# **RESEARCH ARTICLE**

# PREVALENCE OF HYPERTENSION AND ITS RISK FACTORS AMONG STAFF OF RAICHUR INSTITUTE OF MEDICAL SCIENCES, RAICHUR

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#### ABSTRACT

**Background:** Hypertension is a chronic condition of concern due to its role in the causation of coronary heart disease, stroke and other vascular complications. It is one of the important risk factors for cardio-vascular mortality, accounting for 20-30% of all deaths. Hypertension is an iceberg disease. To address this problem of hypertension, the theme for World Health Day, 2013 was "High Blood Pressure."

Aims & Objectives: To study the prevalence of hypertension and its risk factors among staff of Raichur Institute of Medical Sciences, Raichur.

**Materials and Methods:** On the WORLD Health Day 2013, a hypertension screening camp was organized. A total of 163 teaching and non-teaching staffs actively and voluntarily participated in the camp. Hypertension and its risk factors were assessed using predesigned questionnaire - which included socio-demographic details and their family, dietary and personal history. Height, weight and blood pressure of the study participants were recorded.

**Results:** Out of 163 participants, 101 (62%) were males and 62 (38%) were females. Majority, 79.1%, had mixed diet, 20.9% were vegetarians, and 18.4% of them added extra salt to the diet. Physical activity level was good among 27%, as they were exercising for  $\geq$  30minutes in a day. Prevalence of hypertension was 11.7%, and 9.2% of staff had blood pressure in pre-hypertension range. **Conclusion:** Prevalence of hypertension was 11.7%, among which 6.7% were newly detected and 5% were previously diagnosed to have hypertension. Regular screening and health education camp are essential to curtail the rising problem of hypertension.

Key Words: Hypertension; Prevalence; Risk Factors; Staff

#### Introduction

The world is in a stage of epidemiological transition non-communicable diseases are overtaking communicable diseases, which is also evident in the developing countries like India. Among the major noncommunicable diseases, cardiovascular diseases are recognized as major public health problems by WHO.<sup>[1]</sup> During the year 2010; 49.9 million patients of cardiovascular diseases were estimated in INDIA. An estimated 2.33 million patients died of cardiovascular diseases. Hypertension is a chronic condition of concern due to its role in the causation of coronary heart disease, stroke and other vascular complications. It is one of the important risk factors for cardio-vascular mortality accounting for 20-50% of all deaths.<sup>[2]</sup> Hypertension is an iceberg disease. To address this problem of hypertension, the theme for World Health Day 2013 was "High Blood Pressure".

Hypertension is one of the major causes of cardiovascular morbidity and mortality.<sup>[2]</sup> High blood pressure is estimated to cause 7.1 million deaths globally (13% of the total). The distribution and determinants of risk of hypertension in a population have major implications for strategies of prevention.<sup>[3]</sup> The objective

of present study is to determine the prevalence of hypertension and its risk factors among staff of Raichur Institute of Medical Sciences, Raichur.

## **Materials and Methods**

On the WORLD Health Day 2013, a hypertension screening camp was organized for the staff of Raichur Institute of Medical Sciences, Raichur. Through this camp, information was collected with the help of predesigned format, which enquired about informations regarding demographic, anthropometric and clinical variables and type of diet. Details of major cardiovascular risk factors such as smoking, alcohol intake, amount of physical activity, diabetes and hypertension were also inquired.

Physical examination included measurement of height, weight and blood pressure. Common weighing machine and measuring tape were used to record weight in kilograms and height in centimetres of all the study subjects. Blood pressure (BP) was measured using a standard mercury manometer in a seated position. Two readings at 5 minutes intervals as per World Health Organization guidelines were recorded. If a high BP ( $\geq$ 140/ 90mmHg) was noted, a third reading was taken

after 30 minutes. Lowest of the three readings was taken as blood pressure reading. Persons with known hypertension on treatment were included in hypertension category.<sup>[4]</sup> All types of tobacco users, present and past smokers, have been included in the smoker category. A person, engaged in 30 minutes of moderate grade physical activity at least three times/ week, was classified as physically active. Using the JNC VII Criteria, hypertension was diagnosed when a subject was a known hypertensive, or systolic BP was  $\geq$  140mm Hg and/or diastolic BP  $\geq$  90 mm Hg. Systolic BP between 120-139 mm Hg or diastolic BP between 80-89 mmHg was considered as prehypertension.<sup>[5]</sup> Body mass index (BMI) (weight in kg/ height in meters<sup>2</sup>) was calculated, and obesity was defined as BMI>30 kg/m<sup>2</sup>

A total of 163 teaching and non-teaching staffs participated in the camp. The data were pooled and computerized. SPSS v 17 was used for analysis. A p-value of  $\leq 0.05$  has been considered significant.

# Results

Overall prevalence of hypertension was 11.7%, and 9.2% had blood pressure in prehypertension range (Fig. 1). Out of 163 participants, 101 (62%) were males, 62 (38%) were females. Majority (79.1%) had mixed diet, 20.9% were vegetarians, and 18.4% of them added extra salt to the diet. Majority (73%) of study subjects were aged 25- 39 years, and 8.6% of them were 45years and above (Table 1).

Out of 163 participants, 32 (19.6%) consumed oily food daily, 27% consumed pickles every day. Fruits were consumed by 31.3% every day, and 4.3% of them ate junk food every day (Table 2). Physical activity level was good among 27% as they were exercising for  $\geq$ 30minutes in a day. Alcohol and tobacco intake was noted in 26.4% of study participants, and 20.2% reported having mild to moderate stress. Obesity was noted in 8.6% of staffs, and 30.7% were overweight. (Table 3).

Table 4 displays that as the age increased, prevalence of hypertension also increased - correlation was statistically significant (p=0.004). Hypertension was more among staff with stress (30.3%), compared to staff with no stress (6.9%). The association between stress and hypertension was statistically significant (p=0.001).

In our study, significant association was found between BMI and hypertension – with 64.3% of obese staff being hypertensive, compared to 5.6% of staff with normal BMI. Even though hypertension was common among staffs who were not physical active, the difference was not significant (Table 4).



Table-1: Distribution of study participants according to age, family and personal history

Cate	Ν	%	
	20-24	11	6.7
	25-29	43	26.4
A an (manua)	30-34	37	22.7
Age (years)	35-39	39	23.9
	40-44	19	11.7
	≥45	14	8.6
	Diabetes Mellitus	9	5.5
Equily history	Hypertension	20	12.3
raininy instory	Both	23	14.1
	Not significant	111	68.1
	Diabetes Mellitus	2	1.2
	Hypertension	8	4.9
Personal history	Nothing significant	151	92.6
	PIH	1	0.6
	Stroke	1	0.6
Тс	163	100	

Table-2: Distribution of study participants according to dietary habits

Consumption	Daily		Once in a week		Occasionally		None		Total	
	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%
Oily food	32	19.6	58	35.6	73	44.8	0	0	163	100
Pickle	44	27.0	42	25.8	61	37.4	16	9.8	163	100
Junk food	07	4.3	28	17.2	96	58.9	32	19.6	163	100
Vegetables	154	94.5	8	4.9	01	0.6	00	00	163	100
Fruits	51	31.3	73	44.8	22	13.5	17	10.4	163	100

Table-3: Distribution of study participants according to habits, physical activity, stress and BMI

Categ	Ν	%	
	No	120	73.6
Uabita	Alcohol	21	13.0
Habits	Tobacco	11	6.7
	Both	11	6.7
Physical Activity	≥30minutes	44	27.0
	No (OR) < 30 minutes	119	73.0
	No	130	79.8
Sell-Perceived Stress	Mild-Moderate	33	20.2
	Under nutrition	10	6.1
DMI	Normal	89	54.6
DIVII	Overweight	50	30.7
	Obese	14	8.6
Tot	163	100.0	

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Table-4: Association of various risk factors with hypertension								
			Diagnosis					
<b>Risk Factor</b>		Normal	Pre-	Hyper-	Tatal			
		Numitai	hypertension	tension	Iutai			
	20-24	10 (90.9%)	1 (9.1%)	0 (0.0%)	11 (100%)			
	25-29	37 (86.0%)	6 (14.0%)	0 (0.0%)	43 (100%)			
	30-34	32 (86.5%)	2 (5.4%)	3 (8.1%)	37 (100%)			
Ago	35-39	31 (79.5%)	3(7.7%)	5 (12.8%)	39 (100%)			
Age	40-44	11 (57.9%)	1(5.3%)	7 (36.8%)	19 (100%)			
	≥45	8 (57.1%)	2 (14.3%)	4 (28.6%)	14 (100%)			
	Total	129 (79.1%)	15 (9.2%)	19 (11.7%)	163 (100%)			
	$\chi^2 = 25.604$ ; df = 10; p = 0.004							
	No	109 (83.8%)	12 (9.2%)	9 (6.9%)	130 (100%)			
Stress	Mild-	20 (60 6%)	3 (9.1%)	10 (30.3%)	33 (100%)			
	Moderate	20 (00.090)			55 (100%)			
	Total	129 (79.1%)	15 (9.2%)	19 (11.7%)	163 (100%)			
	$\chi^2 = 14.139$ ; df = 2; p = 0.001							
	Normal	74 (83.1%)	10 (11.2%)	5 (5.6%)	89 (100%)			
	Over	41 (82 0%)	5 (10.0%)	4 (8 0%)	50 (100%)			
	weight	41 (02.0%)	5 (10.0 %)	4 (0.0%)	30 (100%)			
BMI	Obese	5 (35.7%)	0 (0.0%)	9 (64.3%)	14 (100%)			
DMI	Under	9 (90 0%)	0 (0 0%)	1 (10.0%)	10 (100%)			
-	weight	9 (90.070)	0 (0.070)	1 (10.070)	10 (100 /0)			
	Total	129 (79.1%)	15 (9.2%)	19 (11.7%)	163 (100%)			
	$\chi^2$ = 43.009; df = 6; p = 0.000							
Physical	>30 min	38 (86.4%)	3 (6.8%)	3 (6.8%)	44 (100%)			
	No or	91 (76 5%)	12 (10.1%)	16 (13 4%)	119 (100%)			
Activity	< 30 min	91 (7 0.0 70)	12 (10.170)	10 (15.170)	117 (10070)			
Activity	Total	129 (79.1%)	15 (9.2%)	19 (11.7%)	163 (100%)			
		χ <sup>2</sup> = 1	.980; df = 2; p =	0.372				

### Discussion

Prevalence of hypertension was 11.7% - out of 19 hypertensive patients, 11 (57.9%) were newly detected, and 8 (42.1%) were previously diagnosed to have hypertension. Among the previously diagnosed patients, all were on the treatment, but only 50% had BP in normal range. According to an ICMR study, prevalence of hypertension varied from 17-21% in India.<sup>[2]</sup> A study done in Tirupati reported 8.6% prevalence of hypertension - among which, 83.7% were aware of their hypertension status, and 41.7% had satisfactory control of their hypertension.<sup>[6]</sup> Another study in urban city of Orissa revealed 36% prevalence of hypertension.<sup>[7]</sup> A few other studies also noted higher prevalence.<sup>[8-10]</sup>

The present study revealed that prevalence of hypertension was high among staffs aged 40 years and above – the association between age and hypertension was significant. Similar findings were noted in studies done in Tirupati, Orissa and Kerala.<sup>[6,7,11]</sup> Comparatively higher prevalence (14.5%) was noted in females than males (9.9%), but this was not statistically significant. Opposite finding were noted in slums of Tirupati, where males had higher prevalence.<sup>[6]</sup>

Hypertension is related to obesity, excess salt intake, stress and physical activity.<sup>[2]</sup> In the present study, stress

and BMI were significantly associated with hypertension. Significantly higher prevalence of hypertension was found in Meerut bank employees with BMI 30 kg/m<sup>2</sup> and above, compared to those with BMI <30 kg/m<sup>2</sup>.<sup>[12]</sup> Hypertension Study Group (2001) and Chennai study also observed that a higher BMI was associated with increased risk of hypertension.<sup>[13,14]</sup>

Prevalence of hypertension was high among staffs with sedentary lifestyle (13.4%), when compared to those who were physical active (6.8%) - but this association was not significant. A study done in East Delhi also had similar findings.<sup>[8]</sup> Factors like upper social class, sedentary physical activity, tobacco use and diabetes were significantly associated with hypertension in study done rural area of central India.<sup>[15]</sup>

# Conclusion

Prevalence of hypertension was 11.7% - among which, 57.9% were newly detected, and 42.1% were previously diagnosed to have hypertension. Among the previously diagnosed patients, all were on treatment but only 50% had BP in normal range. Age, stress, BMI were significantly associated with hypertension. No significant association between gender, physical activity and hypertension was found. Regular screening and health education camp are essential to curtail the raising problem of hypertension.

#### References

- 1. Tiwari RR. Hypertension and Epidemiological Factors among Tribal Labour Population in Gujarat. Indian J Public Health 2008;52:144-6.
- 2. Park K. Textbook of Preventive and Social Medicine, 22th Ed. Jabalpur: Banarasidas Bhanot Publishers; 2013. p. 337-48.
- 3. Dobe M. Hypertension: The prevention paradox. Indian J Public Health 2013;57:1-3.
- Gupta R, Sharma AK, Gupta VP, Bhatnagar S, Rastogi S, Deedwania PC. Increased variance in blood pressure distribution and changing hypertension prevalence in an urban Indian population. J Hum Hypertens 2003;17:535-40.
- Chobanian AV, Bakris GL, Black HR, Cushman WC, Green LA, Izzo JL Jr, et al; National Heart, Lung, and Blood Institute Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure; National High Blood Pressure Education Program Coordinating Committee. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure: the JNC 7 report. JAMA 2003;289:2560-72.
- Reddy SS, Prabhu GR. Prevalence and Risk Factors of Hypertension in Adults in an Urban Slum, Tirupati, A.P. Indian J Community Med 2005;30:84-7.
- 7. Prasad DS, Zubair K, Dash AK, Das BC. Prevalence and predictors of adult hypertension in an urban eastern Indian population. Heart Asia 2012;4:49-52.
- 8. Bhasin SK, Chaturvedi S, Gupta P, Aggarwal P. Status of physical exercise and its association with obesity and hypertension in two urban assembly constituencies of East Delhi. J Indian Med Assoc

2001;99:631-3.

- 9. Hazarika NC, Biswas D, Narain K, Kavita HC, Mahanta J. Hypertension and its risk factors in tea garden workers of Assam. Natl Med J India 2002;15:63-8.
- 10. Chadha SL, Radhkirshnan S, Ramachandran V, Kaul U, Gopinath N. Prevalence, awareness and treatment status of hypertension in urban populations of Delhi. Indian J Med Res 1990;92:233-40.
- 11. Kalavathy MC, Thankappan KR, Sharma PS, Vasan RS. Prevalence, awareness, treatment and control of hypertension in an elderly community based sample in Kerala, India. National Medical Journal of India 2000;13:9-15.
- 12. Maroof KA, Parashar P, Bansal R, Ahmad S. A Study on

Hypertension among the Bank Employees of Meerut District of Uttar Pradesh. Indian J Public Health 2007;51:225-7.

- 13. Shanthirani CS, Pradeepa R, Deepa R, Premalatha G, Saroja R, Mohan V. Prevalence and risk factors of hypertension in a selected South Indian population. The Chennai Urban Population Study. J Assoc Physicians India 2003;51:20-7.
- 14. Hypertension Study Group. Prevalence, awareness, treatment and control of hypertension among elderly in Bangladesh and India. WHO Bulletin 2001;79:490-500.
- 15. Kokiwar PR, Gupta SS. Prevalence of hypertension in a rural community of Central India. Int J Biol Med Res 2011;2:950–3.

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