

Adults with high blood pressure face higher healthcare costs

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Adults with high blood pressure face \$1,920 higher healthcare costs each year compared to those without high blood pressure, according to new research in *Journal of the American Heart Association*, the Open Access

Journal of the American Heart Association/American Stroke Association.

Based on the U.S. prevalence of hypertension, researchers estimate the national adjusted annual cost for the adult population with high blood pressure to be \$131 billion higher compared to those without the disease.

It is important to note that this twelve-year study was done using previous hypertension guidelines—which defined high blood pressure as 140/90 mm Hg or higher. In 2017, the American Heart Association and the American College of Cardiology lowered the definition of high blood pressure to 130/80 mm Hg or higher.

"The new lower definition of high blood pressure will increase the number of adults in the hypertensive population," said study lead author Elizabeth B. Kirkland, M.D., M.S.C.R., an assistant professor of internal medicine at Medical University of South Carolina in Charleston. "This may decrease the average cost of hypertension for individual patients while increasing the overall societal costs of hypertension."

For this study, researchers used 2003-2014 Medical Expenditure Panel Survey (MEPS) data that included 224,920 adults, of whom 36.9 percent had high blood pressure, to measure trends and calculate estimated annual healthcare costs. Researchers adjusted for other medical reasons, such as a history of stroke or diabetes, that would contribute to their medical expenses.

Compared to patients without high blood pressure, those with high blood pressure had:

- 2.5 times the inpatient costs;
- almost double the outpatient costs; and
- nearly triple the prescription medication expenditures.

"While the increased cost for patients with high blood pressure remained stable from 2003-2014, the rising prevalence of hypertension will become an increasingly large burden on the U.S. population for hypertension expenditures," Kirkland said. "The better we can learn to recognize high blood pressure, treat it and manage it, the better we'll be able to address these costs."

Although expenditures were higher for inpatient and outpatient care, over the course of the study period, the researchers observed a shift toward more cost in the outpatient setting than the inpatient setting, which may reflect a larger societal trend to try to bring care out of the hospital system and into locations that are more accessible to most patients, Kirkland said.

National statistics from the 2017 hypertension guidelines estimate that 46 percent of U.S. [adults](#)—103 million people—have [high blood pressure](#), but only about half of those have their [blood pressure](#) controlled despite improvements in diagnosing, treating and controlling [hypertension](#).

More information: *Journal of the American Heart Association* (2018). [DOI: 10.1161/JAHA.118.008731](https://doi.org/10.1161/JAHA.118.008731)

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