Hypertension

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Where are our policymakers?

Richard Horton, editor of The Lancet, and a mass of 508 scientists form 92 institutions and 40 countries are being congratulated on publishing ‘The Global Burden of Disease Study 2010’ in a recent edition of the journal. Described by the editor as ‘an extraordinary collaboration’ he goes on to ask ‘do our collective responsibility to turn it into an extraordinary opportunity’.

The Lancet, which contains 16 articles and runs to 270 pages, covers all aspects of the diseases affecting mankind. For example, the importance of risk factors and clusters of risk factors are compared globally for both sexes in 20 age groups in all continents in 21 regions of the world, over the past two decades.

High blood pressure - biggest global risk factor of all

Doctors and researchers will honed in, of course, on the disease or risk that impinges on their area of experience or interest, which is what we are doing in examining hypertension in a global context.

However, we do so with some justification in that all the diseases and risks that have been studied in GBD 2010, the biggest global risk factor for disease is high blood pressure (BP), whereas in East Asia, and central Europe was high body-mass index (BMI), whereas in 1990 the main risk factor of all diseases was childhood underweight. [see figure]

The predominance of non-communicable diseases in 2010 highlights the global epidemiological transition that has occurred since 1990. In that year, the leading risks were childhood underweight, childhood air pollution from solid fuels, and tobacco smoking including second-hand smoke, high BMI, and suboptimal breastfeeding.

With the exception of house hold air pollution, which is an important contributor to childhood lower respiratory tract infections, the five leading risk factors in 2010 (high BP, tobacco smoking including second-hand smoke, alcohol use, household air pollution, and diets low in fruits) are mainly causes of adult chronic diseases, especially cardiovascular and cancers.

Age and global peak

High BP; tobacco smoking including second-hand smoke, alcohol use, and diets low in fruits were all in the top five risk factors for adults aged 50-69 years and adults older than 70 years, in both 1990 and 2010. Globally, high BP accounted for more than 20 per cent of all health losses in adults aged 70 years and older in 2010, and around 15 per cent in those aged 50-69 years.

Figure 2: Disability-adjusted life years (DALYs) for the 25 leading risk factors. (For figure legend see page 12).

Irish was the first European country to show that ABPM could be used effectively in primary care to achieve better BP control in patients with hypertension


Professor Eoin O’Brien and Dr Eamon Dolan from the Conway Institute, University College Cork, have shown that ABPM could be used effectively in primary care to achieve better BP control in patients with hypertension.

The study, published in the 1st January issue of The Lancet, addressed the question of how best to treat patients with hypertension. The study demonstrated that patients with hypertension can be optimally treated in primary care, with only 1 in 5 patients requiring hospitalisation.

The study conducted by the Conway Institute team showed that patients with hypertension who were treated in primary care achieved similar results to those treated in hospital, with only a small proportion of patients requiring hospitalisation.

The results of the study were published in the January issue of The Lancet, a leading medical journal. The study was funded by the Health Research Board and the Department of Health.

The study was carried out in conjunction with general practitioners and specialist clinics in the Cork area.

The findings of the study have important implications for the management of hypertension in primary care, and suggest that ABPM could be a useful tool for identifying patients who require hospitalisation.

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