

High Blood Pressure

Did you know your number?

High Blood Pressure – A regional concern

- Why is it a health priority to deal with high blood pressure?
- What is its current burden globally and regionally?
- Can we really deal with high blood pressure? Can we realistically reduce the burden or at least prevent further rise
- How can we detect it? Treat it?
- What are the costs associated with our action to prevent high blood pressure, or not to prevent so to speak?
- What is our way forward and what are our commitments and responsibility as governments, civil society, academia, industry and the private sector?
- Will we deliver on our commitments? Will we, in this region, have a good score when the progress of countries is reviewed and monitored?

High blood pressure defined

- High blood pressure, or hypertension, is a condition in which the blood vessels have persistently raised pressure, increasing the pumping function of the heart and leading to hardening of the vessels.
- Normal adult blood pressure is defined as a systolic blood pressure of 120 mmHg and a diastolic blood pressure of 80 mmHg. Hypertension is defined as a systolic blood pressure equal to or above 140 mmHg and/or diastolic blood pressure equal to or above 90 mmHg.
- Normal levels of both systolic and diastolic blood pressure are particularly important for the efficient function of vital organs such as the heart, brain and kidney and for overall health and well-being.

Blood pressure cut-offs

High

Systolic: 140 mmHg or higher
Diastolic: 90 mmHg or higher



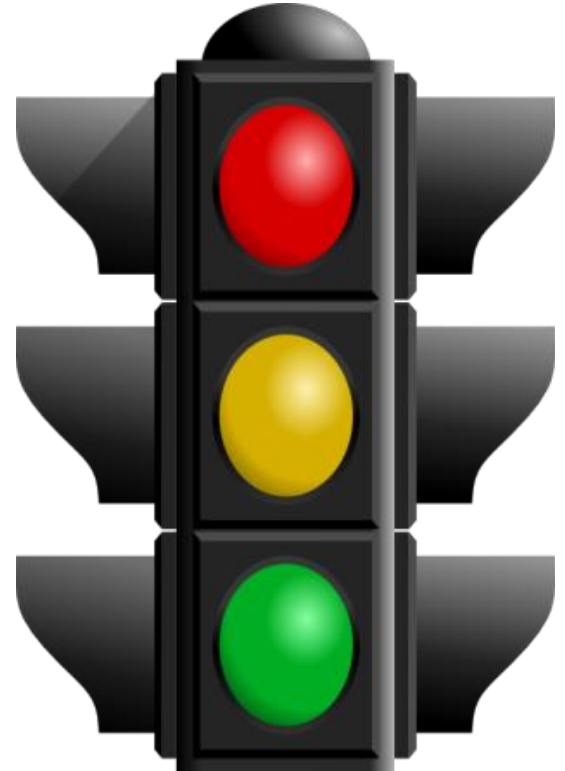
At risk (prehypertension)

Systolic: 120–139 mmHg
Diastolic: 80–89 mmHg



Normal

Systolic: less than 120 mmHg
Diastolic: less than 80 mmHg



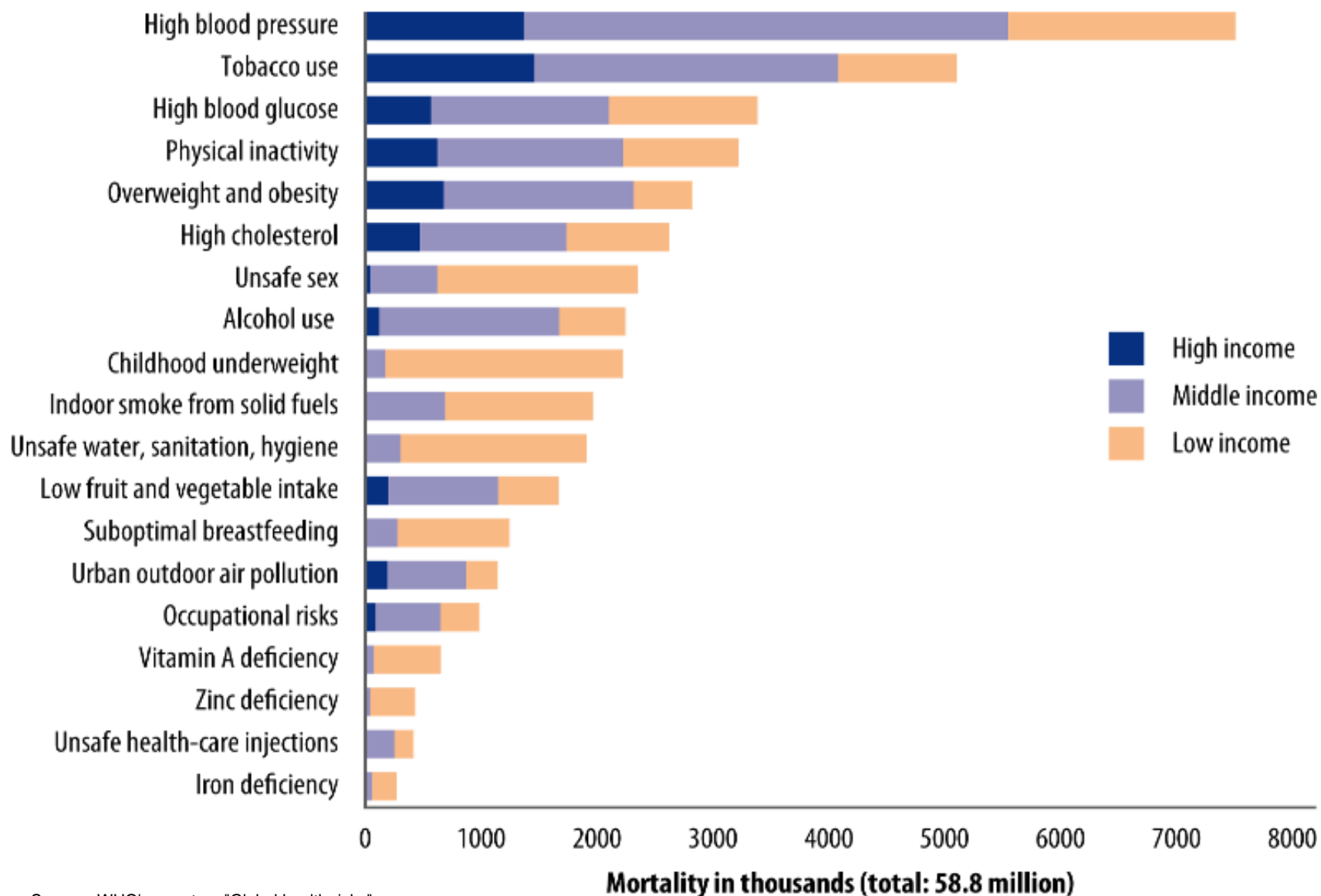
High Blood Pressure – a Silent Killer

- High blood pressure is called the “**silent killer**” because it often has **no warning signs or symptoms**, and many people do not realize they have it.
- When symptoms do occur, they can include early-morning headache, nosebleed, irregular heartbeats and buzzing in the ears. Symptoms of severe hypertension include tiredness, nausea, vomiting, confusion, anxiety and chest pain and muscle tremors.
- The only way to detect high blood pressure is to have blood pressure checked regularly.

When high blood pressure is left untreated

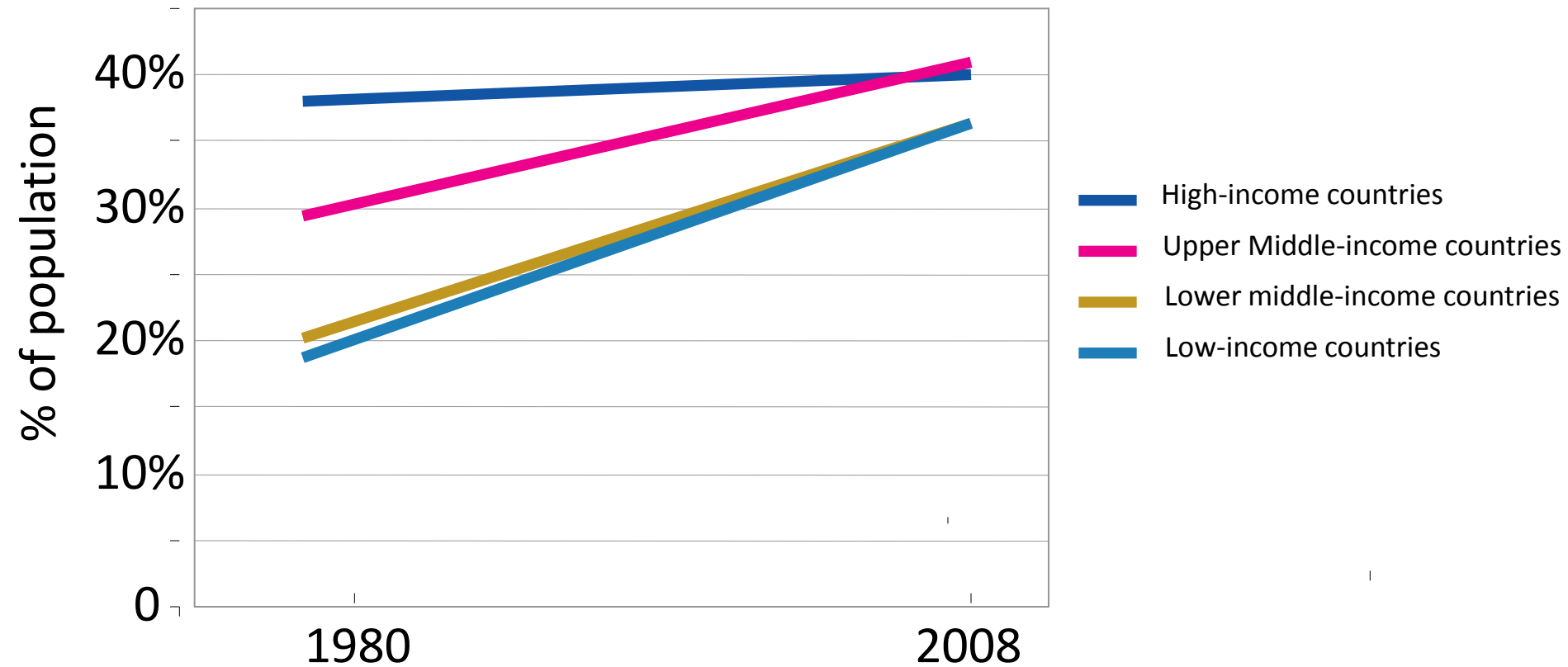
- The longer blood pressure levels stay above normal, the higher the potential for damage to the heart and blood vessels in major organs such as the brain and kidneys.
- If left undiagnosed and uncontrolled, high blood pressure can lead to heart attack, enlargement of the heart and eventually heart failure.
- Blood vessels may develop bulges (aneurysm) and weak spots, making them more likely to rupture or clog. If this happens in the brain, a stroke may result. High blood pressure can also lead to kidney failure, blindness and cognitive impairment.

High Blood Pressure – a leader in global mortality

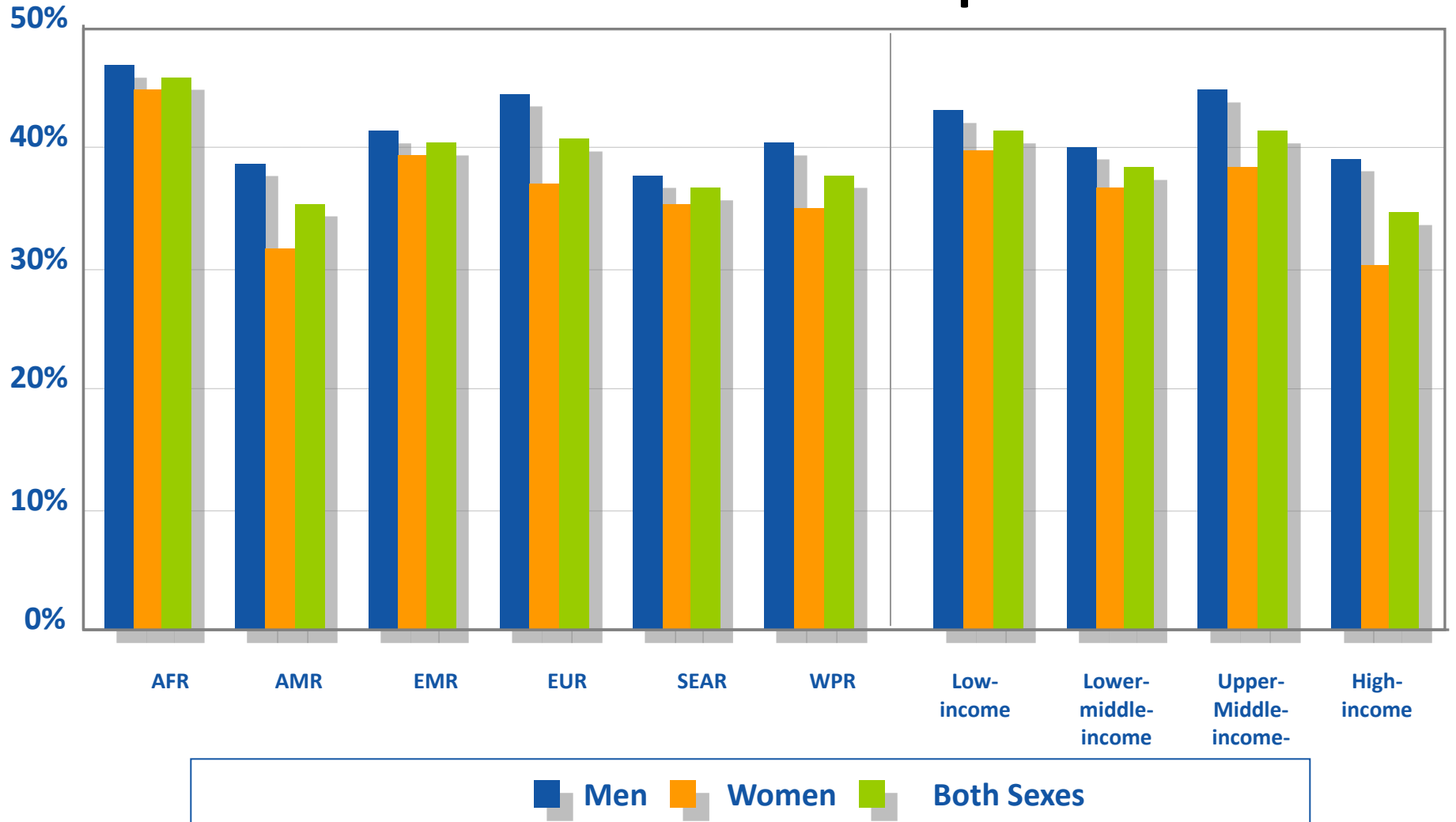


Source: WHO's report on "Global health risks"

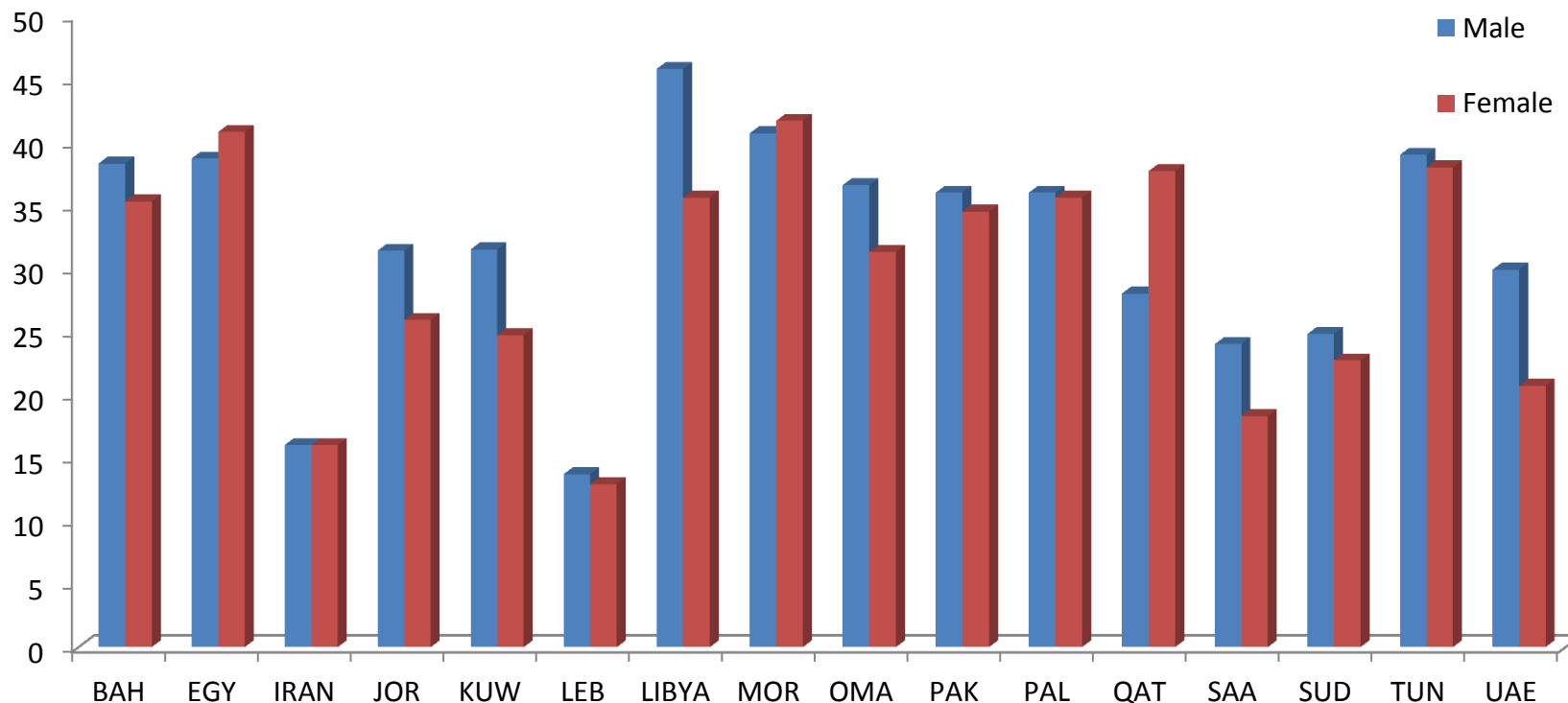
New data highlight increases in high blood pressure trends



Prevalence of raised blood pressure



Prevalence of hypertension* among adults (≥ 25 years), by gender, in selected EMR countries (Global Status Report 2010)**



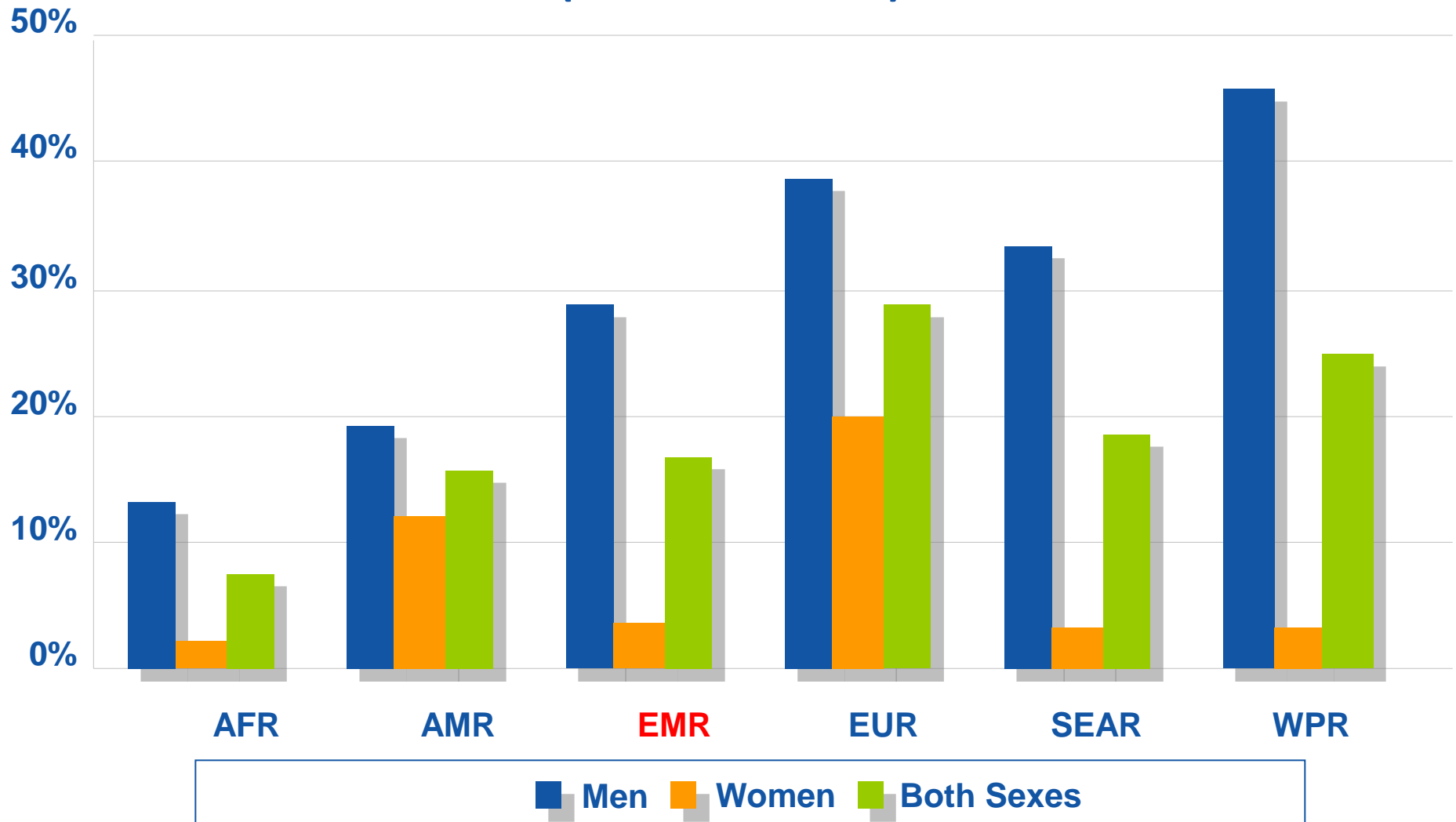
* SBP ≥ 140 and/or DBP ≥ 90

** Data were missing for Afghanistan, Djibouti, Somalia, Syria and Yemen

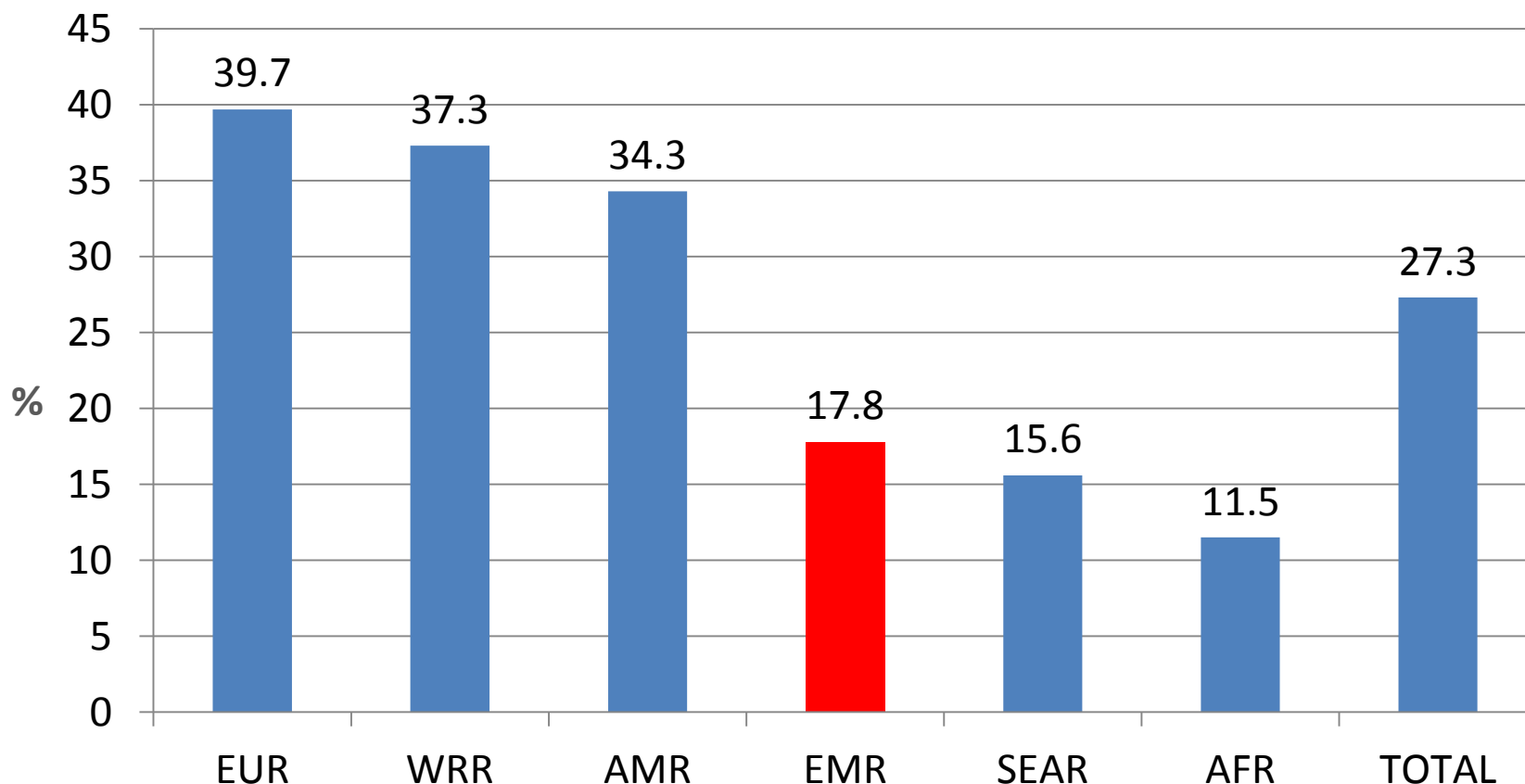
High blood pressure can be prevented

- Behavioural and lifestyle-related factors can put people at a higher risk for developing high blood pressure. These factors include:
 - Tobacco use
 - Unhealthy diet
 - Overweight and obesity
 - Excessive use of salt
 - Physical inactivity
 - Harmful use of alcohol
- Blood pressure tends to rise as people get older, thus everyone's risk for hypertension increases with age.
- Hypertension can be hereditary. People can inherit genes that make them more likely to develop the condition.
- The risk of high blood pressure increases when hereditary factors are combined with unhealthy lifestyle choices.

Prevalence of daily tobacco smoking (2008 estimates)

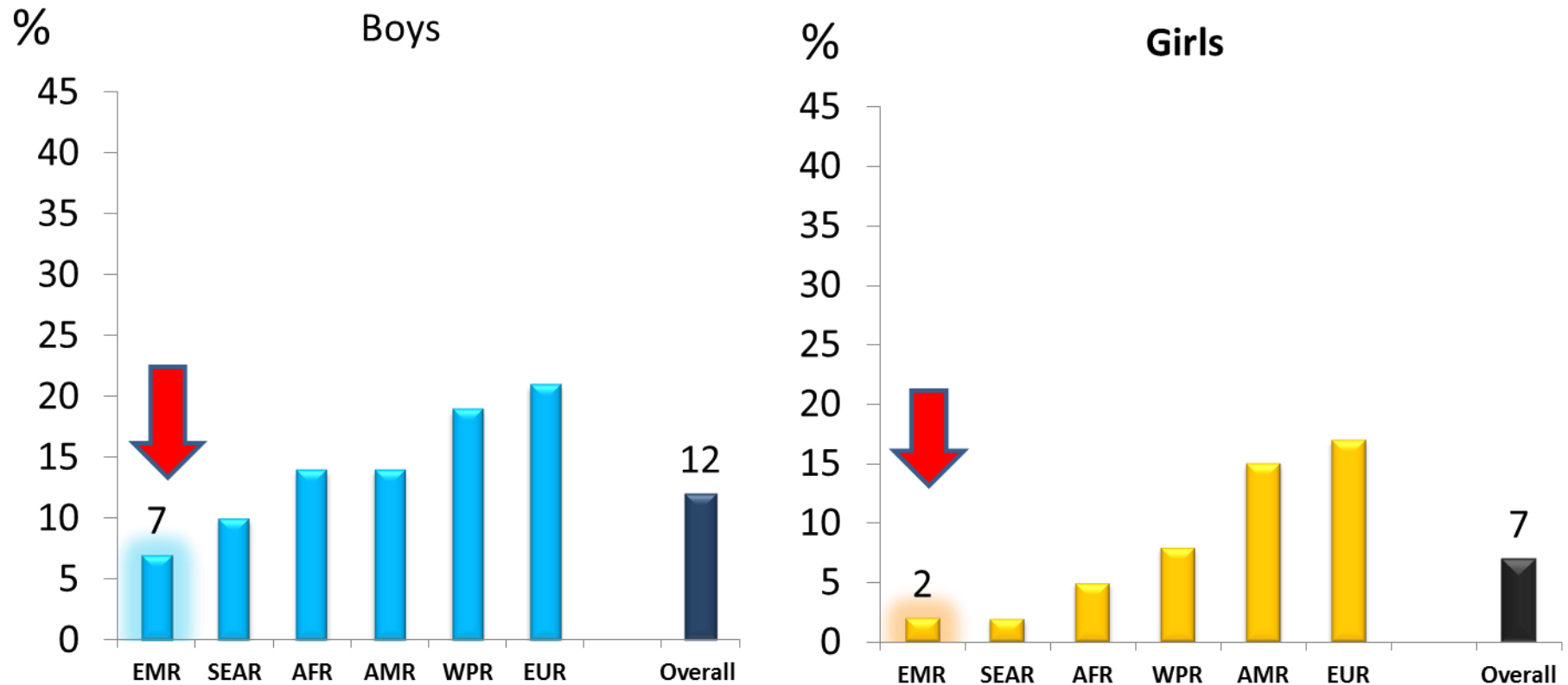


Percentage of youth 13-15 years of age who ever smoked cigarettes



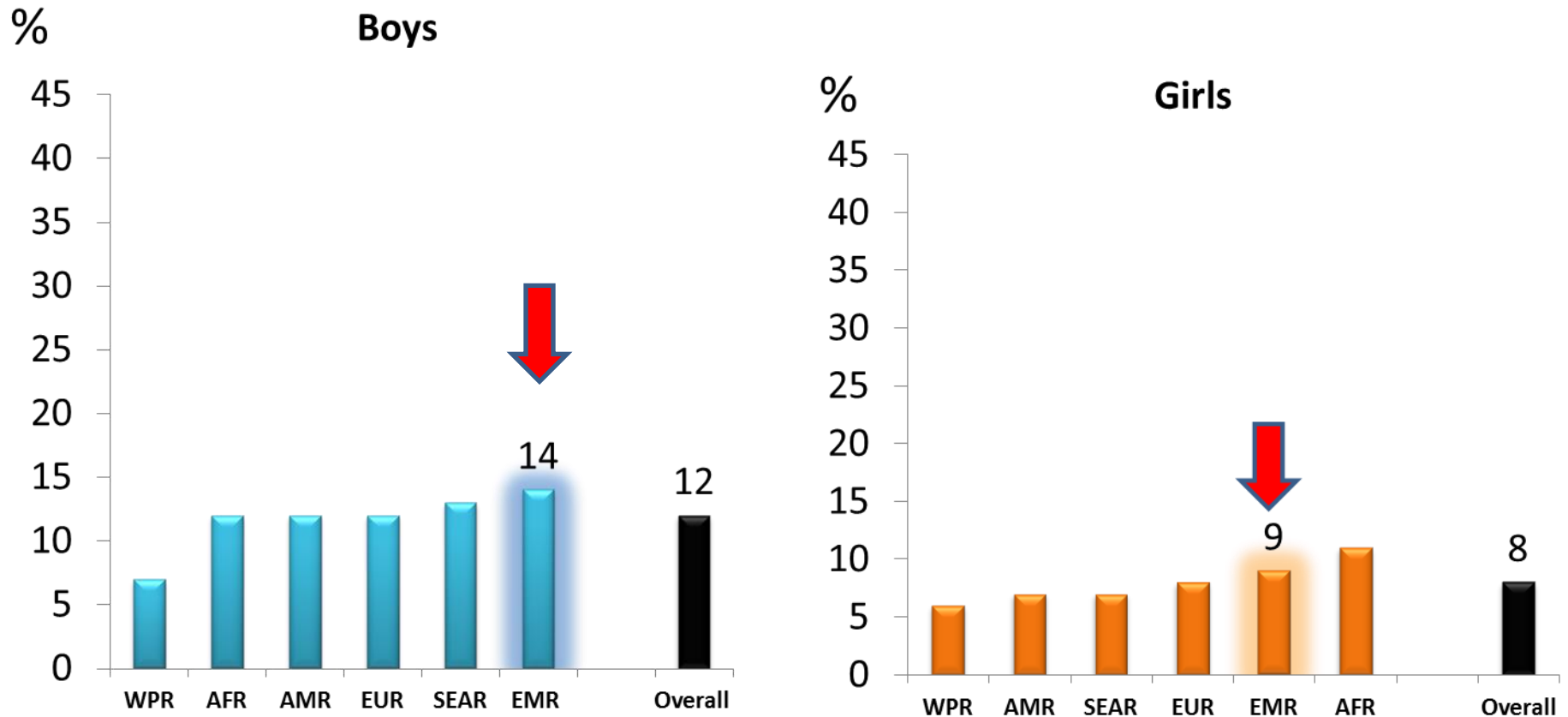
Source: USDHHS. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General 2012

Cigarettes use among youth in the six WHO Regions



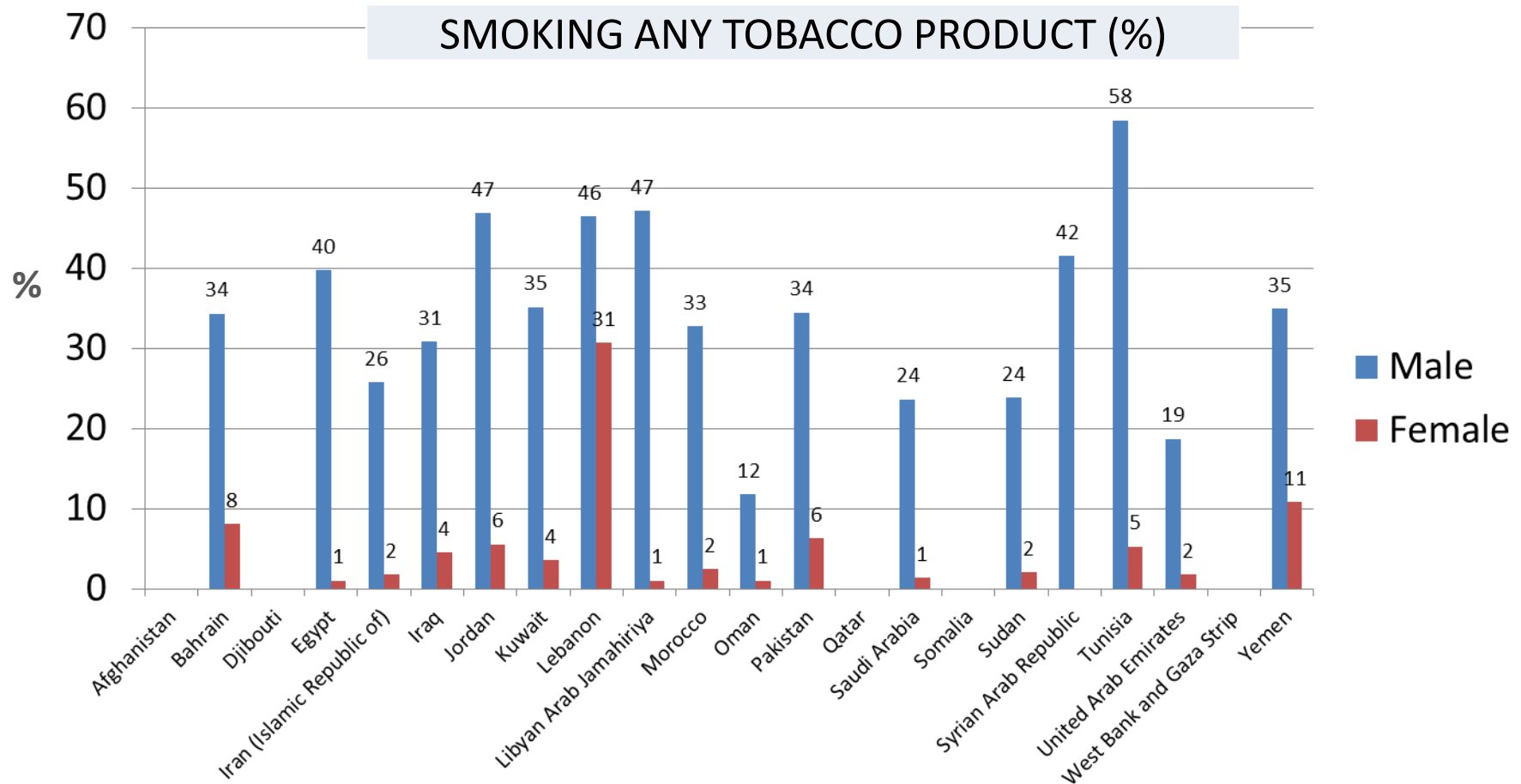
**Source: Global Tobacco Surveillance System, Global Youth Tobacco Survey; GTSS Atlas, 2009.*

Other tobacco products use among youth in the six WHO regions



**Source: Global Tobacco Surveillance System, Global Youth Tobacco Survey; GTSS Atlas, 2009.*

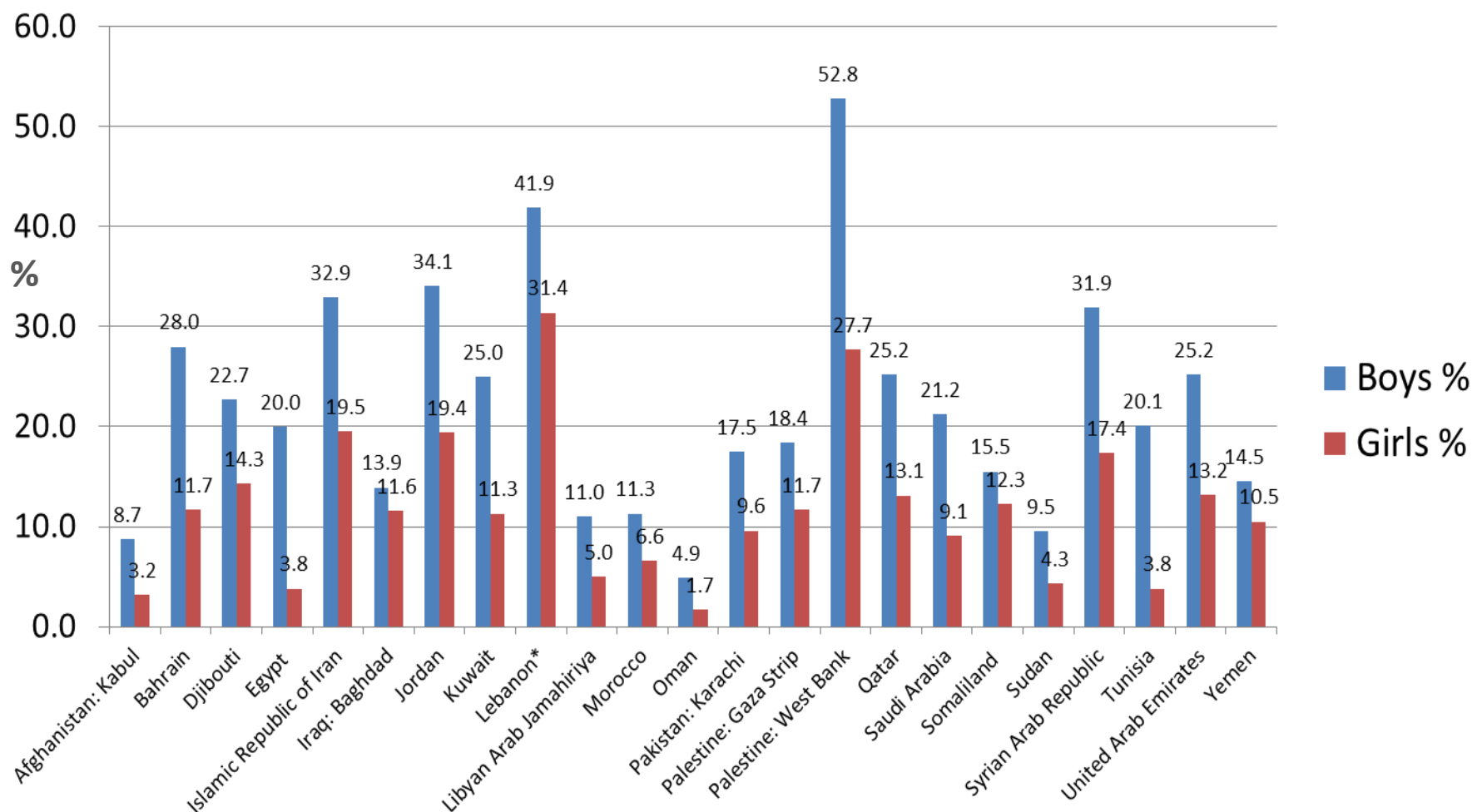
Age-standardized prevalence estimates for smoking among adults in EMR, 2009



Source : WHO Report on Global Tobacco Epidemic, 2011

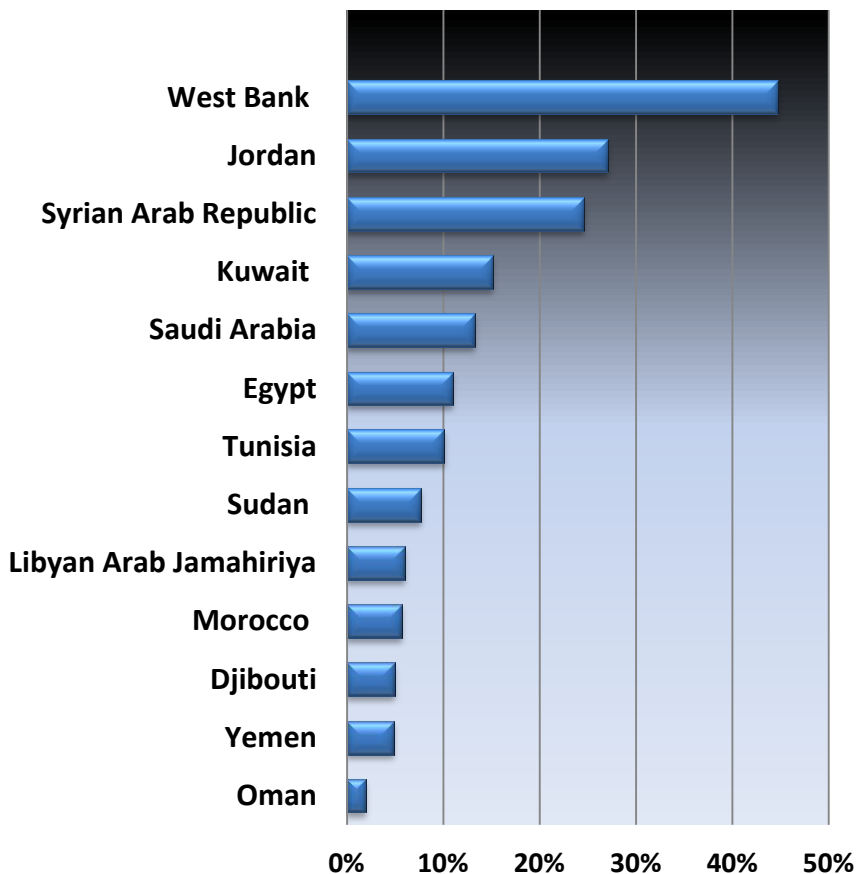
Currently use any Tobacco Products among youth (13-15 years) in EMR countries

“THE GAP IS NARROWING BETWEEN Young FEMALES AND MALES TOBACCO USE IN THE WHOLE REGION”

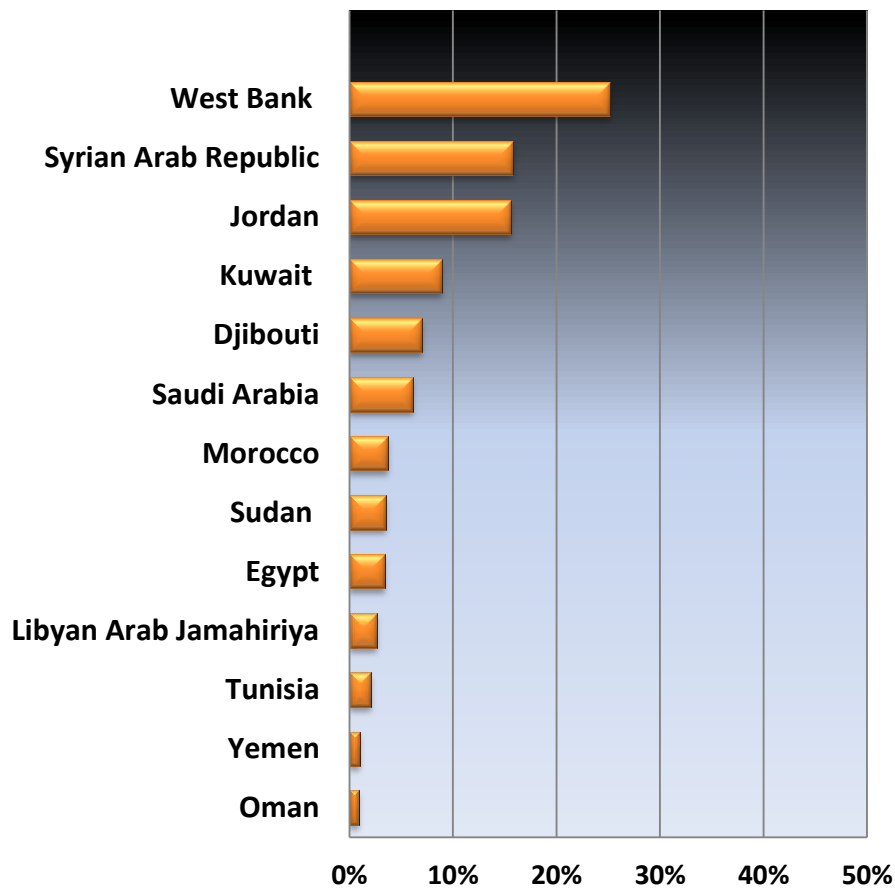


Shisha Smoking among EMR youth, data from 2009-2010

BOYS

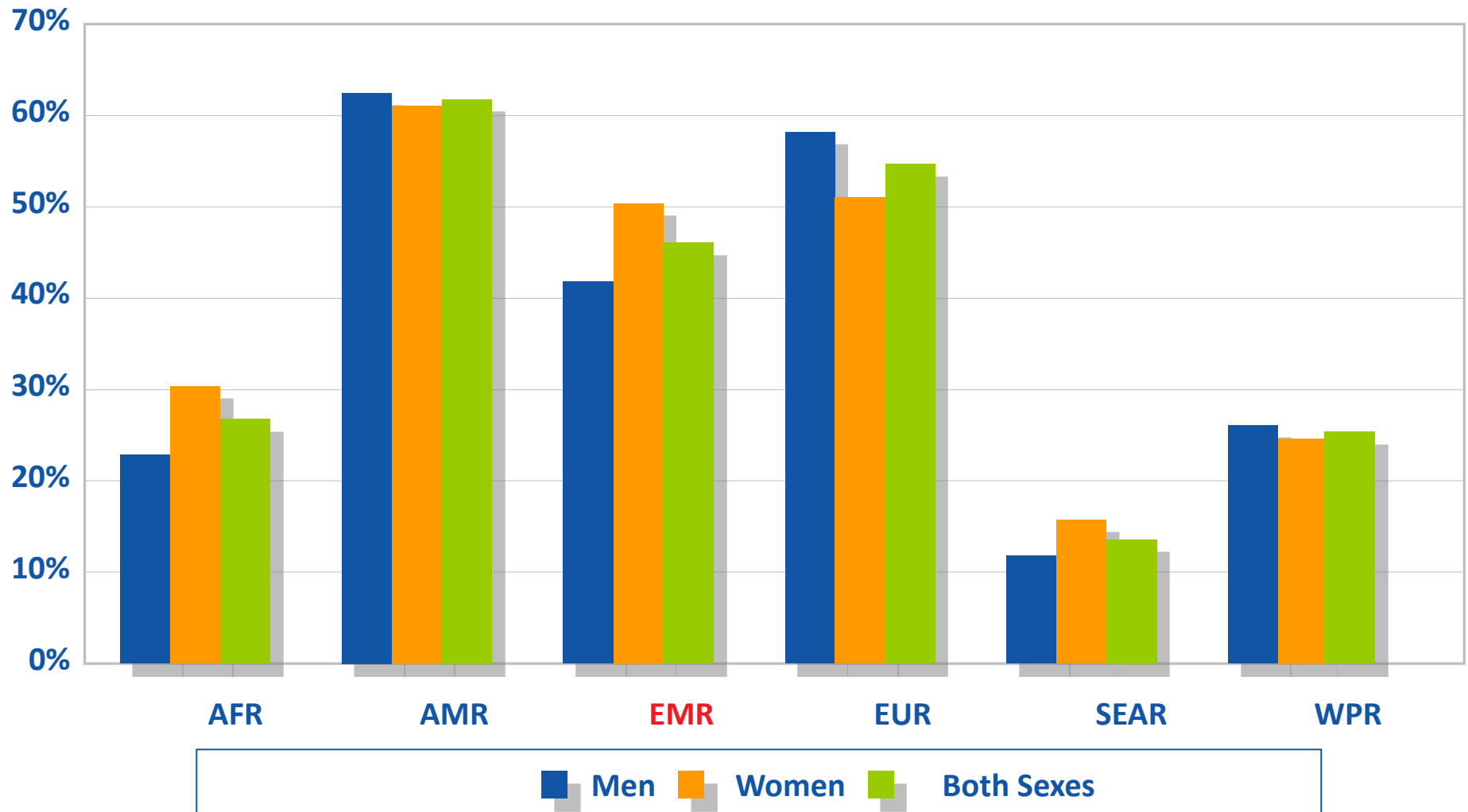


GIRLS

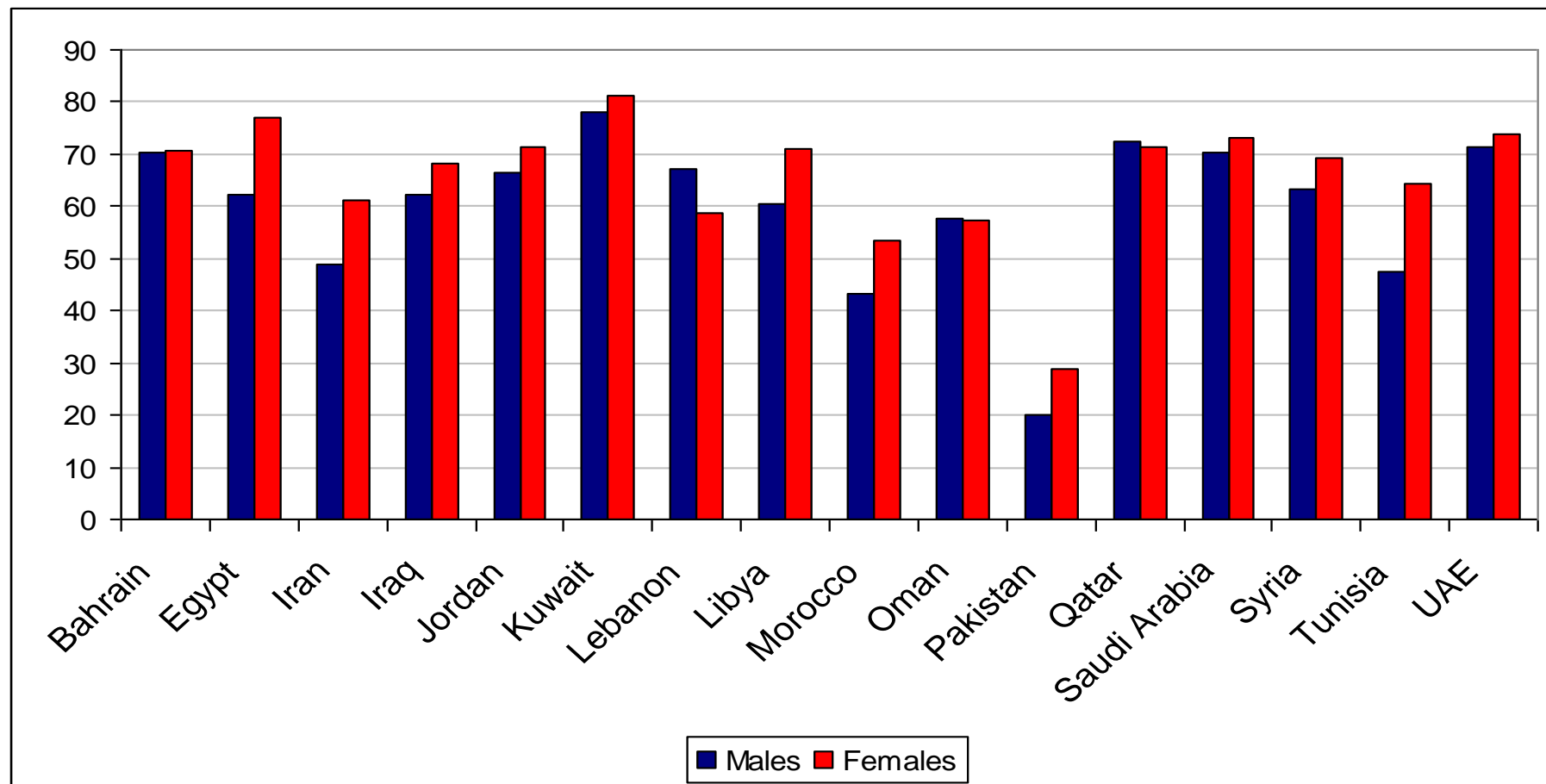


Source: Fact Sheets , Global Youth Tobacco Survey

Prevalence of overweight in adults (20 years 6 over) (2008 estimates)



Prevalence of overweight*, ages 20+ years, 2008, age standardized



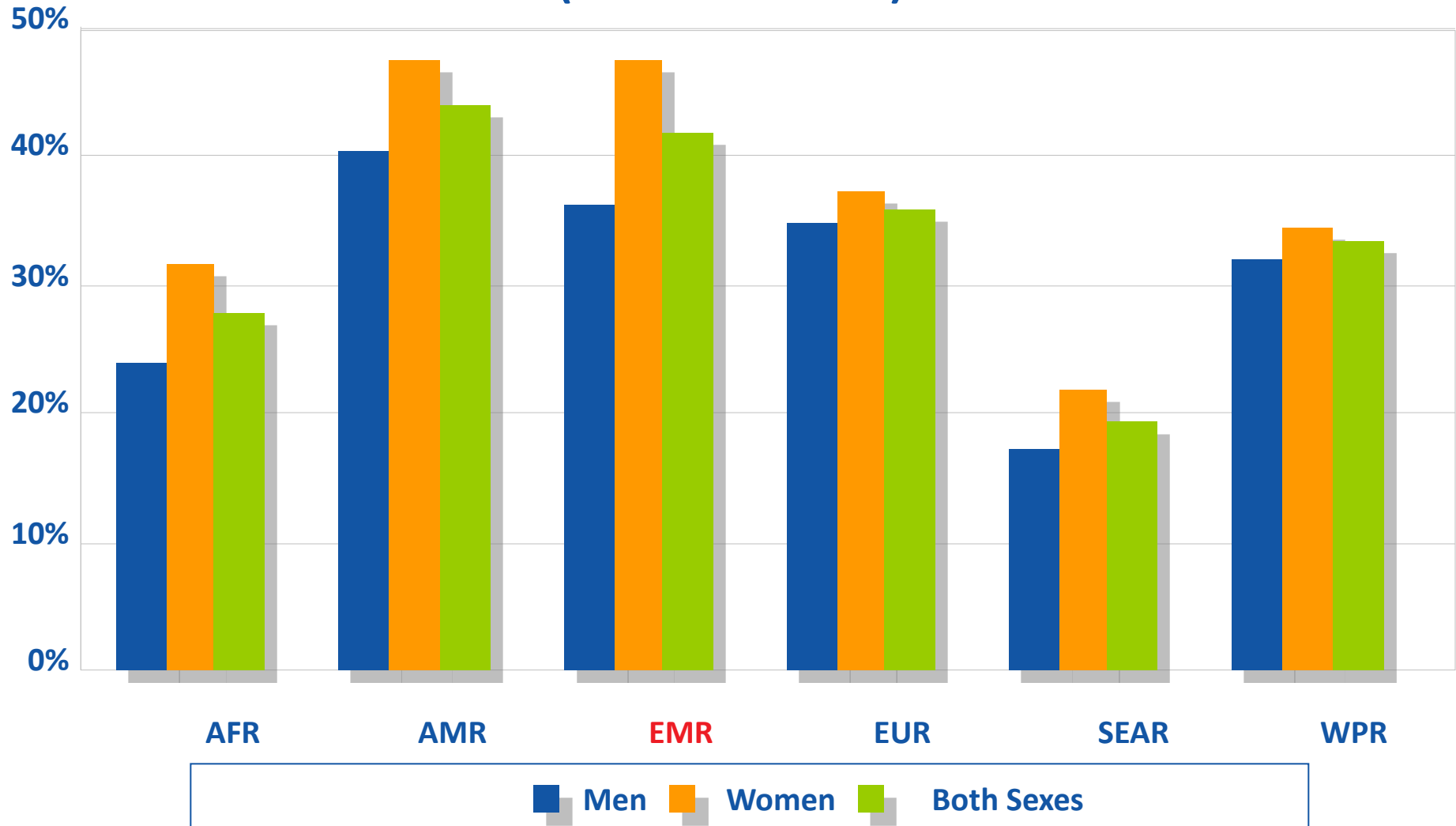
*Defined as Body Mass Index ≥ 25 .

Source: Global Status Report on NCDs, 2010

Table 1: Average estimated salt intake in some countries of EMR

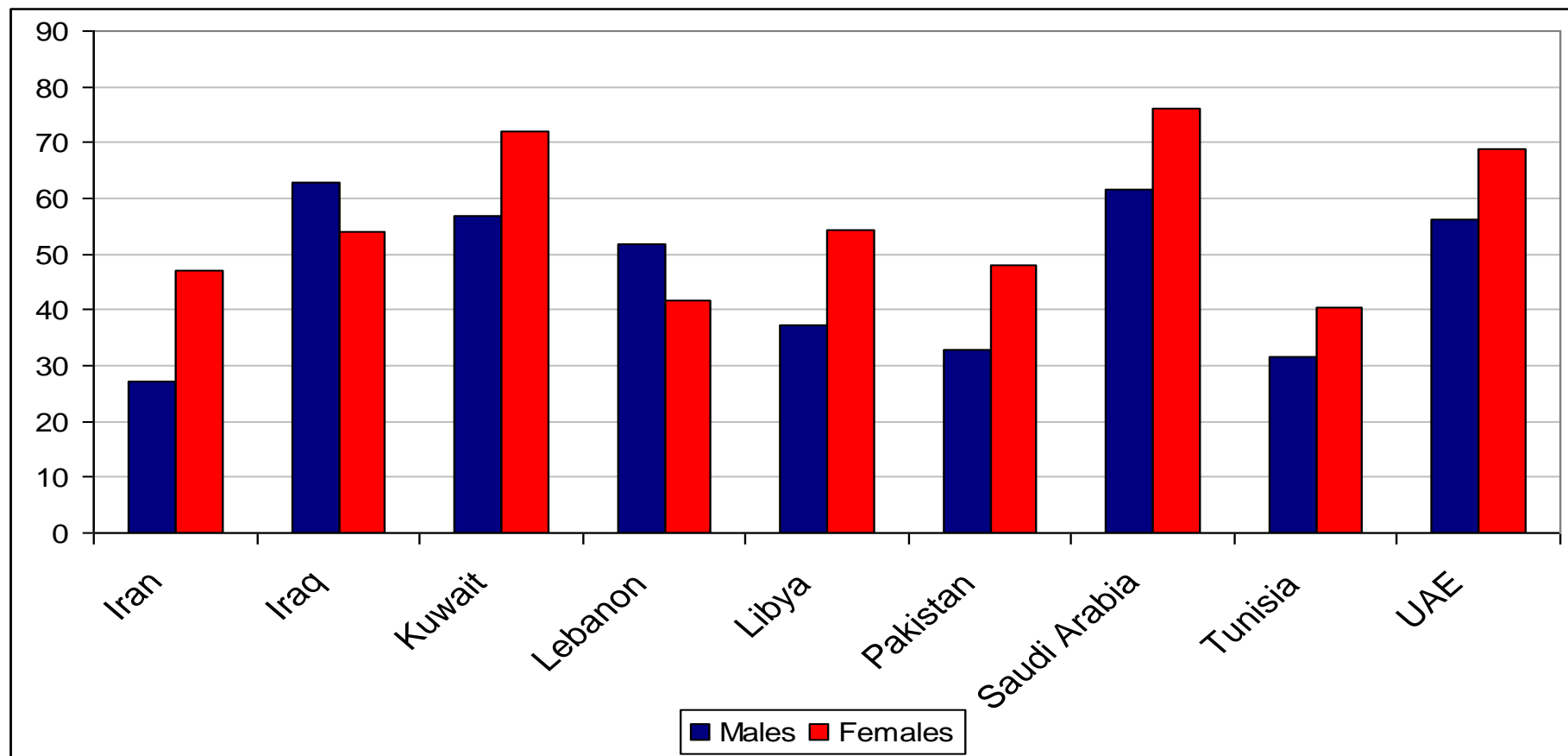
Country	Daily consumption g/p/d	comments
Iran (Isfahan)	9.2 - 11.6 12.0-12.5	subjects with normal blood pressure subjects with pre-blood pressure
Jordan	19	National Household Food Expenditure and Income Survey (2007)
Egypt	17	the Consumer and Market National Survey (2010) for iodized salt
Kuwait	8.5 for males 6.8 for females	Kuwait National Nutrition Survey (August 2010)
Lebanon	7.2	national cross-sectional survey
Sudan	14.5	iodized salt in the Household Survey conducted in 2010
Bahrain	5.7 – 15.7 (comes from bakery products)	Food composition measurements of bakery items in the market indicated elevated sodium levels from added salt

Percentage of insufficient physical activity (2008 estimates)



Men Women Both Sexes

Prevalence of insufficiently active* adults aged 15+ years, 2008, age standardized

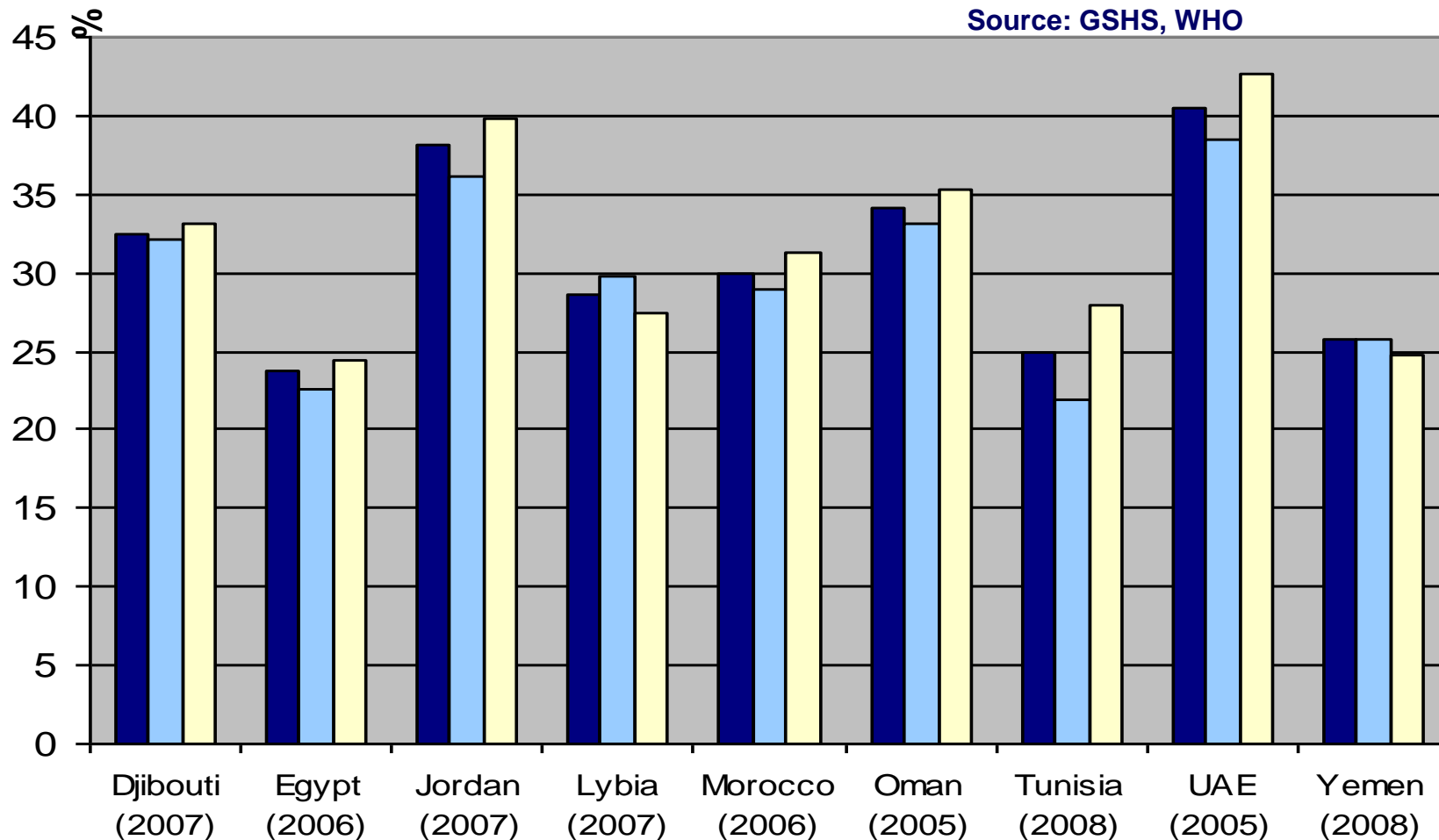


*Defined as not meeting any of the following criteria: 30 mins of moderate activity on at least 5 days per week OR 20 mins of vigorous activity on at least 3 days per week OR an equivalent combination.

Source: Global Status Report on NCDs, 2010

% 13-15 year old who spent 3h or more/ day sitting* in selected countries

Source: GSHS, WHO



•watching television, playing computer games, talking with friends, or doing other sitting activities in a usual day

■ total ■ boys ■ girls

Hypertension is preventable and curable

Prevention

- reduce salt and fat intake
- daily physical activity
- stop smoking
- reduce stress



Screening

- measure blood pressure of all people above 40 years old
- map and register at risk groups and diagnosed cases
- Detect early any complications



Hypertension is preventable and curable

Treatment

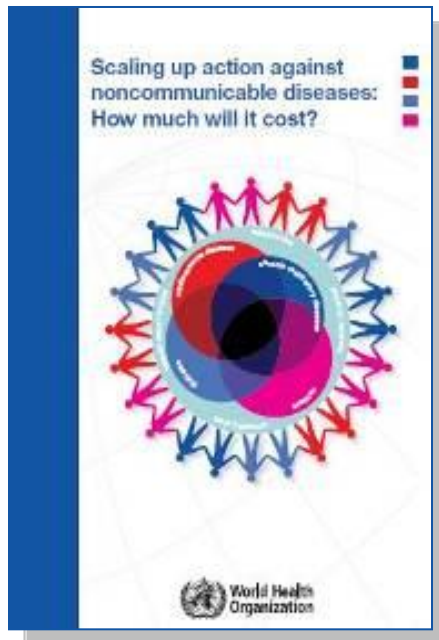
- start treatment
- follow up diagnosed cases by volunteers
- inform families about importance of management of hypertension
- ensure regular intake of medication
- schedule regular check up of diagnosed cases
- refer resistance to treatment
- management of complications



Economic burden

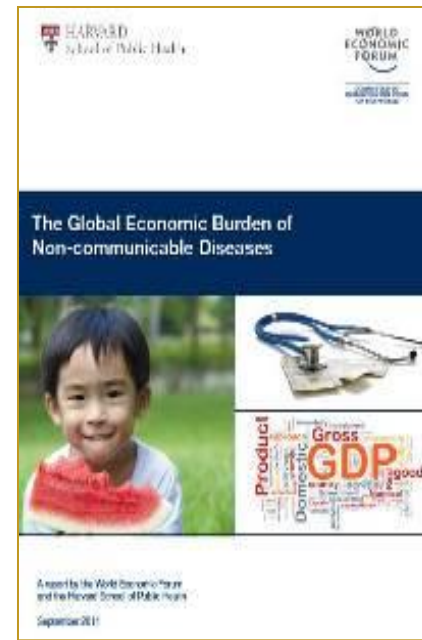
The cost of action vs inaction

(in developing countries over the next fifteen years)



US\$ 170B

is the overall cost for all developing countries to scale up action by implementing a set of "best buy" interventions between 2011 and 2025, identified as priority actions by WHO



US\$ 7T

is the cumulative lost output in developing countries associated with NCDs between 2011-2025

Reports are available at www.who.int/ncd

implications for countries:

The cost of targeted investment in NCD 'best buys' is low

- Low compared to projected NCD mortality and economic losses
- Low compared to the millions of premature deaths that could be avoided

The budgetary impact of NCD scale-up is low to modest

- Middle-income countries: equivalent to 1-2% of total current spending on health
- Low-income countries: equivalent to 4% of total current spending on health

All countries can do something

- Use the financial costing tool to inform national planning / resource mobilization
- Raise or allocate additional resources for NCDs

What can we do about it?

The prevention and control of high blood pressure, also known as hypertension, requires political will on the part of governments and policy-makers along with the efforts of health workers, the academic research community, civil society, the private sector and families and individuals. Everyone has a role to play:

- Individuals
- Governments and policy-makers
- Health workers
- Academia and professional associations
- Civil society and nongovernmental organizations
- The private sector, excluding the tobacco industry
- World Health Organization

Individuals

- Have your blood pressure checked regularly. High blood pressure has no symptoms in most people.
- Maintain a healthy lifestyle (eat a healthy diet, maintain a healthy weight, get regular exercise, stop smoking).
- If you are diagnosed with high blood pressure, participate actively in managing the condition.
- Adopt healthy behaviours
- Monitor blood pressure regularly
- Check blood sugar, blood cholesterol and urine albumin
- Check cardiovascular risk using a risk assessment tool
- Follow medical advice and comply with medication.

Governments and policy-makers

- Implement public health policies and interventions that are affordable, sustainable and cost-effective.
- Integrate hypertension control programmes that address total cardiovascular risk as an integral part of national strategies for the prevention and control of noncommunicable diseases.
- Set up a surveillance and monitoring system to track the prevalence of hypertension and other noncommunicable diseases.
- Ensure equitable access to preventive, curative and rehabilitative health services.
- Promote actions at the primary health care level that target prevention and health promotion.
- Ensure the availability of essential medicines for the control of hypertension.
- Strengthen all components of the health system: governance, financing, information, human resources, service delivery and access to quality generic medicines and basic technologies.
- Mobilize population-wide approaches to reduce the exposure of the whole population to risk factors such as unhealthy diet, physical inactivity, harmful use of alcohol and tobacco use.

Health workers

- Raise awareness on hypertension among different population groups through blood pressure measurement campaigns and health education programmes in the workplace.
- Follow WHO guidelines and tools to manage hypertension cost-effectively in primary health care settings.
- Follow WHO guidance on the appropriate use of medicines in an affordable and sustainable manner.

Academia and professional associations

- Build the capacity of primary health care physicians and non-physician health workers in the detection and management of hypertension.
- Institutionalize training on the detection and management of hypertension within the educational curricula for physicians, nurses and allied health workers.
- Generate and disseminate scientific evidence to inform implementation of appropriate cost-effective measures for prevention and control of hypertension.

Civil society and nongovernmental organizations

- Partner with academia to build both workforce capacity and the skills of individuals, families and communities.
- Advocate with policy-makers about the influence of living conditions and behaviour on blood pressure levels.
- Mobilize political and social awareness to address hypertension and other noncommunicable diseases.
- Provide prevention and health care services that fill gaps in the public and private sectors.
- Improve access to parks and playgrounds and create safe neighbourhoods for physical activity.

The private sector, excluding the tobacco industry

- Practice and ensure responsible marketing of foods and non-alcoholic beverages, particularly to children.
- Ensure correct labelling of food products to enable consumers to make healthy choices.
- Contribute to the development of cutting-edge health technologies and applications for the detection of high blood pressure.
- Promote workplace-based wellness programmes by establishing tobacco-free workplaces, implementing occupational health and safety measures and health insurance plans and creating environments for walking, cycling, sports and other physical activities.
- Work towards making essential medicines more affordable and accessible.

WHO response

- The Political Declaration on the prevention and control of NCDs, adopted by the United Nations General Assembly in September 2011, commits us to a series of concrete actions focusing on early detection and treatment of high blood pressure and other risk factors as well as healthy public policies that reduce exposure to risk factors.
- The Fifty-ninth session of the World Health Organization (WHO) Regional Committee for the Eastern Mediterranean has adopted Resolution EM/RC59/R.2, which urges Member States to implement the core set of strategic interventions including the “Best Buys “ (salt reduction, Tobacco control and promote physical activity) and mobility

Key Messages

The problem

- High blood pressure can lead to heart attack, stroke and other serious health problems.
- Many people do not know that they have high blood pressure because it does not always cause symptoms.
- Even though it is easily diagnosed and treated, many people do not have access to basic health services, particularly in low- and middle-income countries.

The solution

- High blood pressure is both preventable and treatable.
- For many people, lifestyle changes are sufficient to control blood pressure.
- others, medication is required. Inexpensive medication exists, which is effective when taken as prescribed.
- Early detection is key; all adults should know their blood pressure.
- Every one has an important role to play in helping to address high blood pressure.
- Civil society ,Industry can contribute to the solution, for example, by reducing salt in processed food and making essential diagnostics and medicines more affordable. Health workers, policy makers, academia, society and individual

The WHD 2013

- Provides an opportunity to focus attention on the prevention and control of high blood pressure, as a means of reducing the number of people affected, both now and in the future, by cardiovascular disease.
- Addressing high blood pressure must be part of a larger effort to combat noncommunicable diseases at all levels

EMRO Website

We encourage you all to visit the website and share the technical materials with your national counterparts , individual and organizations

<http://www.emro.who.int/world-health-days/2013/>
<http://www.who.int/world-health-day/en/>