Management of Hypertension: An Overview of Practice Trends in India

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Content

Hypertension or high blood pressure is one of the most important modifiable risk factors for cardiovascular disease. It is an important public health problem in India, with rapidly increasing prevalence among urban and rural populations.¹ Hypertension is estimated to account for about 10.8% of all deaths and 4.6% of all disability-adjusted-life-years (DALYs) in India. In global context also, hypertension is estimated to be responsible for 9.4 million deaths.¹ It is well-established and widely-acknowledged that improved screening and management of hypertension can significantly prevent premature deaths and cardiovascular morbidity. Although the management of hypertension has evolved over the past decade, its detection, awareness and control remain poor in routine practice. Hence, there is a need for an improved system of healthcare guidelines and recommendations to identify and treat hypertension. Several guidelines have been published in recent years, which have refocussed international attention on hypertension.² ³ In addition to this, there is a view that the knowledge about the clinical management pattern in hypertensive patients by peers may be valuable for other health-practitioners to effectively control hypertension in the community.

In the present issue of JAPI, two key articles bear significant clinical implications on the management of hypertensive patients in Indian context.⁶ ⁷ The article entitled ‘Hypertensive management and antihypertensive withdrawal – a perspective’ by Mangrulkar et al⁶ describes interesting findings from a survey of health-care professionals who are frequently associated with the management of hypertension. Through a well-defined questionnaire, the authors have interviewed 80 doctors from Pune, India to understand the general practicing trends of hypertension management among family physicians, physicians, and cardiologists. The study described observations with regard to (a) the levels of blood pressure threshold, (b) symptoms of hypertension, (c) follow-up duration after first detection, (e) necessity of additional investigations, (f) treatment initiation, (g) choice of antihypertensive drug, (h) dose-titration, (i) record-keeping of patients’ data, (j) home blood pressure monitoring, (k) influence of the treatment-cost on management decisions, (l) management of patients with unexpectedly very high blood pressure levels, (m) usage of sublingual nifedipine, (n) modes of knowledge update, and (o) when and how to withdraw antihypertensive drugs. The management trends identified in this study can serve as a valuable guide for certain clinical dilemmas while managing hypertensive patients. Apart from this, Mangrulkar et al have strongly recommended the possibility of drug-free life in patients who tend to show normal blood pressure levels for a prolonged time.⁶

There have been numerous epidemiological studies estimating the trends of prevalence, awareness, treatment, and control of hypertension in various countries,⁸ ¹⁰ however, such studies in Indian context are rare. Earlier Deshpande et al estimated the awareness and approach towards hypertension management among general practitioners of western Vadodara, India.¹¹ They observed that majority of general practitioners were well aware and updated about the initial lab investigations, non-pharmacological measures and complications of hypertension. However, an effective approach towards history taking and management of prehypertension and systolic and diastolic hypertension was lacking.¹¹ One common finding of Deshpande et al and Mangrulkar et al was that thiazide diuretics, which are considered to be an integral part of antihypertensive regimen, were underutilized.⁶ ¹¹

In other view, heart rate is considered as an important clinical factor that is widely used in determining the overall cardiovascular health of an individual.¹² Various epidemiological data have demonstrated that increasing resting heart rate has a significant association with higher cardiovascular morbidity and mortality in patients with coronary
artery disease and heart failure.\textsuperscript{12,13} However, in hypertensive patients free from overt cardiac disease, the scientific data are scarce. In this context, the present issue of JAPI publishes an article entitled ‘BEAT survey: a cross-sectional study of resting heart rate in young (18-55 years) hypertensive patients’. It is a multi-centre, observational survey by Rao et al\textsuperscript{7} that involved representative of Indian population and large sample size. Rao et al found that majority of Indian hypertensive young patients had elevated resting heart rate. Further, resting heart rate exhibited a significant correlation with blood pressure, had correlation of lesser extent to BMI, and had no correlation with age. Based on the findings, Rao et al suggested to consider managing elevated heart rate, in addition of blood pressure, in hypertensive patients as chronically elevated heart rate may have implications on cardiovascular morbidity and mortality.\textsuperscript{7} Earlier Saxena et al emphasized the need of guidelines on de-escalation of antihypertensive medications, Rao et al\textsuperscript{7} opined the potential need of setting a target heart rate levels in patients with essential hypertension. In my humble opinion, these two studies may serve as a foundation for future studies to identify targets and approaches to improve hypertension management.

References