be learned from the past on how to establish national leagues or societies for the control of hypertension as well as national control programmes.

In this regard, the World Hypertension League has gained considerable experience in its first decade of existence. The prospect of affiliation with the League seems to act as an additional stimulus for the establishment of new national

leagues or societies. Financial support from industry for their establishment is a useful health investment. Older national hypertension societies, even if mainly research-oriented, are increasingly involved in teaching and public health; this is the principal commitment of national leagues against hypertension.

Finally, the application of research findings to public health action needs to be fostered. Translating scientific knowledge into community action is a permanent task. This applies in particular to epidemiological studies of health-risk profiles of populations. Hypertension may be used as a lever for reducing numerous health risks of populations.

An outline for action

The conclusions of the World Conference on Hypertension Control may be summed up as follows:

- The goals of the World Hypertension League should continue to be emphasized and supported.
- The establishment and building up of national leagues and societies in developing countries and in other countries with economic constraints needs particular attention.
- The commitment of national leagues and societies to the control and prevention of hypertension should be stimulated. National societies, concerned mainly with research into hypertension and the communication of research findings, might benefit from including in their programmes practical aspects of hypertension control. Coalitions of national associations and leagues dedicated to hypertension prevention and control should be fostered, and should advance the concept of hypertension control as an important component of health promotion.
- Cooperative international projects, concerned, for example, with assessing the quality and impact of hypertension control programmes, or promoting the education of patients are concrete approaches to the advancement of hypertension control. Through such programmes and similar activities, the World Hypertension League complements the work of the International Society of Hypertension and the International Society and Federation of Cardiology, and of the World Health Organization.

By emphasizing that hypertension control programmes should be continued with comprehensive cardiovascular and health risk reduction, the World Hypertension League can contribute to the improvement of general health in populations throughout the world.

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