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Press Release

'World Heart Federation' released new "hypertension" roadmap



Dr. Jeemon Panniyammakal, Faculty of Epidemiology at Sree Chitra Tirunal
Institute for Medical Sciences and Technology was the lead author of the
hypertension roadmap published in the Global Heart journal

“Task-sharing strategy of engaging non-physician health workers is an effective strategy in improving hypertension control at the population level in low and middle-income countries” said Panniyammakal Jeemon, lead author of the WHF roadmap on hypertension.

In Kerala, adequate blood pressure control is achieved only in one of six patients with hypertension at the community level.

Hypertension, known as the ‘silent killer’ because there are often no symptoms until significant damage has been done, hypertension accounts for about half of heart disease and stroke related deaths. Despite this, there remain low levels of awareness, treatment and control in all regions of the world. **In Kerala, adequate blood pressure control is achieved only in one of six patients with hypertension at the community level.**

World Heart Federation Roadmaps

Ahead of the World Heart Day on 29 September, the WHF released updated roadmaps on hypertension.

Dr. Jeemon Panniyammakal, Faculty of Epidemiology at Sree Chitra Tirunal Institute for Medical Sciences and Technology was the lead author of the hypertension roadmap published in the Global Heart journal on Sep 10, 2021 (<https://globalheartjournal.com/articles/10.5334/gh.1066>).

WHF Roadmaps are scientific documents for translating science into policy. They provided a global framework which can be adapted locally to achieve progress in the fight against ‘Cardiovascular diseases.’

About Hypertension

The level of blood pressure at which treatments have been shown to be effective in reducing risk is generally accepted as more than 140 mmHg systolic and/or more than 90 mmHg diastolic: this level is known as ‘hypertension’, the term used in this Roadmap.

“Hypertension is a disease of three paradoxes: It is usually easy to diagnose, easy to treat, and easy to control. Yet in many parts of the world it is poorly diagnosed, treated, and controlled. This Roadmap looks at a range of possible solutions to improve the detection, management and control of hypertension” said Dorairaj Prabhakaran, co-chair WHF Roadmap on hypertension.

Magnitude of the problem

Due to the ageing and expanding global population, the size of the burden of complications due to raised blood pressure continues to rise. Globally, hypertension was estimated to affect 1.3 billion adults in the productive age group of 30-69 years in 2019. Further, 4.06 billion adults had raised blood pressure, which is the leading cause of death globally, claiming approximately 10.8 million lives in 2019. Hypertension causes over 50% of heart disease, stroke, and heart failure cases. Importantly, blood pressure increases with age, such that up to 90% of adults living to 80 years of age are likely to develop hypertension. Uncontrolled hypertension imposes an enormous economic burden on society, in terms of both direct health care costs and substantial productivity losses resulting from disability and premature mortality. An estimated 10% of global health care spending is directly related to raised BP and its complications such as ischemic heart disease, heart failure, and stroke.

Hypertension key statistics

- **4.06 billion adults affected by high systolic blood pressure in 2019**
- **1.3 billion adults in the productive age group of 30-69 years affected by hypertension in 2019**
- **10.8 million deaths associated with raised blood pressure in 2019**
- **Approximately 60% of adults develop hypertension by 60 years of age**
- **Up to 90% of adults living to 80 years of age are likely to develop hypertension.**
- **Hypertension causes over 50% of heart disease, stroke, and heart failure cases.**
- **\$100 billion per year global health care savings from effective management of BP**

Effective prevention and detection of HT includes:

- **Robust screening policies**
(Initial screening for hypertension from the age of 18, with repetitions at regular intervals; opportunistic screening whenever relevant; settings-based screening (workplace, schools, barbershops etc)
- **Population-wide interventions,**
- such as fostering weight control through healthier diets and easy access to healthy foods, introducing salt-reduction strategies, implementing healthy environment policies, or controlling indoor and outdoor air pollutions and urban designs.
- **Lifestyle interventions**
- (diet, physical activity, abstinence from alcohol use)

“Screening campaigns are an affordable, yet very powerful tool to increase awareness of hypertension and for early identification of individuals with hypertension.

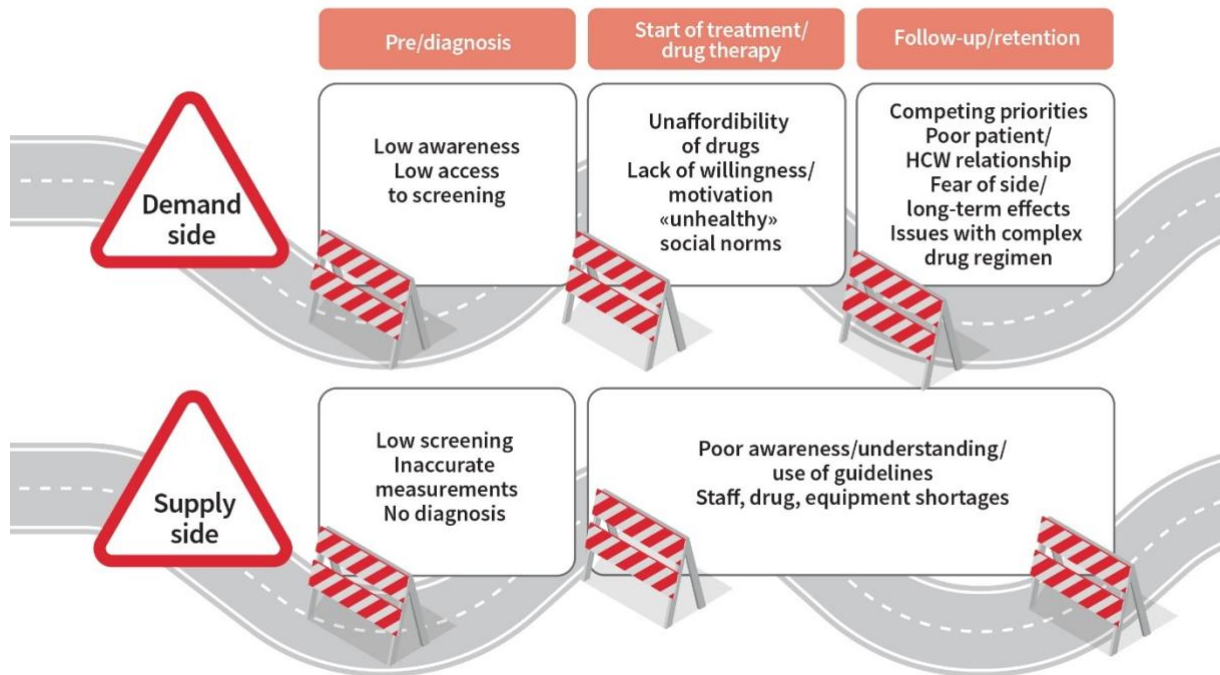
Real-life examples such as the 'May Measurement Month' (MMM) have shown that it is possible not only to increase the awareness about hypertension but also facilitate blood pressure measurements in large groups of adult participants and detect hypertension or high blood pressure for the first time in a large proportion of them” said Neil Poulter, co-chair WHF Roadmap on hypertension

Effective management of HT includes:

- **Non-pharmacological interventions** (weight management, diet, reduced intake of dietary sodium, enhanced intake of dietary potassium, physical activity, moderation in alcohol intake)
- **Pharmacological interventions** according to the most recent guidelines
- Strengthening patient and health care providers education and awareness to improve knowledge of and adherence to treatment

“Task-sharing strategy of engaging non-physician health workers is an effective strategy in improving hypertension control at the population level in low and middle-income countries” said Panniyammakal Jeemon, lead author of the WHF roadmap on hypertension.

Obstacles to effectively preventing, managing and controlling hypertension include:



Commitments/to effectively prevent, manage and control hypertension

<i>Supply side (governments and health systems)</i>	<i>Demand side (individuals and patients)</i>
<i>Governmental and societal willingness to make hypertension control a priority</i>	<i>Individual awareness of own BP</i>
<i>Shaping healthy environments to facilitate the choices of individuals towards healthier lifestyles</i>	<i>Individual lifestyle modifications</i>
<i>Availability of treatment with cost-effective – and affordable – medications</i>	<i>Adherence to treatment</i>

Education of both health care professionals and patients to address awareness, facilitate and encourage adherence to treatment and understanding that blood pressure control is a lifelong commitment.

Potential solutions to overcome obstacles include:

1. Develop population-wide prevention and control programmes, including availability and distribution of essential anti-hypertensive drugs
2. Roll out opportunistic screening
3. Encourage out-of-office BP measurements (especially home BP monitoring)
4. Strengthen primary care
5. Promote and implement task-sharing and team-based care
6. Deliver people-centred care
7. Strengthen patient and carer education
8. Facilitate adherence to pharmacological therapy. Improve medication supply management, for example by including affordable high-quality long-acting evidence-based and preferably single pill combination generic antihypertensive drugs in national lists of essential medicines
9. Foster the use of novel technologies (m-health, e-health, apps etc)

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link to the *Global*

Heart paper: <https://globalheartjournal.com/articles/10.5334/gh.1066> - this link will work once the Roadmap is published.

(The Roadmap will be published at 11:00am CEST on Friday. Everything is under embargo until then.)

