



Prevalence of Hypertension in Adolescent in Northern Area

Dr. Pallavi Manish Jawale

Associate Professor , Department of Physiology, Hind institute of medical sciences , Mau , Ataria, Sitapur

Dr. Sachin Rathod

Assistant Professor , Department of Physiology, K.D.M.C. Akbarpur Mathura

ABSTRACT

Introduction - The aim of the study was to study the prevalence of hypertension in adolescent school children. Adolescence is characterized by an exceptionally rapid rate of growth and is often variable in individual due to its dependence on genetic, hormonal and nutritional factor.

Material and methods- The study was conducted in Hind Institute Of Medical Sciences which was selected randomly from outdoor patients. Total of 410 mid adolescent school children of age ranging from 12- 15 year belonging to class 7th to 9th were taken. General information and socio-economic details of study subjects were obtained and their blood pressure was measured by mercury sphygmomanometer.

Result - In our study 100 (50%) children were male and 100 (50%) were female. Maximum number of study subjects (37.5%) was in the age group of 12-13 years. Though 138 were normotensive, pre-hypertension was noted in 31 and hypertension was noted in 29 adolescent study subjects, which is a serious danger signal.

Conclusion-Looking at the high prevalence of fast food consumption and also high prevalence of stage I and stage II hypertension among study subjects, proactive preventive measures focused on adolescents and their parents are strongly recommended to avoid future hypertensive epidemic in younger population

KEYWORDS : Adolescence, Hypertension, Obesity, Junk food

INTRODUCTION -

Adolescence is one of the most dynamic stages of human development. It is characterized by an exceptionally rapid rate of growth and is often variable in individual due to its dependence on genetic, hormonal and nutritional factor¹. WHO defines adolescence both in terms of age (spanning the ages between 10 and 19 years) and in terms of a phase of life marked by special attributes². Adolescents comprise approximately one-fifth of the world's population and most of them (84%) live in developing countries³.

In Indian adolescent school children, there is a high prevalence of obesity, hypertension, and hypercholesterolemia⁴. Also, obesity is increasing at an alarming rate throughout the world. Today it is estimated that there are more than 300 million obese people world-wide⁵. Eighty percent of overweight 10-14 year old adolescents are at risk of becoming overweight adults compared to 25% of overweight pre-school children (< 5 years old) and 50% of 6-9 year old overweight children⁶. Adolescent are more engaged in indoor activities due to computer, internet, video games and due to high consumption of junk food and low level of physical inactivity, make them prone towards many diseases which are non communicable like obesity, hypertension and diabetes mellitus at an earlier age. The risk of developing hypertensive cardiovascular complications is greater in younger than in older individuals⁷. The younger the age of onset of hypertension, greater the reduction in life expectancy, if the blood pressure is left untreated⁸. It has also been noted that even asymptomatic adolescents with mild blood pressure elevations can have target organ damage^{9,10}. Adolescents with high blood pressure have a significant greater clustering effect of metabolic syndrome factors when compared to adolescents with low blood pressure¹¹.

Material and Methods -

The present cross-sectional study was carried out from April 2016 to July 2016 in Hind institute of medical sciences which were out patients, mid adolescent school children.

The blood pressure measurements were taken and recorded using mercury sphygmomanometer under standard conditions.

Result -

In our study 100 (50%) children were male and 100 (50%) were female. Maximum number of study subjects (37.5%) was in the age group of 12-13 years. Though 138 were normotensive, pre-hyperten-

sion was noted in 31 and hypertension was noted in 29 adolescent study subjects, which is a serious danger signal.

The prevalence of pre hypertension & stage I hypertension was 15.5% & 12% respectively among study subject. 18% of male student were having stage I hypertension as compared to 6% for female students.

Table: - 1. Age & Sex wise distribution of the Study subjects

Age(in Yrs)	Male (%)	Female (%)	Total (%)
11-12	25(25%)	18(18%)	43(21.5%)
12-13	35(35%)	40(40%)	75(37.5%)
13-14	25(25%)	18(18%)	43(21.5%)
14-15	15(15%)	24(24%)	39(19.5%)
Total	100	100	200

Table No 3. Gender wise distribution of study subjects according to Hypertension

Hypertension					
Gender	Normal	Pre-HT	Stage I HT	Stage II HT	TOTAL
Female	78(78%)	11(11%)	6(6%)	5(5%)	100
Male	60 (60%)	20(20%)	18 (18%)	2 (2%)	100
TOTAL	138 (69%)	31(15.5%)	24(12%)	7(3.5%)	200

Discussion-

In our study on school going 200 children, reported the prevalence of elevated blood pressure after first screening as 15.5% which was similar to another study.⁽¹²⁾

Another study conducted by McNiece KL et.al on 6790 adolescents (11-17 years) reported prevalence of pre-hypertension as 15.7%, stage I hypertension as 2.6% and stage II hypertension as 0.6% which were similar to our study.⁽¹³⁾

Fuiano N et.al performed school based screening of 1563 children (3-16 years) and reported the prevalence of elevated blood pressure at first, second and third screening was 35.1%, 33.8% and 23.9% in males and 41%, 40.2% and 31.2% in females which were higher to our study.⁽¹⁴⁾.

Conclusion

Looking at the high prevalence of fast food consumption and also high prevalence of stage I and stage II hypertension among study subjects, proactive preventive measures focused on adolescents and their parents are strongly recommended to avoid future hypertensive epidemic in younger population.

References

1. Joshi M, Gumashta R, Kasturwar N.B, Deshpande A.V. Academic anxiety a growing concern among urban mid adolescent school children. *Int J Biol Med Res.*2012; 3(3):2180-2184
2. Muzammil K, Kishore S, Semwal J. Study of knowledge & attitude of adolescents regarding reproductive health. *Indian J Prev Soc Med.*2009; 40(1 & 2):1-7.
3. Bezberuah S, Janeja MK. Adolescents in India :Aprofile.UNFPA, New Delhi 2000:3-5.
4. Jasmine S Sundar, S.Joseph Maria Adaikalam, S.Parameswari, Valarmarathi.S, S.Kalpana, D. Shantharam. Prevalence and determinants of hypertension among urban school children in the age group of 13- 17 years in, Chennai, Tamilnadu.*Journal of Dental and Medical Sciences.*2013;8(3):14-20. *International Journal of Basic Medicine and Clinical Research*, Vol 1, Issue 3, 2014 Page 71
5. Strauss RS, Pollack HA. Epidemic increase in childhood overweight, 1986-1998. *JAMA.* 2001;286(22):2845-8
6. Whitaker RC, Wright JA, Pepe MS, Seidel KD, Dietz WH. Predicting obesity in young adulthood from childhood and parental obesity. *N Engl J Med.* 1997;337(13):86973.
7. Juhasz M, Katona E, Settakis G, Paragh G, Molnar C, Fulesdi B, Pall D:Gender related differences in adolescent hypertension and in targetorgan effects. *J Women Health.*2010; 19(4):759-765.
8. Franco O, Peters A, Bonneux L, De Laet C: Blood pressure in adulthoodand life expectancy with cardiovascular disease in men and women.*Hypertension.*2005; 46:280- 286.
9. Lurbe E, Torro I, Alvarez V, Nawort T, Paya R, Redon J, SteessenAJ:Prevalence of persistence, and clinical significance of maskedhypertension in youth. *Hypertension.* 2005; 45:493-498.
10. Ejike C, Ugwu C: Hyperbolic relationship between blood pressure andbody mass index in a Nigerian adolescent population.*Webmed Cent Hypertens* 2010, 1:WMC00797.
11. Bruce ZM, Sanaiko A: Blood pressure in children. In *Hypertension Primer, The Essentials of High blood pressure*, Volume 83.4th edition. Edited by Izzo JL,Black HR, Sica AD. Philadelphia: Lippincott Williams & Wilkins; 2008:273-275.
12. Jonathan M. Sorof, Dejian Lai, Jennifer Turner, Tim Poffenbarger, Ronald J. Portman. Overweight, ethnicity and the prevalence of hypertension in school aged children. *Pediatrics.*2004; 113:475-482.
13. McNiece KL, Poffenbarger TS, Turner JL, Franco KD, Sorof JM, Portman RJ. Prevalence of hypertension and prehypertension among adolescents.*J Pediatr.* 2007; 150(6): 640-644.
14. Fuiano N, Luciano A, Pilotto L, Pietrobella A. Overweight and hypertension: longitudinal study in school aged children. *Minerva Pediatr.* 2006; 58(5): 451-9.