

India's blood pressure skyrockets

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Hypertension is skyrocketing in India, with rural-to-urban migrants at especially high risk. Hypertension will be a key theme at the 65th Annual Conference of the Cardiological Society of India (CSI), which takes place during 5-8 December in Bangalore, India, and features a collaborative programme with the European Society of Cardiology (ESC).

Hypertension expert, Dr Rajeev Gupta from Jaipur, India, said: "Hypertension is the most prevalent cardiovascular risk factor among Indian adults. Epidemiological studies have reported that the prevalence of [hypertension](#) is 25-35% in urban areas and 15-20% in rural areas. This is more than the prevalence of hypercholesterolemia, metabolic syndrome or diabetes."

Numerous advances in the diagnosis and treatment of high blood pressure have been made in recent years, which led to new Clinical Practice Guidelines being published by the ESC and European Society of Hypertension (ESH) in 2013.¹ In India, hypertension accounts for 24% deaths from coronary heart disease and 57% of stroke deaths.² Dr Gupta said: "As the second-most populous country in the world with over 1.2 billion inhabitants, India's hypertension burden presents a major public health challenge. Indeed, India and China account for more cases of cardiovascular disease than all developed countries combined."³

Large regional variations and urban/rural differences exist in the prevalence of hypertension. People who live in urban areas are at the highest risk, and particularly the urban middle-class.⁴ Small studies in

poor urban areas have also reported a high prevalence of hypertension. Urbanisation has dramatically increased levels of hypertension in India,² and rural-to-urban migrants are at especially high risk.

Dr Gupta said: "The key lifestyle factors that promote hypertension are sedentary habits and diet. When people migrate from rural areas to urban areas they increase their weight, measured as body mass index (BMI, kg/m²), and they increase their waist size. This is clearly due to changing lifestyles – they become more sedentary and their diet changes. They tend to eat more fat, saturated fat, trans fatty acids and salt, and less fruits and vegetables."

He added: "Stress levels are high in migrants and may have an impact, but large studies are needed to confirm the effect of stress on blood pressure in this group. The use of smokeless tobacco, often a mixture of the betel nut, betel leaf and tobacco leaf, may also be a unique risk factor for hypertension in Indians."

Sedentary lifestyles in urban India are fostered by the lack of spaces for physical activity. Dr Gupta said: "Cities are not built to support physical activity. In addition, people in [urban areas](#) don't find time to exercise. Another contributing factor is that while many gyms have opened in India, they are very, very expensive and not everyone can afford them. Finally, there are very few public transport systems in the country that run well so people tend to live close to their place of work, which means they don't walk much."

Dr Gupta continued: "Multiple strategies are needed to tackle India's hypertension problem. These include creating awareness (in India just one-third of people with high blood pressure know they have it), providing better treatment in primary and secondary care, and promoting heart healthy lifestyles."

Dr Gupta will discuss the latest advances in hypertension management to prevent coronary artery disease (CAD) during a special session on CAD prevention at the CSI Annual Conference. Hypertension will be discussed in two other important sessions. Session one focuses on treatment of hypertension including medications, non-pharmacological treatment, and therapies for hypertension that is resistant to drug treatment. Session two covers practical issues such as setting [blood pressure](#) treatment targets.

Professor Krishnan Venugopal, CSI President Elect, said: "Hypertension is the most common cardiovascular risk factor in India but many people don't know they have it and it's often not treated properly. This is a huge problem in a country as populated as India and prevention efforts are essential."

Professor Roberto Ferrari, a Past President of the ESC, said: "One of the duties of the ESC delegation is to share expertise and experiences with our Indian colleagues. Our new Guidelines will be discussed with an emphasis on salt reduction, maintaining a healthy body weight and regular physical exercise for preventing hypertension. This is one of several 'ESC in India' events and we are excited about examining pressing issues in cardiovascular disease that are relevant in India and Europe."

More information: 1. The Task Force for the management of arterial hypertension of the European Society of Hypertension (ESH) and of the European Society of Cardiology (ESC). 2013 ESH/ESC Guidelines for the management of arterial hypertension. European Heart Journal. 2013;34:2159.

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3. Cannon B. Cardiovascular disease: Biochemistry to behaviour. Nature. 2013;493(7434):S2-3.

4. Gupta R, Deedwania PC, Achari V, Bhansali A, Gupta BK, Gupta A, Mahanta TG, Asirvatham AJ, Gupta S, Maheshwari A, Saboo B, Jali MV, Singh J, Guptha S, Sharma KK. Normotension, prehypertension, and hypertension in urban middle-class subjects in India: prevalence, awareness, treatment, and control. Am J Hypertens. 2013;26(1):83-94.

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