

# Why managing blood pressure matters during COVID-19 pandemic

June 29 2020, by Shukri F. Mohamed

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Hypertension, or high blood pressure, is a leading cause of [death](#) around the world. It's also one of the top risk factors causing in premature [death](#) and disability. And it's more common in sub-Saharan Africa than anywhere else in the world: [46%](#) of the region's adults over the age of 25 have hypertension.

Unfortunately the region also has a high burden of communicable diseases, such as HIV, tuberculosis, cholera and measles. These often get the most urgent attention from [health authorities](#), instead of [hypertension](#).

Healthcare systems across the region are short of [health workers](#). They have unreliable medical supply systems, and wide variance in quality and safety of care being provided. The result is that for many people, hypertension care is [sub-standard](#). And the challenges have only gotten greater because of the need to divert healthcare efforts towards the COVID-19 pandemic.

Health facilities have been tested in ways they did not anticipate. The growing [number](#) of cases of the new disease threatens the capacity to provide adequate care for patients with other medical conditions.

The COVID-19 impact on hypertension care is already being felt in Kenya as non-communicable disease [clinics have been closed](#) in some areas since the beginning of the outbreak. These clinics provide care to people with hypertension, diabetes and other noncommunicable diseases. Their closure threatens to curtail the gains made against these conditions. It's now difficult for patients to get treatment and routine check-ups. It means that they could miss early detection and management of health problems.

Managing hypertension matters in the fight against COVID-19 too. What's known about COVID-19 so far suggests that people with [pre-existing](#) conditions such as hypertension, diabetes and heart disease can experience severe complications when infected with SARS-CoV-2, the virus that causes COVID-19.

## **Addressing the problem**

Uncontrolled hypertension is known to put people at risk of life-threatening cardiovascular [complications](#) such as stroke and heart disease. Taking anti-hypertensive [treatment](#) substantially [reduces](#) the risk of [illness](#) and death related to uncontrolled hypertension.

In 2015, Kenya conducted the STEPwise survey, which brought together a lot of information about non-communicable disease risk factors. It provided the first nationally representative picture of hypertension in the country, including its prevalence, awareness, treatment and control. The [study](#) found that about a quarter of Kenyan adults between the ages of 18 and 69 had hypertension.

Since the release of the report, the government of Kenya has developed a set of [guidelines](#) and [interventions](#) have been carried out.

Recently, however, most facilities have shifted their priorities to COVID-19 cases. The curfews that are still in effect in Kenya also affect the working hours of clinics. This has an impact on hypertension care services.

## **What needs to be done**

The government must establish guidelines on the management of hypertensive patients during the COVID-19 pandemic. These should provide alternatives to hospital and community based care, such as mobile phone consultations, mobile clinics or telemedicine.

Patients should have access to routine follow-up and people at risk of developing it must have options for screening. Access to [emergency care](#) must be available at any time considering lockdowns and curfews put in place.

Mechanisms should be put in place to ensure patients can still get their

anti-hypertensive medication and supplies, especially if they are poor and vulnerable. This should include strengthening supply chains and allowing pharmacists to extend ordinary prescriptions. The result will be fewer emergencies and less need for patients to interact with care providers.

Health education must continue to improve awareness about prevention and management of hypertension. This can be done by the community based and other non-governmental organizations currently delivering social care services to vulnerable populations. Messages can also be sent via phones through collaboration between mobile service and healthcare providers.

In these unprecedented times many people are confined in their homes. It is now more important than ever for people with hypertension to maintain a healthy lifestyle, reduce stress levels and, more importantly, continue taking their prescribed medications.

Even in countries with weak health systems, a lot can be done to keep essential services going. Strategic coordination and management will go a long way towards keeping people well during the response and recovery phases of the pandemic.

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