HYPERTENSION (HIGH BLOOD PRESSURE)

What’s the issue?

Blood pressure is measured in millimetres of mercury (mmHg) and is recorded as two numbers: the first is systolic pressure (pressure of the blood when the heart beats to pump blood out) and the second is diastolic pressure (pressure when heart rests between beats). High blood pressure (hypertension) is said to occur if readings on separate occasions consistently show blood pressure to be 140/90mmHg or higher (normal is 130/80mmHg or lower) [217]. “It rarely has noticeable symptoms. Around 30% of people in England have high blood pressure but many don’t know it. If left untreated, high blood pressure increases the risk of a heart attack or stroke. It is often referred to as a "silent killer". The only way of knowing there is a problem is to have blood pressure measured. All adults should have their blood pressure checked at least every five years” [217]. As well as having trained staff who have periodic review of their performance, and properly validated and calibrated equipment, guidelines recommend that hypertension should be diagnosed using (24 hour) ambulatory blood pressure monitoring [218]. The chances of having high blood pressure increase with age. Whilst there is often no clear cause, the following increase the risk of high blood pressure: obesity; family history; smoking; African or Caribbean descent; eating too much salt; not eating enough fruit and vegetables; lack of physical activity; drinking too much coffee or caffeine-based drinks; and drinking too much alcohol [217]. Just a 2mmHg increase in systolic blood pressure increases the risk of cardiac death by 7% and stroke by 10% [218]. Given the high prevalence of risk factors for hypertension in Hull, this puts a large proportion of Hull patients at an avoidable risk of stroke, other serious cardiac events, diabetes and chronic kidney disease.

What’s our situation?

For 2015/16, there were 41,993 (14.2%) patients diagnosed with hypertension (high blood pressure) on the GP disease registers [219], which was comparable to other similar geographical areas. Based on modelling (October 2016), it is estimated that there around 68,000 patients with hypertension in Hull [211]. It is not known if the model provides a reasonable estimate or not, but if it does, it suggests that there are at least 25,000 patients with undiagnosed hypertension in Hull. For 2013/14, among the 135,732 registered patients aged 40+ years, 122,491 (90.2%) had had their blood pressure measured within the last five years (which was similar to England and comparator areas) [219]. The data for 2013/14 was a one-off and this indicator has not been included in 2014/15. The local Hypertension Equity Audit 2011 found that diagnoses of hypertension and management of hypertension in primary care appeared to be equitable with respect to deprivation and age. There was no statistically significant association between deprivation and prevalence across the general practices in Hull, nor was there an association between deprivation and the percentage who had their blood pressure measured within the last five years [211]. This could simply reflect increased undiagnosed disease among those living in the more deprived areas rather than a lack of a true underlying relationship.

For more detailed information, see the JSNA Toolkit: Other Circulatory Diseases report.

What are the strategic needs?

People aged 40-79 years who are eligible for the NHS Health Check should be encouraged to attend and all adults should have their blood pressure measured every five years. People already diagnosed with high blood pressure or other cardiovascular disease should attend their annual reviews so that they get the best on-going treatment for their condition. The use of 24 hour blood pressure monitoring devices should be used to detect undiagnosed hypertension.

There is a need to increase the number of patients achieving blood pressure targets. Achieving blood pressure targets for patients, particularly those with diabetes and hypertension, shows that serious events such as fatal and non-fatal strokes are significantly reduced [218]. This further
reduces unplanned hospital admissions, reducing NHS costs. Patients who are not achieving the nationally recognised blood pressure target should be referred to the correct healthcare professional for review and treatment [218].

People who have hypertension and who are at risk of familial hypercholesterolaemia should be identified so that they can commence treatment and/or be referred for specialist care for FH as their risk of coronary heart disease will be high [196].

References