

Is high blood pressure the new HIV epidemic?

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High blood pressure could be as devastating to global health as HIV, a group of experts is warning.

Writing in the *International Journal of Epidemiology* this week, Prof Peter Lloyd-Sherlock from the University of East Anglia (UEA), Prof Shah Ebrahim and Prof Heiner Grosskurth of the London School of Hygiene and Tropical Medicine (LSHTM), say the response of most governments and international aid agencies to [high blood pressure](#), or hypertension, is little better than the reaction to HIV/AIDS 20 years ago – too little too late.

Hypertension is not an infectious disease, but like HIV it can lead to fatal and disabling illness. It is estimated that the number of deaths attributable to the condition globally over the next 20 years may substantially exceed the number resulting from HIV/AIDS.

Yet the researchers - experts in social policy, international development, [public health](#) and HIV – say there is "denial" and misunderstanding about the impact of hypertension, despite the two conditions having a number of things in common. Both diseases can also be treated and managed as chronic conditions through a combination of drug treatment and lifestyle changes.

In their editorial entitled 'Is hypertension the new HIV epidemic?' they write: "It has been suggested that valuable lessons for hypertension could be taken from HIV/AIDS policies. Yet there is little indication that these

are being taken on board. Our response to the global epidemic of hypertension seems little better than our response to HIV/AIDS two decades ago: too little too late. Can we not wake up earlier this time, before millions have died?

"HIV is a major global health priority and is recognised as a serious threat to public health and development in many poorer countries. Hypertension is seen as a disease of the West, of prosperity and therefore of little relevance to poorer countries. This is despite the growing body of evidence that prevalences in poorer countries are quickly catching up."

They say the fact that hypertension is a non-communicable (NCD) disease and the behavioural factors associated with it, such as obesity, lack of physical exercise and poor diet, make it difficult to persuade funders and tax-payers to help people who "eat and smoke too much". Where national NCD control programmes have been set up, most remain a low priority and implementation "creeps along with frustrating slowness", a situation they argue is reminiscent of the slow build-up of AIDS control programmes prior to 1990.

"While hypertension is not an infectious disease, the risky behaviours associated with it are spreading fast and seem to be as effectively transmitted as infectious agents.

"HIV was faced with political denial and public misunderstanding in the early years of the pandemic, especially in some [poorer countries](#). There is a similar pattern of denial with hypertension... This denial is based on the misguided view that hypertension does not affect poorer social groups. Yet there is substantial evidence that hypertension is highly prevalent among poorer groups and that they are less likely to have access to effective treatment. As with HIV, hypertension can be both a cause and a consequence of poverty.

"Recent debate about the extent to which [global health](#) policy priorities should shift from [infectious diseases](#) such as HIV to non-communicable diseases such as hypertension...has mainly pivoted on a social gradient 'beauty contest', disputing the pace at which conditions such as [hypertension](#) affect the poor...Rather than framing policy as a choice between competing priorities, the key challenge is to roll out services and interventions which address both."

More information: Prof Lloyd-Sherlock and Prof Ebrahim are co-authors (with others) of the study 'Hypertension among older adults in low and middle-income countries: prevalence, awareness and control', published in the February issue of the *International Journal of Epidemiology*.

Provided by University of East Anglia

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