

Hypertension in Indian Scenario

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Hypertension is an important global health challenge because of its high prevalence and resulting Cardiovascular Disease (CVD) and chronic kidney disease. It is the leading preventable risk factor for premature death and disability worldwide. Globally 1.13 billion people had hypertension in 2015, majorly seen among low and middle income group countries. Number of people affected by increased blood pressure has almost doubled in past 40 years. Blood pressure is estimated to cause 7.5 million deaths globally, almost 13% of all causes of deaths [1].

Hypertension exerts a substantial public health burden on cardiovascular health status and healthcare systems in India with overall prevalence of 29.8%. About 33% urban and 25% rural Indians are hypertensive. In an analysis of worldwide data for the global burden of hypertension, 22.9 Indian men and 23.6 women are projected to be hypertensive [2]. Despite this analysis, hypertension management still poses to be a major challenge in the Indian context due to various factors like lack of awareness of the disease amongst the population, suboptimal blood pressure control despite medication or non compliance to the medication, which have together pooled up resulting in a major devastating effect in the form of damage to the chief organs like heart, brain, blood vessel and kidney which is termed as target organ damage.

It is reported that for each increment of 20/10 mmHg of Systolic BP (SBP), starting as low as 115/75 mmHg, the risk of CVD doubles. Hypertension is directly responsible for 57% of all stroke deaths and 24% of all Coronary Heart Disease (CHD) deaths in India. Every 10 mmHg elevation in SBP increases the haemorrhagic stroke by 74% and ischaemic stroke by 43%. For every 19 mmHg elevation in SBP, there is an increased risk of renal damage by

>80% [3]. So, the cornerstone for a successful and an optimal anti hypertensive management lies in the fact of careful monitoring of these BP values by the physician. The current ACC/AHA guidelines 2017 have redefined hypertension (that was previously defined by JNC-8 guidelines as a BP >140/90 mmHg) as a BP value >130/80 mmHg and further have recommended that for a successful anti hypertensive therapy, the achievable target BP should be <130/80 mmHg in hypertensive patients and <130-140/80-90 mmHg in hypertensive patients with comorbidities [4].

The guidelines envisage on the need for a holistic approach in optimal blood pressure control and prevention or delay of the target organ damage, but in the current real world scenario, the approach or the path still appears to be diversified. Hence, unification of the various paths is the need of the hour which paves way for the requirement of developing analytical tools to assess the wholesome risk of hypertension and its end fall out in the form of target organ damage, comprehensive physician education programs and optimising the practice standards to reduce the burden of hypertension and associated target organ complications.

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