

HYPERTENSION IN CANADA

HIGH BLOOD PRESSURE (HYPERTENSION) IS THE LEADING RISK FOR DEATH AND DISABILITY WORLDWIDE

- Globally, hypertension causes an estimated 19% of deaths (9.4 million annually) and 7% of disability (1).
- Hypertension is responsible for up to 50% of deaths due to heart disease and stroke and is a leading cause of kidney disease and kidney failure (1-3).
- An estimated 40% of adults over the age of 25 have hypertension (3).
- Decreasing population systolic blood pressure by 5 mm Hg could reduce stroke deaths by 14%, coronary heart disease by 9% and premature death by 7% (3,4).
- Reducing uncontrolled blood pressure 25% by 2025 is a global health target agreed to at the World Health Assembly. (3)

AN ESTIMATED 7.5 MILLION CANADIANS HAVE HYPERTENSION

- High blood pressure is among the top risk factors for death, disability adjusted life years (DALYs) and years of life lost (YLL) in Canada (1).
- The prevalence of hypertension in adults is 22.6%. An additional 20% have prehypertension (5,6).
- Hypertension prevalence increases with age from less than 10% among adults 20 - 44 years old to more than 70% among adults over 80 years old (7).
- Over 90% of Canadians are estimated to develop hypertension if they live an average life span (8).

CERTAIN DEMOGRAPHIC GROUPS ARE AT HIGHER RISK FOR HYPERTENSION

- Canadians who are Aboriginal, of South Asian and black ethnicity, and individuals with low socio-economic status are at greater risk for developing hypertension (9).
- People living in the territories are less likely to be treated when they are diagnosed.
- Older women are less likely to achieve blood pressure control (10).
- Young males with hypertension are less likely to be aware and therefore less likely to have their hypertension treated and controlled (10).
- Most with hypertension, have other treatable health risks that are not optimally controlled.

HYPERTENSION CREATES HIGH ECONOMIC COSTS FOR INDIVIDUALS AND SOCIETY

- Hypertension accounts for over 20 million physician visits annually (11).
- In 2014, there were over 85,000,000 antihypertensive drug prescriptions at a cost of \$2 billion (6).
- Overall, hypertension cost over 13 billion dollars in 2010 and the costs estimated to increase to 20 billion dollars annually by 2020 (12).

REDUCING MODIFIABLE RISK FACTORS CAN HELP PREVENT AND CONTROL HYPERTENSION FOR MOST INDIVIDUALS

- Hypertension is associated with an unhealthy diet, particularly high dietary sodium. High sodium intake causes an estimated 32% of all hypertension (Table 1).
- Current national guidelines recommend consuming no more than 2300mg of sodium per day (13).
- Other modifiable risk factors include excess body fat, low dietary potassium (low fruit and vegetable intake), physical inactivity and high alcohol intake (Table 1).

TABLE 1: LIFESTYLE CAUSES OF INCREASED BLOOD PRESSURE

LIFESTYLE FACTOR	ATTRIBUTABLE RISK FOR HYPERTENSION, %
High dietary sodium intake	32
Obesity	32
Low dietary potassium intake	17
Low physical activity	17
High alcohol intake	3

Source: National Academy of Sciences, 2011

SOME GOOD NEWS

- Canada has the world's highest reported national rates of hypertension awareness, treatment and control. (5,6)

PUBLIC POLICIES ARE RECOMMENDED FOR THE PREVENTION AND CONTROL OF HYPERTENSION IN CANADA

- Sodium reduction interventions at a population level have been shown repeatedly to be cost saving, effective and efficient for early cardiovascular disease prevention (14).
- Blood pressure education and screening are cost-effective for identifying adults at increased risk for cardiovascular disease due to high blood pressure (15).

About this Publication: This fact sheet is a product of the HSFC/CIHR Chair in Hypertension Prevention and Control and Hypertension Canada and is intended for information and policy guidance purposes. For more information and to download visit: www.hypertensiontalk.com and www.hypertension.ca

HYPERTENSION PREVENTION AND CONTROL OPPORTUNITIES FOR CANADA

Federal, Provincial and Territorial Governments

- Collaborate to operationalize the *Pan Canadian Framework on the Prevention and Control of Hypertension* (Box 1).
- Fund, prioritize and implement population based policies that target hypertension risk factors (diet, tobacco, alcohol, physical activity). Recommended strategies include sodium reduction, restricting food and beverage marketing directed at children, healthy food procurement in public and private settings, reducing financial conflicts of interest with food processing companies, front-of-package nutrition labeling, enhancing research and monitoring of the food supply, and taxation and subsidy schemes (16, 17).
- Strengthen hypertension surveillance and monitoring to include vulnerable populations.
- Fund implementation of the Hypertension Canada Guidelines for the screening, diagnosis, treatment and management of cardiovascular diseases that includes hypertension.
- Fund implementation of evidence-based community and workplace hypertension awareness, screening and management programs.

Health and Scientific Organizations

- Integrate elements of the Pan Canadian Hypertension Framework into organizational policies and programs in ways that support healthy eating environments.
- Urge federal government adoption of population based strategies that address hypertension risk factors.

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Box 1: PAN-CANADIAN HYPERTENSION FRAMEWORK

A STRATEGIC APPROACH TO
SAVE LIVES, IMPROVE QUALITY
OF LIFE AND REDUCE HEALTH
CARE COSTS

UPDATED 2015

<http://www.hypertensiontalk.com/canadian-hypertension-framework/>

Vision:

The people of Canada have the healthiest blood pressure distribution, lowest prevalence of hypertension and the highest rates of awareness, treatment and control in the world.

Pan Canadian Framework on the
Prevention and Control of
Hypertension: a discussion paper
on the way forward

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