

# World Health Day

## Focusing on hypertension in 2013

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The World Health Organization celebrates World Health Day each year by focusing on an important global health issue. For World Health Day 2013, they have selected hypertension as the theme.<sup>1</sup> The selection of hypertension is based on recently published World Health Organization–sponsored studies that have found that increased blood pressure plays a critical and increasing role in causing death and disability worldwide.<sup>2</sup>

A total of 13% of all deaths (9.4 million annually) and 7% of disabilities are caused by increased blood pressure—marked increases over the last estimates in 1990.<sup>2</sup> Approximately half of hypertension-related disease occurs in those with increased but still “normal” blood pressure (“high normal” or “prehypertension”), and the other half in those who meet clinical criteria for hypertension.<sup>3</sup> World Health Day’s focus on hypertension is intended

- to raise awareness of the causes and consequences of high blood pressure;
- to provide information on how to prevent high blood pressure and related complications;
- to encourage adults to check their blood pressure and to follow the advice of health-care professionals;
- to encourage self-care to prevent high blood pressure;
- to make blood pressure measurement affordable to all; and
- to incite national and local authorities to create enabling environments for healthy behaviours.<sup>1</sup>

### Celebrating successes

Canada has a lower burden of hypertension than many countries. The Canadian age-adjusted rate of hypertension in adults is approximately 20% and has been constant for 3 decades. In comparison, the rate in many countries is higher than 30%. Canada has the highest reported national rates of treatment (80%) and control of hypertension (66%) and a low rate of people who have undiagnosed hypertension (17%).<sup>4,5</sup> Many of the successes in Canada have been attributed to the Canadian Hypertension Education Program, which develops evidence-based recommendations and educational materials for health care professionals and the public. Strong government and non-governmental organization partnerships have focused on hypertension prevention and control.<sup>6</sup> In addition, Canada has been aided by a series of national strategic plans and frameworks to help guide these efforts.<sup>7</sup> A national committee

of health care and scientific organizations (Canadian Hypertension Advisory Committee), comprising a broad mix of health professional groups, including a representative from the College of Family Physicians of Canada, has formed to help guide and drive the implementation of the Hypertension Framework.

### More to be done

Recent national surveillance efforts suggest that there is much work still to be done in Canada. About 7.4 million adult Canadians currently have hypertension, and Canadians living an average lifespan have a 90% likelihood of developing hypertension.<sup>8,9</sup> Vulnerable populations such as First Nations peoples, new immigrants, several ethnic minorities, and people with low incomes and education are at higher risk of developing hypertension, and people living in the territories are less likely to be treated when they are diagnosed. Almost 1 in 3 Canadians with hypertension has uncontrolled blood pressure (mainly systolic hypertension), and lack of control is most common in older women.<sup>10</sup> Younger Canadians, especially young men, are commonly unaware that they are hypertensive. This is likely because Canadian workplaces for the most part do not have effective screening or health programs targeting that population.<sup>10</sup>

Hypertension is caused by a mixture of genetic predisposition and an unhealthy diet high in saturated fats, trans fatty acids, free sugars, and sodium (Table 1). It is becoming increasingly evident that the current generation of children in Canada might live shorter, less healthy lives compared with previous generations, owing for the most part to lifestyle factors. The Canadian Hypertension

**Table 1. Lifestyle causes of increased blood pressure**

LIFESTYLE FACTOR	ATTRIBUTABLE RISK FOR HYPERTENSION, %
High dietary sodium intake	32
Obesity	32
Low dietary potassium intake	17
Low physical activity	17
High alcohol intake	3

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Advisory Committee has prioritized the prevention of hypertension through advocacy at all levels of government for the implementation of policies that could assist in markedly reducing the prevalence of hypertension, improve hypertension control rates, and reduce the devastating effect of uncontrolled hypertension on individuals and their families.

Canadians should celebrate our national successes that have reduced the disease burden of hypertension. However, World Health Day also reminds us of the following:

- hypertension is largely preventable and remains a constant threat to the health of our society;
- effective policies exist that support Canadians making healthy choices, which, if implemented, could largely prevent hypertension from occurring;
- hypertension is easy to screen for; and
- effective lifestyle modification and drug treatments are available that could control hypertension in nearly all Canadians.

Canadian family physicians in settings all across the country have played a critical role in Canada's hypertension success story, both as leaders in the development of programs and as practitioners in primary care implementing the evidence-based recommendations. As a direct result, since the introduction of the Canadian Hypertension Education Program recommendation process, the rates of myocardial infarction and stroke have declined substantially.<sup>11</sup> Without question this is largely owing to the increased vigilance by primary care practitioners to the dangers of hypertension.

As World Health Day reminds us, there remains a great deal of work yet to be done. Family physicians, working with other health professionals, will play an even greater role in ensuring Canadians benefit from optimum blood pressure levels in the future. With an aging population and an epidemic of obesity, the prevalence of hypertension will increase. We need to redouble our efforts to prevent hypertension by advocating for our governments to introduce healthy public policies and by encouraging our patients to live healthier lives; exercise regularly; maintain ideal weight; avoid or quit smoking; and consume a balanced, reduced-sodium diet, avoiding excess alcohol and sugary drinks. Through heightened screening and diagnostic efforts, and judicious use of antihypertensive medications when

indicated, we will continue to reduce the incidence of heart attacks, strokes, heart failure, and some forms of cognitive decline so that our patients can enjoy their advanced age more fully.



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**The opinions expressed** in commentaries are those of the authors. Publication does not imply endorsement by the College of Family Physicians of Canada.

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