# ㄷ TRENDS IN PREVALENCE, AWARENESS, TREATMENT AND CONTROL OF HYPERTENSION IN THE SEYCHELLES BETWEEN 1989 AND 2013 

Bovet P (1,2), Heiniger S (1), Viswanathan B (2), Paccaud F (1), Gedeon J (2)

1) Institute of Social and Preventive Medicine (IUMSP), Lausanne University Hospital, Lausanne, Switzerland 2) Ministry of health, Victoria, Republic of Seychelles

## Background

- Few data exist on secular trends of high blood pressure (HBP) detection and control in low and middle income countries, particularly in the African region.
- This study examines trends of HBP over 25 years based on 4 independent population surveys.
- In the Seychelles, heath care is free to all inhabitants within a national health system, inclusive all HBP medications.
- Previous studies have shown a transition from traditional to cardiometabolic cardiovascular risk factors in Seychelles.
- Age adjusted cardiovascular disease mortality rates is high but decreasing over the last two decades.


## Methods

- 4 independent population-based surveys were conducted in 1989, 1994, 2004 and 2012 (Seychelles Heart Studies I, II, III and IV) in random samples of the population aged 25-64 ( $\mathrm{N}^{\sim} 1200$ and participation rate $>70 \%$ in each survey).
- Clinical measurements and self reported information on personal and lifestyle were gathered by trained health officers using same instruments in each survey.
- BP was measured with an oscillometric device in 2013 (Omron M3) and a mercury device (Boso) in previous surveys, with cuff width adapted to arm circumference. The mean of the second and third BP readings is considered.
- Data in this poster are presented for age 45-64 in view of small proportions of persons treated for hypertension before age of 45 , i.e.
6\%/5\% men/women in 1989
3\%/4\% men/women in 1994
9\%/11\% men/women in 2004
9\%/10\% men/women in 2014


## Results

Table 1. Proportions of awareness, treatment and control of HBP and distribution of overweight/obesity and mean arterial pressure (MAP) by survey year, age 45-64.

|  | Men |  |  |  |  | Women |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 1989 | 1994 | 2004 | 2013 |  | 1989 | 1994 | 2004 | 2013 |  |
| n | 281 | 261 | 308 | 311 | P | 302 | 278 | 362 | 378 | P |
| BMI $\geq 25$ | 27.0 | 43.7 | 57.0 | 60.6 | * | 64.3 | 71.9 | 80.4 | 83.2 | * |
| BMI $\geq 30$ | 4.7 | 9.2 | 19.4 | 19.7 | * | 30.0 | 37.0 | 43.9 | 45.4 | * |
| Median MAP (mmHg) | 107.0 | 110.5 | 106.3 | 104.9 | * | 106.2 | 106.9 | 102.5 | 100.1 | * |
| BP $\geq 140 / 90$ | 60.0 | 67.9 | 57.0 | 52.4 | * | 53.3 | 53.4 | 43.9 | 40.7 | * |
| $B P \geq 140 / 90$ or Rx (HBP/Rx) | 61.4 | 69.0 | 64.5 | 61.8 | ns | 56.9 | 56.7 | 61.0 | 63.2 | ns |
| \% aware (of HBP) | 37.7 | 34.8 | 64.7 | 65.3 | * | 52.8 | 57.1 | 80.4 | 75.0 | * |
| \% treated (of aware) | 39.5 | 61.6 | 74.4 | 77.5 | * | 67.5 | 70.9 | 82.5 | 89.0 | * |
| \% controlled (of Rx) | 9.4 | 7.5 | 24.7 | 32.4 | ns | 18.7 | 14.6 | 41.1 | 55.0 | * |
| \% controled (of HBP/Rx) | 0.9 | 1.1 | 7.7 | 10.1 | * | 3.8 | 3.4 | 16.7 | 23.2 | * |

Figure 1. Proportions of awareness treatment and control of hypertension, age 45-64 (percentages refer to the total numbers of men/women with HBP).


Figure 2. Proportions of persons treated for HBP taking specific medications (left panel) and proportions taking combinations (right panel)


## Conclusion

- Awareness, treatment and control improved substantially during the past 24 years, but control should be further improved (only $17 \%$ of men and $36 \%$ of women are controlled in 2013).
- Mean arterial BP decreased significantly despite a marked increase in mean BMI.
- Diuretics, calcium channel blockers and ACEI/ARB are used in similar proportions.
- Large proportions of persons treated for HBP take combinations of antihypertensive medications.

