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Blood Pressure Control and Its Associated Factors among Older Persons with Hypertension in Primary Care Clinics

AT Cheong¹, SG Sazlina¹, SF Tong², A Zaiton¹, S Salmiah³, AS Azah⁴ ¹Department of Family Medicine, Universiti Putra Malaysia, ² Department of Family Medicine, Universiti Kebangsaan Malaysia, ³Klinik Kesihatan Batu 9, Selangor ⁴Klinik Kesihatan Pantai, Wilayah Persekutuan

- Hypertension is an important public health challenge worldwide and locally.
- It is one of the most important risk factors for cardiovascular diseases such as stroke, coronary heart disease and heart failure.
- It is a major health care burden in primary care clinic. Good blood pressure control is important to delay the associated complications.

- 2. J Lindhorst et al. Cardiovascular Journal of Africa. 2007;18(4), 241-7.
- 3. K Wachtell et al. Ther Adv Cardiovasc Dis . 2008;2(6), 507-13.

^{1.} A Verma et al. Med Clin North Am, 2009; 93 (3), 647–64.

• Prevalence of hypertension:

World:2000 (26.4%) \longrightarrow 2025 (29.2%)¹ United States: NHANES 2003-2004 (29.3%)² Malaysia: NHMS III 2006 (32.2%)³

- 1. PM Kearney et al. Lancet 2005; 365: 217-23.
- 2. Ong KL et al. Hypertension 2007;49(1):69-75.
- 3. The National Health and Morbidity Survey (NHMS III) 2006

• Hypertension is highly prevalent in the older persons.

Europe and USA $(53-72\%)^1$ Singapore $(73.9\%)^2$ Malaysia $(74.0\%)^3$

1. Fotoula Babatsikou et al. Health Science Journal, 2010

- 2. Malhotra R et al. Hypertens Res 2010.
- 3. Ho BK et al. The National Health and Morbidity Survey (NHMS III) 2006

- On an average the target blood pressure control is achieved only in one third of hypertensive patients.
- NHMS III¹
 - Overall, only 8.2% under control
 - 26.3% for those under treatment
- NHANES²
 - 36.8% control in 2003-2004

- 1. The National Health and Morbidity Survey (NHMS III) 2006
- 2. Ong KL et al. Hypertension 2007;49(1):69-75.

Objective

 To determine the BP control and its associated factors among older persons with hypertension.

Methods

- This was a cross sectional study in six primary health care clinics in Wilayah Persekutuan, Malaysia.
- Sampling:
 - systematic random sampling of hypertensive patients attending the selected clinics over 3 months in 2010.
- Sampling frame:
 - All hypertensive patients on pharmacotherapy for ≥ 1 year, age 18 years old and above.

Methods

- Blood pressure determination:
 - the average of two blood pressure readings measured twice with an interval of 5 minutes apart.
- Data on treatment profiles:
 - retrieved from the medical records.
- Definition of BP control:
 - <130/80 mmHg for diabetic patients and
 - <140/90mmHg for non-diabetic patients.
- Ethical approval:
 - Medical Ethical Committee, Ministry of Health
 - Ethical Committee ,Faculty of Medicine and Health Sciences, Universiti Putra Malaysia.

Results and discussions

- A total of 1,107 patients were selected via systematic random sampling. Data of 441 (39.8%) patients≥60 years old were used in this analysis.
- The mean age was 65.9 SD 5.1 years old (range 60-89).

Table 1. Distribution of sociodegmographic data

| Sociodemographic | Frequency(n=441) | Percentage(%) |
|---------------------|------------------|---------------|
| Age | | |
| 60-64 | 220 | (49.9) |
| 65-69 | 125 | 28.3 |
| 70-74 | 68 | 15.4 |
| 75-79 | 19 | 4.3 |
| ≥ 80 | 9 | 2.0 |
| Gender | | |
| Male | 225 | 51.0 |
| Female | 216 | 49.0 |
| Race | | |
| Malay | 165 | 37.4 |
| Chinese | 200 | 45.4 |
| Indian | 73 | 16.6 |
| Others | 3 | 0.7 |
| Education level | | |
| Tertiary | 34 | 7.7 |
| Secondary | 180 | 40.8 |
| Primary | 176 | 39.9 |
| No formal education | 51 | (11.6) |
| Staying alone | | |
| Yes | 51 | 11.6 |
| <u>No</u> | 390 | (88.4) |
| | | |

| Clinical parameters | Frequency(n=441) | Percentage(%) | |
|----------------------------|------------------|---------------|--|
| Smoking status | | | |
| Yes | 34 | 7.7 | |
| Νο | 405 | (91.8) | |
| Missing | 2 | 0.5 | |
| Presence of co-morbidity | | | |
| Yes | 386 | (87.5) | |
| No | 55 | 12.5 | |
| Duration of hypertension | | | |
| 1-5 vears | 147 | 33.3 | |
| 6-10 vears | 137 | 31.1 | |
| >10 years | 157 | 35.6 | |
| Number of antihypertensive | | | |
| agents | | | |
| 1 | 127 | 28.8 | |
| 2 | 206 | 46.7 | |
| - 3 | 97 | 22.0 | |
| ≥4 | 11 | 2.5 | |
| Total number of medication | | 2.0 | |
| taken | | | |
| <5 | 244 | 55.3 | |
| ≥5 | 197 | 44.7 | |

Table 2. Distribution of clinical parameters

Discussions

Blood pressure control

| Study setting | Control rate |
|--|-----------------|
| Public primary care clinics (Present study) | 43.3% |
| Elderly care home, North Malaysia ¹ | 34.0% |
| NHMS III, Malaysia ² | 22.6% |
| Community survey, Singapore ³ | 35.5% |

- 1. Ong HT et al. Med J Malaysia 2010.
- 2. Ho BK et al. The National Health and Morbidity Survey (NHMS III) 2006
- 3. Malhotra R et al. Hypertens Res 2010

Figure 1. Distribution of education level among patients with controlled and uncontrolled blood pressure



Figure 2. Distribution of co morbidities among patients with controlled and uncontrolled blood pressure



Figure 3. Total number of anti hypertensive agents prescribed in patients with controlled and uncontrolled blood pressure



Figure 4. Total number of medication prescribed in patients with controlled and uncontrolled blood pressure



Table 3. Table 4: Multivariate logistic regression from forward likelihood ratio stepwise method of risk factors towards poor blood pressure controlled of older persons with hypertension

| Factors | OR | 95%CI | p- value |
|--|-----|---------------------|-------------|
| Education level Less than secondary education Secondary or higher education | 1.5 | 1.018, 2.226 ref | 0.040 |
| Total number of medication prescribed <5 medications ≥5 medications | 2.3 | ref 1.529, 3.382 | <0.001 |

Conclusions

 Older hypertensive patients with lower education level and using 5 or more medications would require more attention on their BP control.

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