

# Effective Diagnosis, Treatment, and Monitoring of Hypertension in Primary Care: Training Workshop

## Session

# 1

## Burden of Cardiovascular Disease and Hypertension around the Globe and in [COUNTRY]

Content should be adapted with country-specific information prior to use.

**Red text** denotes places where modification may be required. Guidance on how to adapt the training is provided in the Course Overview.

# Competency and objectives

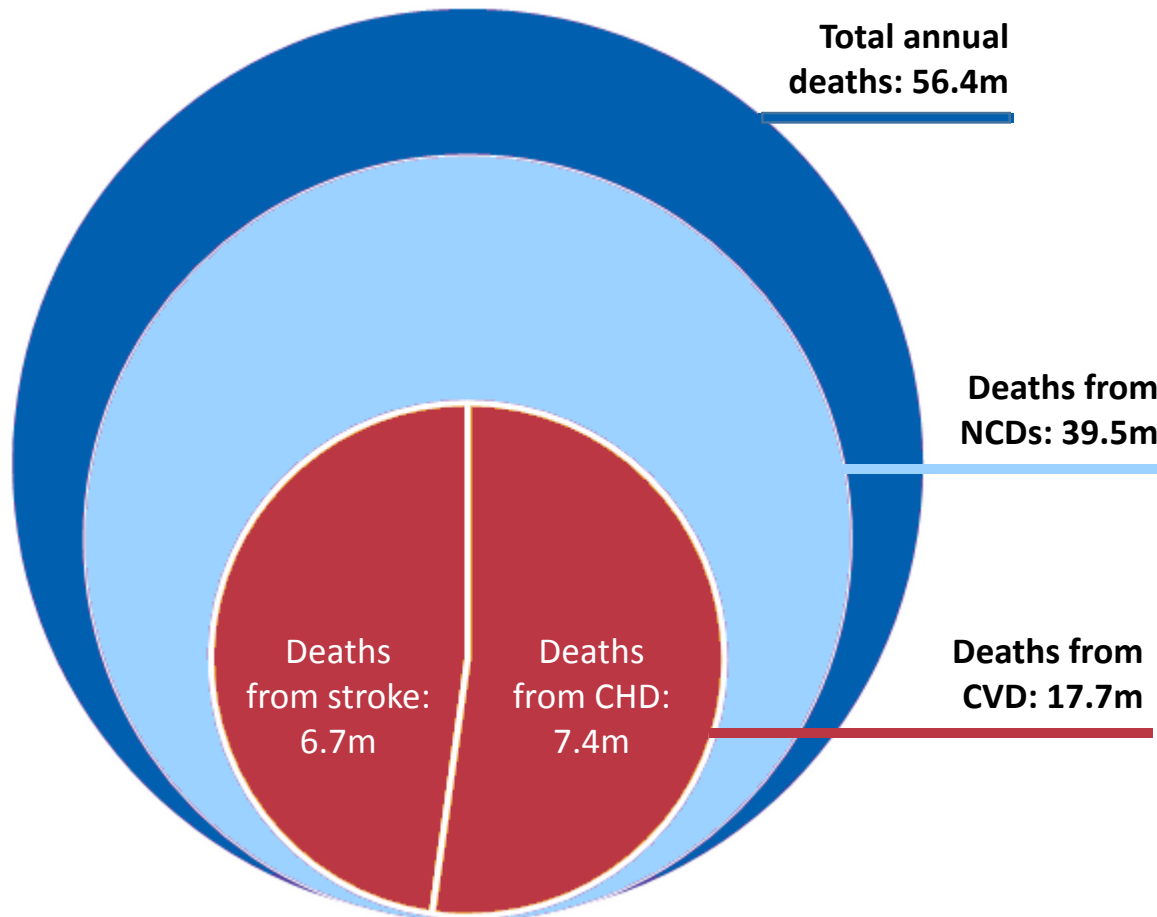
## Competency

*Ability to convey to patients, health care workers, and leaders the importance of improved treatment of hypertension.*

## In this session, you will gain knowledge on:

- The burden of cardiovascular disease and hypertension — globally and in [COUNTRY]
- Reasons to focus on hypertension
- Essential components of a scalable hypertension programme

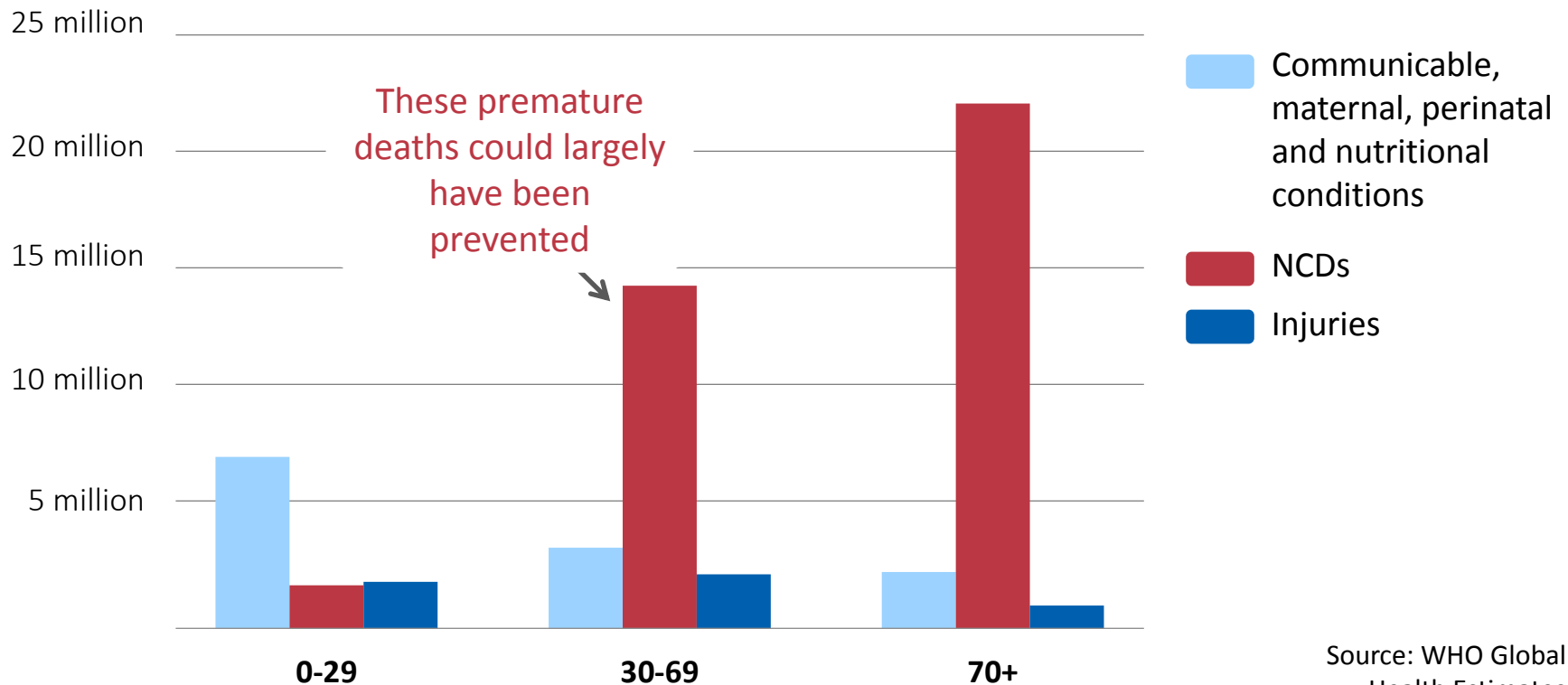
# The global cardiovascular disease crisis



Heart disease and stroke kill, and will continue to kill, the most people worldwide.

# Cardiovascular disease not only kills the elderly

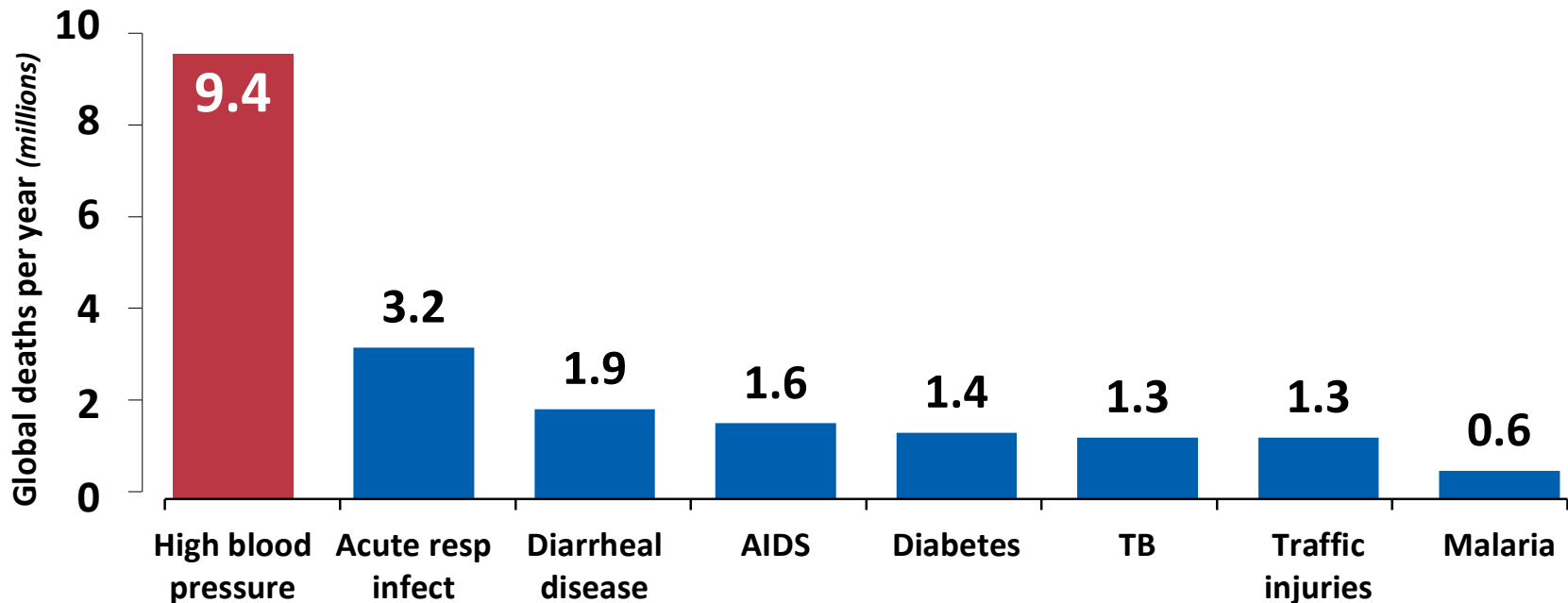
**2015: 15 million people died from NCDs between the ages of 30 and 69**



Source: WHO Global Health Estimates

# High blood pressure: The world's leading killer

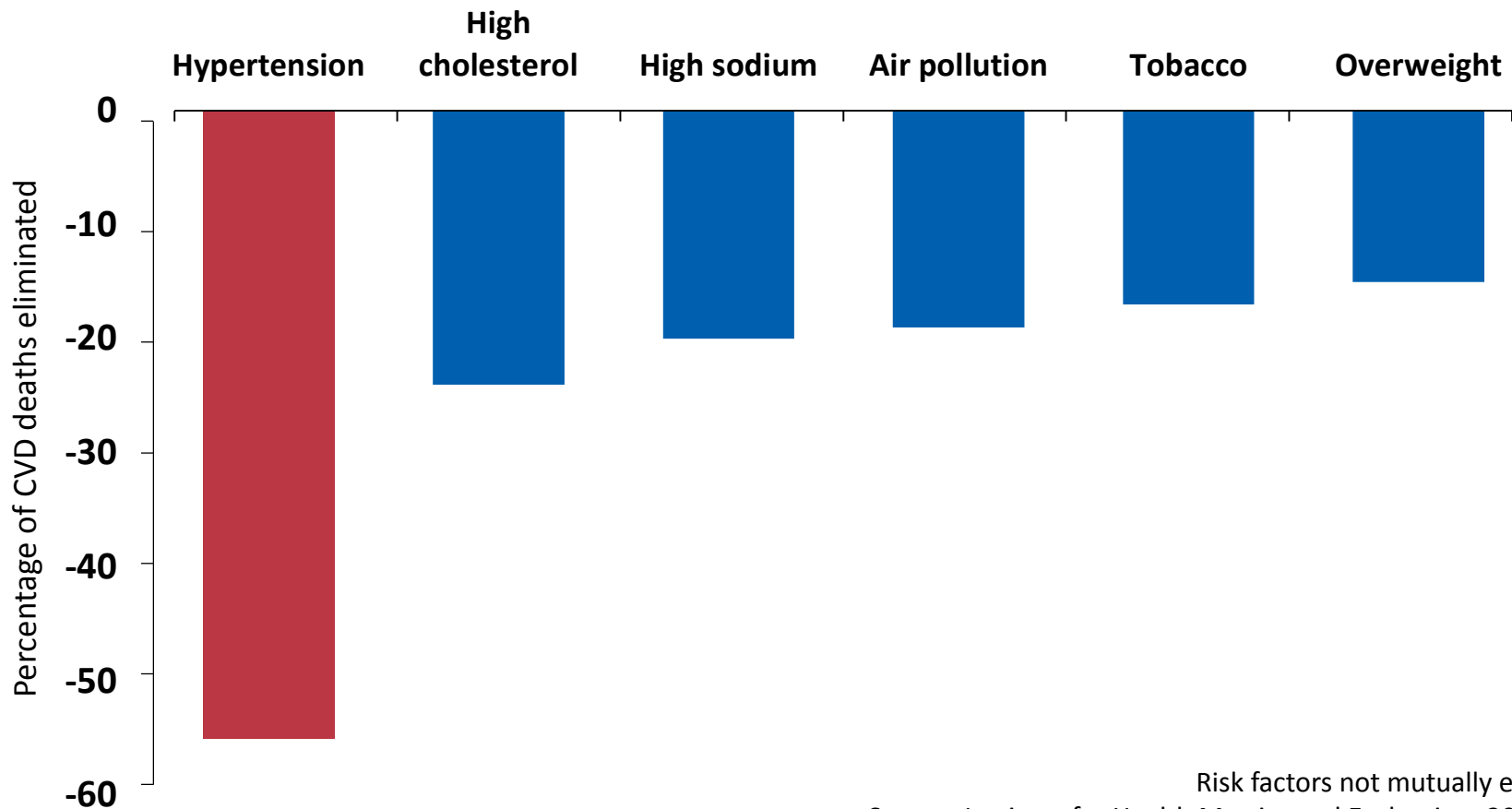
High blood pressure kills nearly as many people worldwide each year as all infectious diseases combined.



Source: World Health Organization, 2010

# Hypertension control key to reducing CVD deaths

The percentage by which deaths from cardiovascular diseases (CVDs) could be reduced if specific risk factors were brought under control:



Risk factors not mutually exclusive.

Source: Institute for Health Metrics and Evaluation, 2015 data.

# Burden of HTN in [COUNTRY]

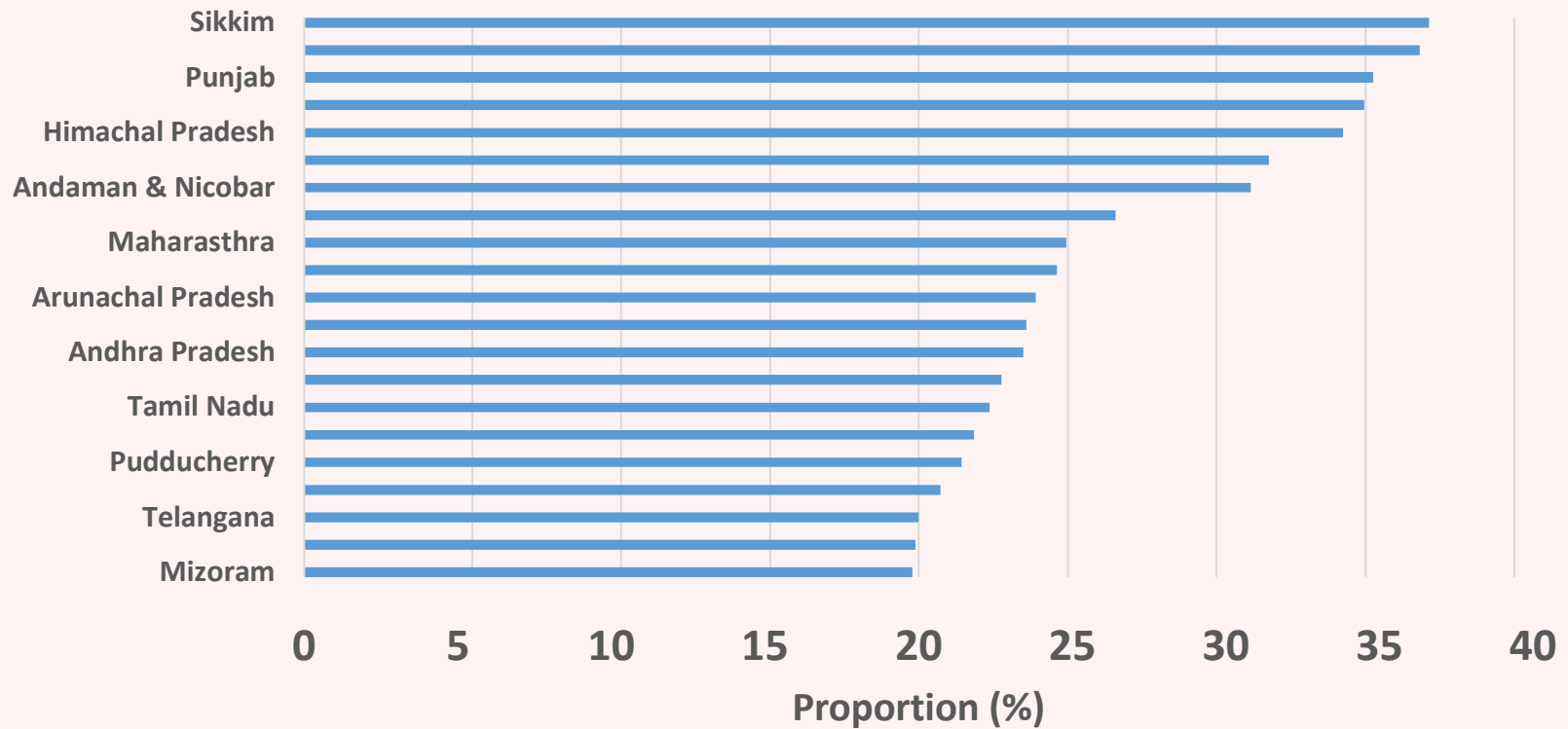
Slides 8-11: Examples from India. Replace with slides from your country.

# Burden of HTN in India

- Nearly 1/3 of Indian patients had raised blood pressure
  - Urban higher than rural
- Of these, 25% rural and 42% of urban Indians are aware of their HTN status.
- Only 25% rural and 38% of urban Indians are being treated for their HTN.
- Only one-tenth of rural and one-fifth of urban population with HTN have their BP under control.



# Prevalence of HTN in various Indian states



Source: DLHS- 4 survey 2012-13

# Current scenario of HTN in India

**Tamil Nadu:** 50% population screened in 4 districts studied; at least 50% of patients registered had blood pressure controlled but:

- <30% were aware at the population level
- <20% were on treatment
- <15% of those with hypertension had blood pressure under control

**Delhi:** Two cross-sectional surveys in urban and rural areas showed

- **Overall there was no improvement** in awareness, treatment or control rates of hypertension in the population from 1991-1994 to 2010-2012. But the prevalence of HTN had rapidly increased.

# National action plan with respect to CVDs

- National action plan includes specific targets to be achieved by 2025:
  - 25% relative reduction in overall mortality from CVD
  - 30% relative reduction in mean population intake of salt/sodium
  - 25% relative reduction in prevalence of raised blood pressure
- Focus on achievement of these goals within the existing healthcare system
- Recently, the Government of India has started universal screening of HTN and DM as a component of comprehensive primary healthcare

# Hypertension – A silent killer

Hypertension can cause:

## Brain

- Stroke
- Dementia

## Arteries

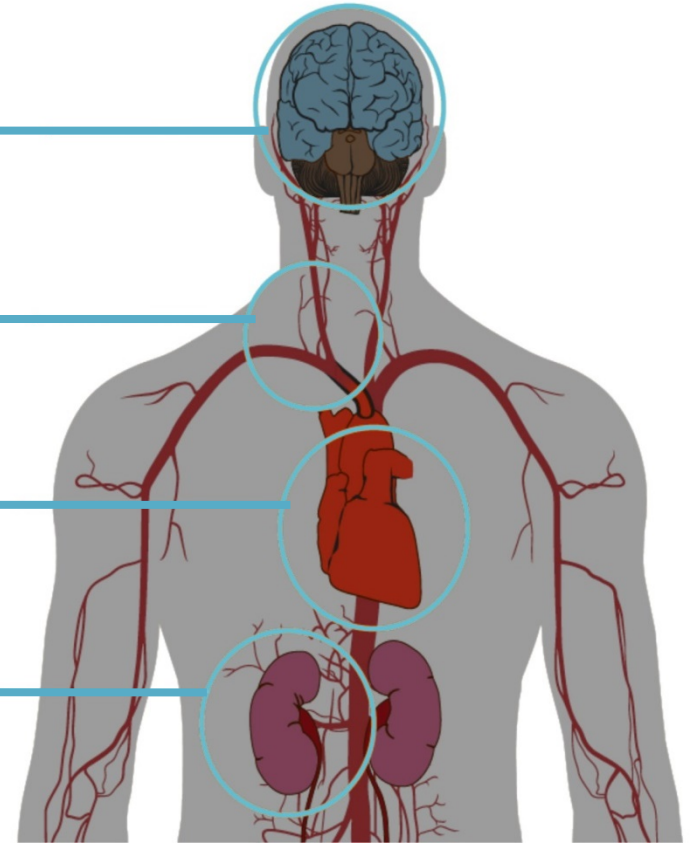
- Artery damage and narrowing
- Aneurysm
- Leg amputation

## Heart

- Coronary artery disease
- Heart attack
- Congestive heart failure

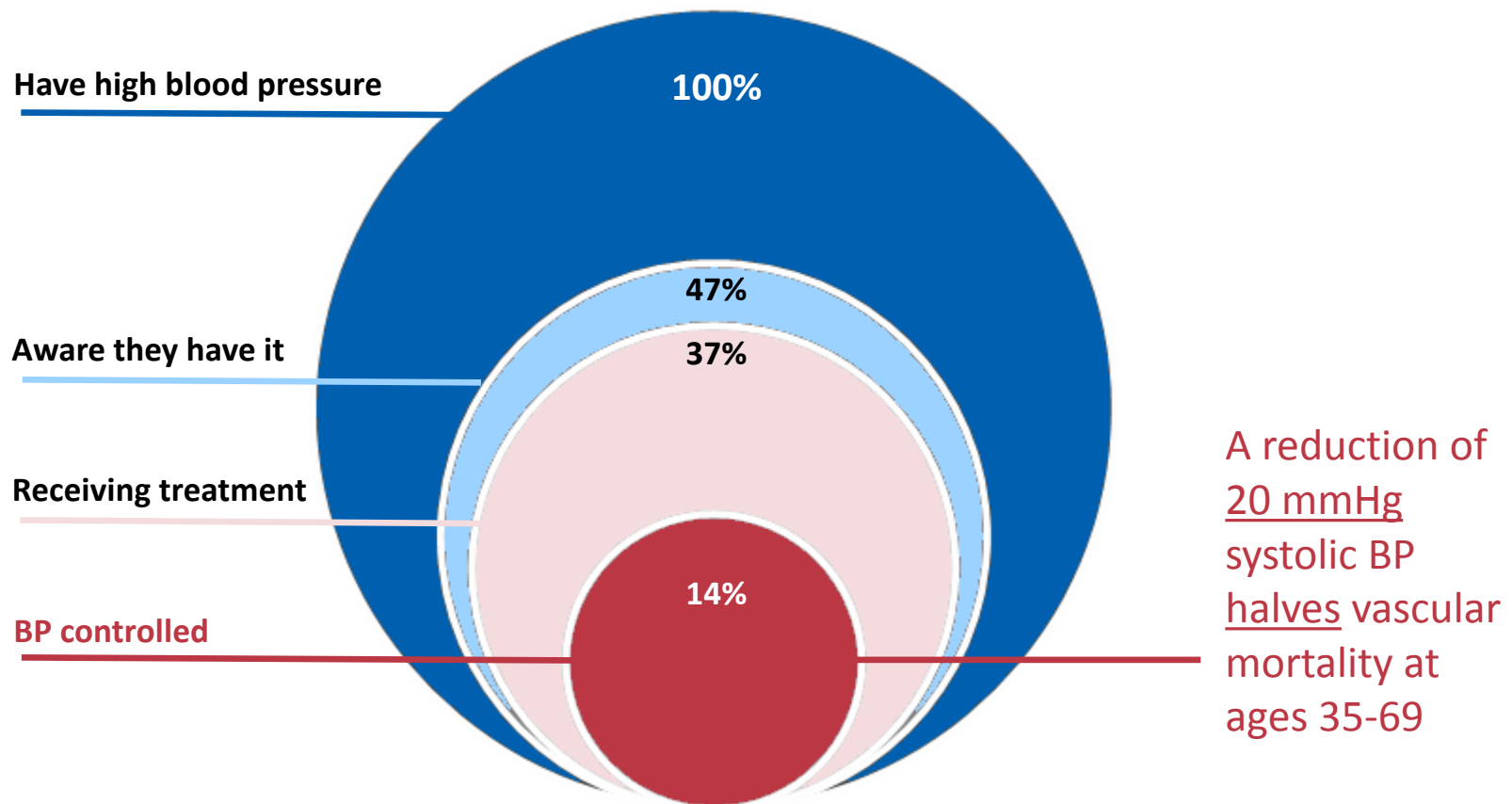
## Kidneys

- Kidney failure
- Kidney artery aneurysm



# Hypertension control

Most people with hypertension do not have it under control.



# Why focus on hypertension treatment?

- It is affordable
- It is simple
- It is essential

**Treatment of hypertension in primary care can save more lives than any other primary care treatment programme.**

# EXERCISE 1



## Exam Room Role Play

***Person 1** plays the role of a patient newly diagnosed with hypertension but with no symptoms.*

***Person 2** plays the role of the health care provider explaining why treatment is necessary.*

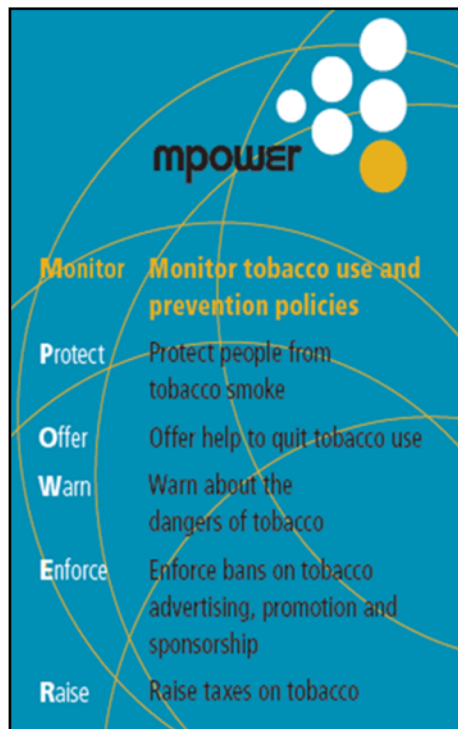
*In pairs, take turns so that each person plays each role.*

# Essential treatment components

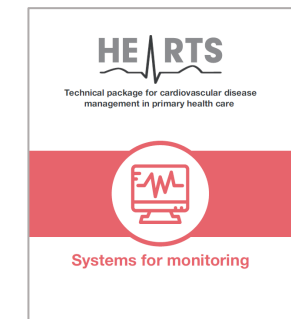
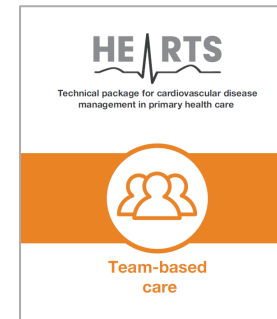
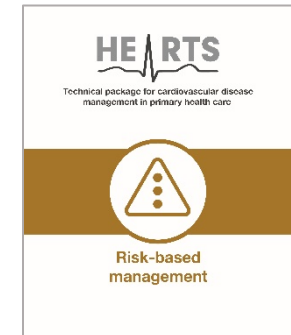
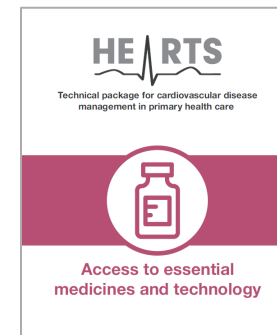
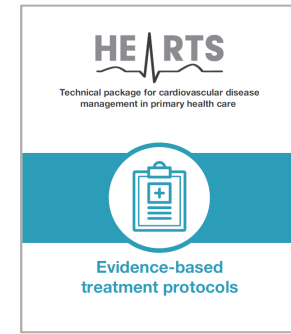
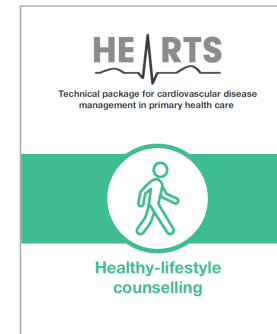
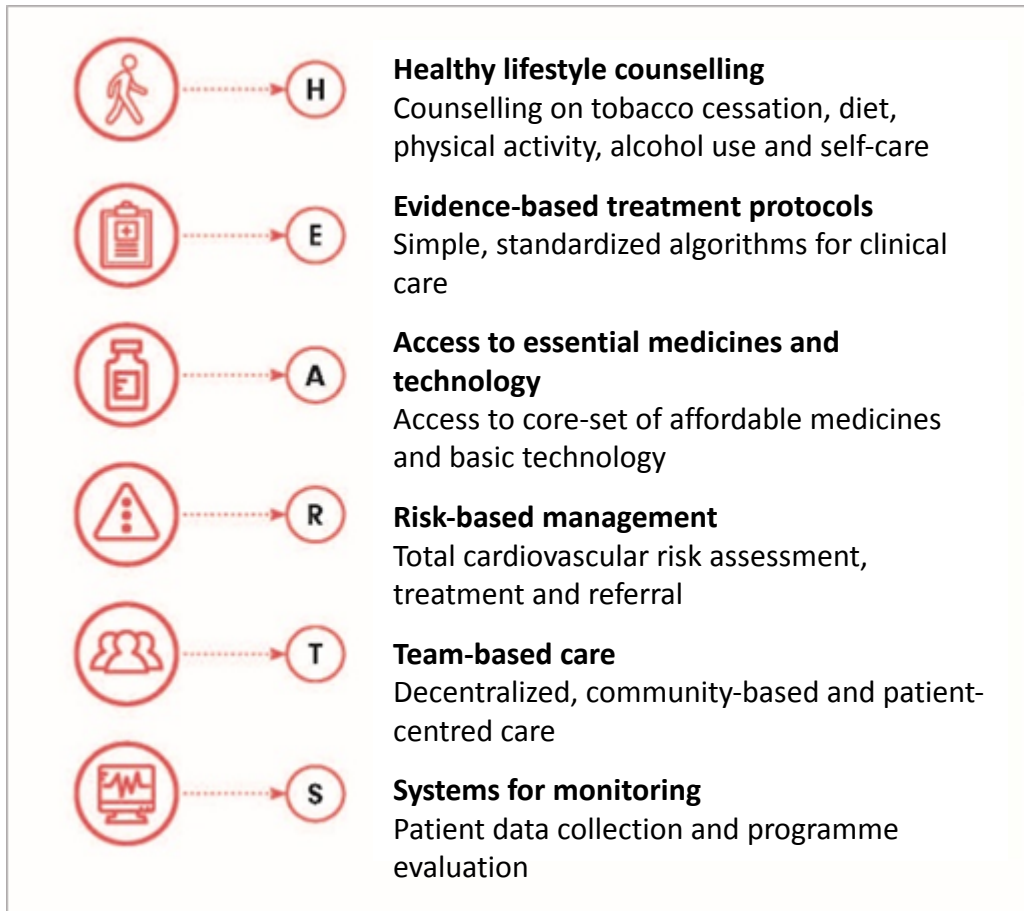
1. Simple, detailed **protocols**
2. Administrative and operational procedures in place to enable **task sharing**
3. Regular and uninterrupted supply of **medications**
4. **Patient-centered services** that reduce the barriers to adherence, including:
  - Cost reduction
  - Convenient medical visits and medication refills
  - Once-daily treatment regimens
  - Fewer tablets, including through combination medications
  - Improving access to blood pressure monitoring
  - Public education
5. An information system that allows **real-time feedback** on adherence and blood pressure control among individual patients and different treatment systems to facilitate continuous programme improvement



# Technical packages under Global Hearts Initiative



# Hearts Technical Package



# Integrating HEARTS into Primary Care

