

Addressing global disparities in blood pressure control

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A recent study published in *Cardiovascular Research* explored reasons behind global disparities in blood pressure control, noting that region-specific solutions are needed to address this worldwide health crisis. The study was co-authored by Jafar Alsaïd, MD, Nephrologist at Ochsner Health, and explained that hypertension, or raised blood pressure, is

affecting one third of the global population. It is the major cause of non-communicable disease mortality in the world. The prevalence is still increasing, mainly in low and middle-income countries with their limited resources. A highest prevalence and lowest rates of identification, treatment and control have been reported in those countries.

The objective of the study was to understand why most countries failed to show significant improvements in BP control rates over the past three decades despite the efforts spent on treatment. Some improvement in BP control was noticed in high-income countries which carries lower burden of cardiovascular disease and have better resources to identify and treat the disease as compared to middle- and low-income countries.

The study summarizes the factors contributing to the increase in hypertension prevalence and leading to suboptimal management from a specific regional point of view. The researchers recommended a Global Hypertension Care Taskforce, which would include multiple stakeholders and societies to address all the social, commercial, and [environmental factors](#) that are contributing to this major health crisis and not only treatment.

The study underscored that raised blood pressure accounted for 10.8 million deaths in 2019. During the past four decades, the number of people with hypertension has increased by 90%, mainly in low and [middle-income countries](#). The main drivers are [population growth](#), aging, unhealthy environments, poor diets, sedentary lifestyles, and limited access to quality care. Moreover, studies confirmed that BP rates are increasing among younger populations, including children. Most of these early hypertensive patients are not diagnosed until later in life, at that time target organ damage is already established.

Along with his co-researchers Alsaïd proposed customized frameworks for improving equality of care and strengthen health systems focusing on

specific regional solutions. Each researcher offered expertise in various areas of the world, and Alsaïd presented perspective for the Middle East and North Africa region. Increasing the efforts on prevention rather than treatment could be the key to address this problem within the coming years. With [limited resources](#) and in view of significant disparities based on resources, demographics, and racial inequality prevention could provide a feasible solution.

Among the main non- medical challenges facing Middle East and North Africa countries are drought, poverty, wars, conflicts, waves of refugees, [rapid urbanization](#), and large population growth with decreasing resources. Increasing obesity and diabetes prevalence are among the medical factors leading to increased cardiovascular diseases and mortalities in the region.

"We have focused on treatment with [pharmaceutical drugs](#) for a long time. It did not control the disease prevalence. It is about time to change our target and focus more on prevention, by improving awareness and early detection specifically in our youngsters," said Dr. Alsaïd.

"Immediate action is needed to address hypertension care and prevention, not just in this region but on a global scale."

More information: *Cardiovascular Research* (2022). [DOI: 10.1093/cvr/cvac130](#)

Provided by Ochsner Health System

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