HOW WELL IS HYPERTENSION CONTROLLED IN EUROPE?

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Introduction

Despite the increased awareness of the importance of lowering blood pressure to values below 140/90 mm Hg, the outcomes of achieving this target remain disappointing [1–4]. The “rule of halves”, coined in the United States during the 1960’s, seems to still be valid to describe the observation that only half of those with hypertension were aware of it; and of those who were aware, only half were receiving treatment; and of that half receiving treatment, only half had their hypertension controlled [5]. Even in randomised controlled trials, where patient motivation and physician expertise are ensured, it has been difficult to achieve optimal blood pressure despite a significant difference in the observed response rates [6].

Results of surveys

The National Health and Nutrition Examination Survey 1999–2004 database indicates that the blood pressure control rate in hypertensive subjects in the United States was 29.2 ± 2.3% in 1999–2000 and 36.8 ± 2.3% in 2003–2004 [7]. In Canada, only 15.8% had blood pressure treated, and controlled. Higher rates of treatment and control were observed among older adults, those with type 2 diabetes, and those with a previous myocardial infarction [8].

The situation is not better in the rest of the world and varies considerably between countries and regions (Figure 1) [3, 4]. Hypertension control rates also vary within countries by age, gender, race/ethnicity, socioeconomic status, education, and quality of health care and are particularly low in some economically developing countries [3, 4].

Several epidemiological surveys in European countries involving random samples either socio-demographically representative of the total adult population or selected during clinical visits also show that although the improvement over the years has been encouraging, patients with well-controlled blood pressure, attaining target blood pressure goals of < 140/90 mm Hg, represent a small fraction of the hypertensive population (Figure 2) [3, 9–16]. In the adult English population, the rates of awareness and treatment have increased since 1994, and control rates among hypertensive men and women have approximately doubled to 21.5% and 22.8%, respectively [9]. An increase in the control rates of hypertension has been observed in the Czech Republic over a period of 15/16 years, females having their blood pressure better controlled [10]. Arterial hypertension represents a serious medical, social and economic problem in Poland, and the NATPOL PLUS study carried out in the year 2002 has shown that the overall control rate is 12%, and control rate in treated hypertensives is 21% [15]. Data from national surveys on hypertension treatment and control in Europe have demonstrated that age-adjusted control rates in treated hypertensive patients aged 35–64 years were 21% for Sweden, 28% for Italy and 30% for Germany [11]. In a multi-centre, cross-sectional study of the population greater than 60 years of age in Spanish primary care centres among hypertensive subjects, 35.7% had their blood pressure under control [12]. The Hypertension Study in General Practice in Hellas (Hypertenshell), a cross-sectional study for assessing the prevalence, level of awareness, treatment, and control of hypertension in Greece, has demonstrated that 32.8% were treated and controlled (men 33.3%, women 32.3%) [13]. A population-based cross-sectional epidemiology survey carried out in 2003 in Turkey showed that subjects who were aware of their condition and treated had a control ratio of 20.7% [16].
Table 1. Percentage of treated hypertensive patients with satisfactory blood pressure control [17, 18]

<table>
<thead>
<tr>
<th>DBP controlled</th>
<th>SBP controlled</th>
<th>SBP and DBP controlled</th>
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<tbody>
<tr>
<td>&lt; 140/90 mm Hg (clinic)</td>
<td>17.5%</td>
<td>12.6%</td>
</tr>
<tr>
<td>&lt; 120/85 mm Hg (24 hour)</td>
<td>26.5%</td>
<td>16.4%</td>
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</table>

In the treated hypertensive population, the number of patients with inadequate blood pressure control has been found to be high not only when measured in the clinic, but also when assessed by ambulatory blood pressure monitoring or home measurement (Table 1) [17, 18]. Inadequate blood pressure control among patients receiving treatment for hypertension indicates a lack of satisfactory blood pressure control with antihypertensive drug therapy and is not a reflection of the white-coat effect [17, 18].

Conclusion

The high blood pressure readings commonly found in treated hypertensive individuals reveal that inadequate blood pressure control is a global problem and cannot be solely ascribed to a lack of access to medical care or poor compliance with therapy. Achieving blood pressure control remains a daunting challenge given the positive and continuous relationship between levels of blood pressure, both systolic and diastolic, and the risk of cardiovascular disease [19]. Much remains to be learned to understand the obstacles for adequate blood pressure control in the population and efforts need to be intensified to improve BP control rates.

References