HYPERTENSION IN NORTHERN ANGOLA: CURRENT STATUS AND FUTURE CHALLENGES

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BACKGROUND

The majority of hypertensive individuals live in developing regions, with recent estimates pointing to 735 million suffering from this condition in Sub-Saharan Africa (SSA), and a projected number of 1.25 billion people affected by 2025. As it is known, accurate data is needed to guide future evidence-driven health policies. Located in southern Africa, Angola lacks national disease surveillance data on NCDSs, more specifically on those associated with CVDs. Despite having endured a 27-year conflict period that ended in 2002, Angola has been repeatedly ranked among the 3 fastest-growing economies in the World. In 2007 the CISA project (Centre for Health Research in Angola, translated) was established as a result of a partnership between the Angolan and Portuguese Governments and the Calouste Gulbenkian Foundation. CISA’s Demographic Surveillance System (DSS) monitors over 60 000 people, providing reliable demographic information and facilitating the implementation of epidemiological studies.

RESULTS

This community-based survey was conducted in Bengo Province, Northern Angola in CISA’s DSS study area, which includes three communes (Castro, Malabubas and Ucu) of the Dande municipality. Located 60 km north of Luanda, this area covers a population of 60 000 people, spread across 4 700 km². Following the WHO STEPS methodology, a representative sex- and age- (18-40 and 41-64 years) stratified random sample was drawn from the DSS adult population database— which comprises 29 614 uniquely identified individuals aged 18-64 years old. Fieldwork was conducted during a 12-week period, between October and December 2011, allowing for the recruitment of 1464 of the selected subjects. Information on sociodemographic characteristics and behavioral risk factors (i.e. tobacco and alcohol) was gathered using a questionnaire adapted from the WHO’s STEPS manual (version 2.1). The following measurements were taken using standardized and internationally validated instruments: blood pressure, weight, height, waist and hip circumferences. Blood pressure was measured using Omron M6 automatic sphygmomanometer (HEM-7211-E8 (V)).

Hypertension was defined as having a systolic blood pressure (SBP) of 140 mmHg and/or diastolic blood pressure (DBP) of 90 mmHg and/or reporting use of anti-hypertensive drug therapy in the previous two weeks. Pre-hypertension was defined as having SBP levels between 120 and 140 mmHg or DBP between 80 and 90 mmHg.

CONCLUSIONS

To our knowledge this is the first population-based survey to provide insightful data on hypertension prevalence and associated factors in Angola. One fourth of our DSS population is estimated to be hypertensive and almost half of the individuals presented SBP and DBP values compatible with pre-hypertension.

Roughly half of the adult population in the DSS study area had never had their blood pressure measured by a healthcare professional and only one-fourth of the hypertensive subjects were aware of their condition. Among hypertensive patients aware of their condition, less than 15% were under pharmacological treatment, from which only a third fulfilled criteria for control.

PERSPECTIVES

The impact of Angola’s recent fast economic growth on risk factors for CVD, in particular those associated with hypertension, needs to be considered. Data provided here call for the implementation of public health policies to promote primary prevention, accurate diagnosis and access to effective treatment options for hypertension in Angola.