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73 – Prevalence of Hypertension and Risk Factors in the Population that Attends 5 Family Medicine Centres in La Paz - Bolivia

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Cardiovascular disease in adults are defined as those acquired diseases that alter the proper functioning of the cardiovascular system, causing problems such as hypertension, acute myocardial infarction, cerebrovascular accident, ischaemic disease, coronary heart disease and other, remaining first cause of death worldwide according to the American Heart Association.

Globally, epidemiological studies have reported that the consequences of cardiovascular diseases are one of the biggest public health problems in Western societies, as they have an increasing rate of incidence, related to the ageing population, which has led to the qualifying epidemic.

A risk factor is an identifiable characteristic or any circumstance, which is associated with increased probability of developing or getting exposed to a disease process. People with a single risk factor have a relatively low risk of the disease, while those with multiple risk factors, their risk is higher.

People suffering from cardiovascular disease, usually have one or more risk factors, being the most common, family antecedents in medical history, the presence of hypertension, be elderly (over 60 years), diabetes mellitus, smoking, overweight and obesity, physical inactivity, dyslipidaemia, being man, Afro-American, stress and alcoholism.

Systemic arterial hypertension (HT) is the most prevalent chronic disease in Latin America; for example, in Mexico affects 30.8% of the population aged 20 to 69 years old. Despite the ease there is to diagnose the disease, a large percentage of affected individuals ignore their diagnosis, and of the ones that are receiving treatment, only a small percentage are in control. In addition, it is an important risk factor for cardiovascular and renal diseases. Mortality from these complications has shown a steady increase over the past decades. The risk depends on the combinations of blood pressure, age, association with other risk factors, the presence of subclinical organ damage or diabetes mellitus .

For this reason, a prospective cross-sectional study which was performed in 5 Integrated Centres of Family Medicine in the city of La Paz, Bolivia to determine the prevalence of hypertension and risk factors.

The results were as follows: Total surveyed 579 people

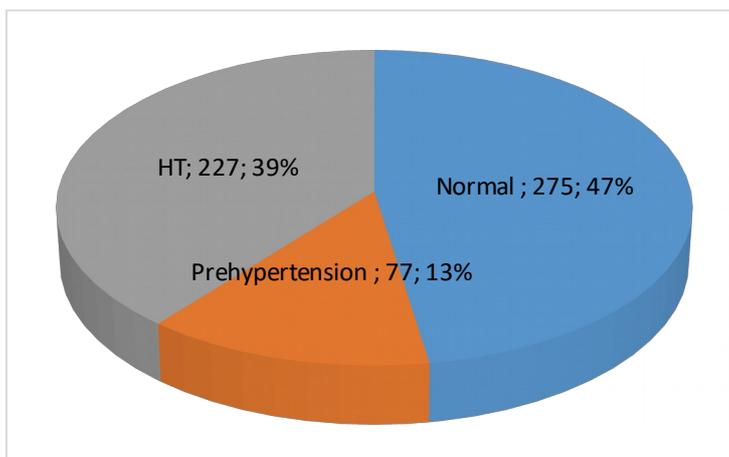
Age: Average 51.79, range 18-98 years Standard deviation 18.59.

Sex: Male 257 (44.4%), Women 322 (55.6%)

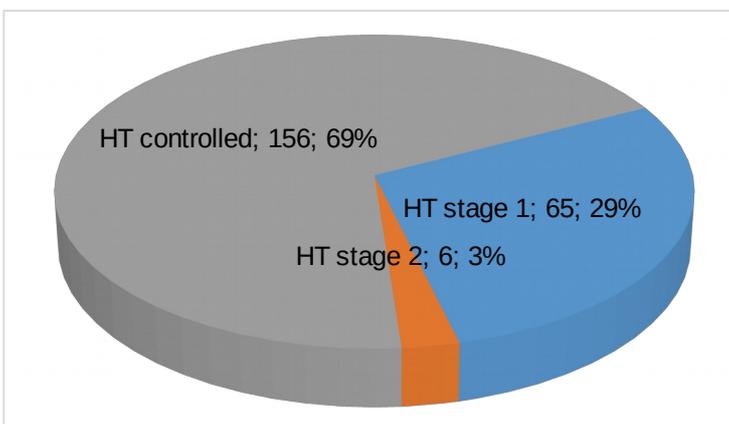
Marital status: Married 384 (66.3%), Single 68 (11.7%), Cohabitation 67 (11.6%), Widow 59 (10.2%).

Education: Elementary 80 (13.8%), High School 230 (39.7%), University 158 (27.3%), Postgraduate 118 (20.4%).

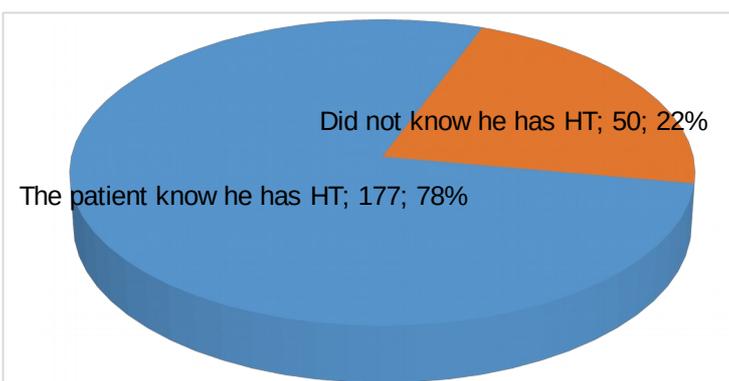
Medical history of all respondents: HT 177 (30.6%), MI 27 (4.7%), CVA 34 (5.9%), Diabetes 40 (6.9%).



Arterial pressure classification: Normal 275 (47.5%), prehypertension 77 (13.3%), HT 227 (39.2%)



Classification of patients with HT (227 cases): HT stage 1 = 65 (28.7%), HT stage 2 = 6 (2.6%), HT controlled 156 (68.7%).



Knowledge of HT: The patient knows he has HT 177 (78%), did not know he has HT 50 (22%)

Patients with HT: Range Systolic minimum 90, maximum 170, average 121.5; 18.5

Diastolic pressure range minimum 60, maximum 110, average 75.2; 10.8

Patients with HT: Heart rate Rank; least 60, maximum 92, average 76.6; 8.1

60.3% of patients with HT are over 50 years old and 39.7% are under 50 years old.

Risk factors

BMI alterations in the nutritional status 119 (52.4%), good nutrition 108 (47.6%)

Changes in nutritional status: Overweight 65 (28.6%), obesity grade I 41 (18.1%), obesity grade II 13 (5.7%)

Alcohol consumption 122 (53.7%) No alcohol consumption 105 (46.3%). Of those who consume alcohol 92% are employed in social gatherings with an average of 7.6 glasses and 8% more than once a week with an average of 2.4 glasses.

Tobacco consumption 88 (38.8%) ever smoked, 139 (61.2%) had never smoked. Currently smoking 32 (36%) with an average of 2 cigarettes day.

Physical Activity: almost never perform walks for exercise 73 (32.2%), do not play sports 177 (78%), almost never done any exercise 150 (66.1%).

Sedentary 122 (53.8%) watch TV more than 3 to 4 hours a day.

Family history: HT 108 (47.6%), MI 36 (15.9%), CVA 35 (15.4%), diabetes 89 (39.2%), obesity Overweight 171 (75.3%).

medical history of patients with HT: HT 177 (78%), MI 14 (6.2%), CVA 26 (11.5%), diabetes 35 (15.4%)

Conclusion

In conclusion, the prevalence of hypertension in the study of La Paz Bolivia is 39.2% which is similar to the rest of Latin America, the most common risk factors are changes in nutritional status (overweight and obesity), low physical activity and sedentary, family antecedents of hypertension.

Take Home Message

- Systemic arterial hypertension (HT) is the most prevalent chronic disease in Latin America
- The prevalence of hypertension in the study of La Paz Bolivia is 39.2%
- Classification of patients with HT: HT stage 1 = 28.7%, HT stage 2 = 2.6%, HT controlled 68.7%.
- The patient knows he has HT 78%, did not know he has HT 22%.
- The most common risk factors are changes in nutritional status (overweight and obesity), low physical activity and sedentary, family antecedents of hypertension.

Original Abstract

<http://www.woncaeurope.org/content/prevalence-awareness-treatment-and-control-hypertension-toa-payoh-singapore>

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