The disgrace of Ireland's blood pressure statistics

Prof Eoin O’Brien examines the state of the nation’s blood pressure as revealed by the SLÁN survey and concludes that unless we take immediate action, the prospects for Ireland's cardiovascular health look pretty bleak.

**Hypertension**

The inevitable consequence of increased longevity and the accompanying rise in heart disease is the burden of heart attacks and other cardiovascular events. Projections indicate that the Irish population aged 65 years or older will grow by around 103,771 persons in the period 1996-2021, to represent in total about 14 per cent of the general population. Nearly 9 per cent of persons in this group will be over 80 years.

Put another way, in 1976 an Irish male infant was expected to live to the age of 57 years, with Irish female infants faring slightly better by surviving to 58 years. Contrast this with similar estimates in 1996, when Irish men at birth can expect to live until 73 years and Irish women until 78 years.

In Ireland, as in other western societies, hypertension affects 30 per cent of the adult population. It rises with age, with 35 per cent of the population aged 50 and 70 per cent of the population aged 80 having hypertension. With increasing longevity worldwide, estimates for high BP will approach one billion people, approximately 12.8 per cent of the world’s population in 2000, 4.4 per cent of all disability life years lost were due to poor BP control.

### Malignancy

**Worldwide in 2000, 4.4 per cent of all disability life years lost were due to poor BP control**

### Effective control of hypertension

Most strokes are preventable and though the causes of stroke (and heart attack) are multifactorial, ranging from an individual’s genetic make-up to lifestyle and environmental factors, if one examines the greatest benefit accruing to Irish society by the reversal of a single risk factor, it would have to be the effective control of hypertension.

Based on the evidence available, it can be safely stated that if patients with hypertension in Ireland had their blood pressure reduced to optimal levels, stroke could be reduced by at least 50 per cent and probably appreciably more, and incidence rates of heart attacks and other cardiovascular manifestations of hypertension would also be reduced.

The caveat to this assumption is that BP must be reduced to optimal levels; merely prescribing antihypertensive drugs will not suffice.

**BP control in the rest of Europe**

Despite knowing for at least two decades the importance of BP control in preventing stroke, and despite having more than enough drugs available to effectively treat hypertension, the ‘rule of halves’ is operative in most European countries: only half the people with hypertension are aware that their BP is raised; of those identified as having high BP, only half are on BP lowering drugs; and of those receiving treatment, only half are well controlled.

Until the publication of SLÁN 2007, we in Ireland basked in the misguided belief that we were at least as good as the rest of Europe, in other words the ‘rule of halves’ could be applied to the Irish population. Unhappily, the situation is far worse!

**BP in Ireland**

In the SLÁN 2007 survey, 60 per cent of respondents had high BP, of whom 37 per cent were not on medication and of those on medication, 70 per cent were not controlled to levels below 140/90 mmHg. In addition, 62 per cent had cholesterol levels of 5.0 mmol/L or higher, and were not receiving treatment and 48 per cent had both hypercholesterolaemia and hypertension.

We refer to the fact that conventional blood pressure measurement is inaccurate and misleading and that the level of 140/90 mmHg is now regarded as a liberal figure (120/80 mmHg being considered optimal), the real state of affairs is likely to be even worse.

**References on request.**

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