

Prevalance of Hypertention Among Peoples in Northern East India



Medical Science

KEYWORDS : Hypertension - North-east India - prevalence

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ABSTRACT

Objective:-To screen prevalance of hypertention among adults in northern area.

Material and Method :- A total of 200 subjects aged 20-59 years were selected and used for the study.

The blood pressure measurements of the subjects were also collected using a sphygmomanometer.

Results: Males had significantly higher systolic blood pressure (SBP) than female. Both SBP and diastolic blood pressure (DBP) revealed significant correlation with age, gender, food intake in overall and in gender specific analysis.

Conclusions: The findings of this current study indicate that hypertension is a significant health problem in this study population.

Introduction :-

Hypertension is the leading modifiable risk factor for cardiovascular mortality worldwide. According to the World Health Organization (WHO), at least 7.5 million deaths are attributable to hypertension every year.[1] Despite the high prevalence of hypertension, prevention, detection, treatment and control are suboptimal in developing countries such as India.[2]

In Delhi, as in the capital cities of other developing countries, slum-resettlement populations are growing rapidly and their vulnerability to certain diseases is increasing as they adopt urbanized lifestyles. Reliable epidemiological data on the prevalence of hypertension and in these populations are scarce; indeed, few community-based studies of hypertension have been done in Delhi. Nevertheless, it is clear that hypertension in India, once considered limited to the elderly and higher socioeconomic groups, is becoming prevalent in younger age groups.[3,4]

The aim of this study was to assess the prevalence and identify the correlates of hypertension among peoples in north east India.

Materials and Method :

A total of 200 subjects aged 20-59 years were selected and used for the study. The blood pressure measurements of the subjects were also collected using a sphygmomanometer.

Study Area and Duration

This study was conducted from February 2016 to April 2016 at Hind Institute of Medical Science.

Study Population and Diagnosis:

A total of 200 subjects aged 20-59 years were selected and used for the study. The blood pressure measurements of the subjects were also collected using a sphygmomanometer.

Result:-

200 participants aged 20-59 years were enrolled. Females (100, 50%) outnumbered males (100, 50%). The overall prevalence of hypertension was 38%. The prevalence was slightly higher in men 40(52.6%) than in women 36(47.3%).

Table no. 1- Risk Factor of hypertension

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Predictor variables	Hypertensive N= 76 (38%)	Nomotensive N=124(62%)
Age (Year)		
20-29 (24)	6(7.8%)	16 (12.9%)
30-39 (64)	16(21%)	54 (43.5%)
40-49 (60)	25(32.8%)	34 (27.4%)
50-59 (52)	29 (38.1%)	20(16.1%)
Sex		
Male	40(52.6%)	60 (48.3%)
Female	36(47.3%)	64 (51.6%)
Alcohol intake		
None	57 (75%)	96 (77.4%)
Occasional	7 (9.2)	9 (7.2%)
Irregular	6 (7.8%)	9 (7.2%)
Regular	6(7.8%)	10 (8.06%)
Daily salt intake		
Below average/average	58 (76.3%)	105 (84.6%)
Above average	18 (23.6%)	19(15.3%)

Discussion:-

The overall prevalence of hypertension in this study was 38% and was slightly higher in men than in women. Similar findings have been reported by others.[5]

However, one previous study reported a hypertension prevalence of 17.4%. [6,7] The lower-middle and low socioeconomic status of participants in our study may account for the lower prevalence recorded; in addition, our study population did not have equal proportions of participants in all age groups.

Our study showed that the prevalence was 7.8%, 21%, 32.8% and 38.1% in the age groups 20-29, 30-39, 40-49 and 50-59 years, respectively. Many studies have reported similar observations.[6,7,8,9]

Conclusion :-

The findings of this current study indicate that hypertension is a significant health problem in this study population. Many of the participants identified as prehypertensive are at risk of developing hypertension, thus immediate interventions are indicated, including information, educa-

tion and communication activities to generate and sustain health awareness; promote blood-pressure check-ups; and reduce mean sodium consumption at the community, household and individual levels

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