

Are we in need of definite policies to control hypertension, CVDs in India?

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Increasing awareness of the health risks of uncontrolled hypertension and opportunistic screening by way of national health programmes is the key



As per a document released by the National Health Mission (2016), hypertension is one of the commonest non-communicable diseases in India, with an overall prevalence of 29.8 per cent (95 per cent CI: 26.7, 33.0) and a higher prevalence in urban areas (33.8 per cent vs. 27.6 per cent, $p=0.05$), according to recent estimates. It is a major and most common modifiable risk factor for cardiovascular and renal disease in India, with the largest contribution of disease and mortality. As per recent estimates, it contributes to an estimated 1.6 million deaths annually in India, due to ischemic heart disease and stroke. 57 per cent of deaths related to stroke and 24 per cent of deaths related to coronary heart disease are related to hypertension.

India's demographic transition with an increasing proportion of elderly people and a sedentary lifestyle and obesity associated with increasing urbanisation, and other lifestyle factors like high levels of salt intake, alcohol and tobacco consumption, and the recent work from home culture due to pandemic are contributing to this burden of hypertension.

Improved detection with help of widespread opportunistic screening and optimum treatment of hypertension would reduce a preventable burden of cardiac (congestive heart failure, coronary artery disease), cerebrovascular (ischemic and haemorrhagic stroke) and renal (chronic kidney disease) disease related to hypertension.

Hypertension is a chronic, persistent, largely asymptomatic disease. A majority of the patients with hypertension in India are unaware of their condition. This is because of low levels of awareness and the lack of widespread implementation of screening for hypertension in adults -either as a systematic programme or as an opportunistic exercise during visits to healthcare providers. The prevalence of awareness of hypertension is only in a quarter of rural and two-fifths of urban Indians, and only a quarter and a third of those identified in rural and urban India receive treatment for it. Those who are identified as hypertensive often receive inappropriate care or fail to adhere to therapy, and remain uncontrolled. There is a definite need for national health policy covering a systematic cost-effective approach to the screening, detection, evaluation and management of hypertension in India. These policies need to be defined on a broader spectrum and should be holistic, from primordial level to top.

Strategies that can help to formulate policy:

- Increasing awareness of the health risks of uncontrolled hypertension and opportunistic screening by way of national health programmes: Hypertension is a commonly prevalent disease in adults in India, affecting more than 65 million persons, most of whom are unaware of their hypertension status. It is asymptomatic in most of its course and symptoms are present only in the stage of complications. The availability of automated (oscillometric) BP measurements and their acceptance as a clinical standard has created opportunities for measurement of BP by non-physician aides since these do not require training on auscultation.
- Recognising the substantial economic costs of uncontrolled hypertension in the form of cost of healthcare facilities, medicines and also loss of productive years due to absenteeism from work due to illness & hospitalisation.
- Eliminating disparities in the delivery of programmes for treatment and control of hypertension, taking into consideration that hypertension and related diseases are increasing in prevalence in rural areas too, and not just cities.
- Ensuring that the places where people live, learn, work, or play support 'Hypertension Control' initiatives, like options for buying healthier foods, educational initiatives, prioritising improvements in school nutrition programmes, and changes in food assistance programmes.
- Promoting access to and availability of physical activity opportunities within communities: Organised activities such as recreational sports, non-organised activities such as running or cycling, walking. Children and families can walk to and from school. Employers can adopt worksite programmes and policies that promote walking.
- Promoting access to and availability of healthy food options within communities.
- Formulating and updating guidelines for optimising patient care for hypertension control.
- Educating patients to use self-measured blood pressure monitoring and medication adherence strategies.

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