

Hypertension in African Community

A UK focused study

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ABSTRACT

Hypertension also called as Silent killer is one of the major lifestyle diseases of our present generation. Hypertension also known as high blood pressure is one the leading cause of death not only among the developed countries but also in the emerging economies of the world, i.e. Latin America, Africa, Asian continent (India, Pakistan, etc.). It is predicted that almost more than 1.56 billion people would be affected by hypertension or high blood pressure by 2025. Hypertension is defined as having blood pressure more than 140 and 90mmHg levels. Hypertension is leading cause of strokes and heart attacks and other cardiovascular diseases. Changes in our lifestyles are one of the leading causes of this disease, and will continue to rise, if appropriate steps are not taken in this regard. The present article focuses on the estimate of hypertension among the African communities, and especially focuses on studies done in UK (United Kingdom). In UK almost 5 million people are unaware that they are suffering from hypertension. The statistics project that 1 in 4 people in UK is affected by this disease and is the leading cause of disability or death. UK is diverse society with almost 7.9 % of population belonging to blacks and other minority ethnic communities. Among the other ethnic communities present in United Kingdom, blacks or African origin community forms around 24.8 % of total other ethnic groups.

Keywords: African Community, Hypertension, Hypertension in African community in UK, UK Policies

Introduction

Hypertension or high blood pressure is the leading disease among other lifestyle diseases across the world. Hypertension is a condition in which the patient encounters consistent prevalence of blood pressures higher than the measurement of 140/90 mmHg blood pressure (Chockalingam, A., 2007). Worldwide, hypertension is increasing day by day among the people living in western world (Global Health Observatory Data, 2017). However, the incidence of this disease is also including in the other parts of the world, like, Africa, Latin America, Asian continents (Pakistan, India, Bangladesh, Sri Lanka, Malaysia etc.). Studies across the world have pointed out the changes in lifestyles of people being the leading cause of hypertension among them. Due to increasing stress in our lives, increasing work pressure, limitations to physical exercise, limitations to proper balanced diet, overeating or becoming obese, smoking, tobacco consumption, the risk factors associated with hypertension are on rise (National Heart, Lung, and Blood Institute, 2017). Hypertension according to (WHO, 2017) report estimates to cause around 7.5 million deaths worldwide, and is associated with more than 57 million DALYS (Disability adjusted life years). Research findings have estimated the hypertension to affect people in age group of 25 to 40 more as compared to children and adults of age higher than 40 years (High Blood Pressure Facts, 2017). Depicting the lifestyles of these age groups (25-40) who are often are found to intake junk foods, and involve in high intake of alcohol and tobacco consumption.

The present study focuses on hypertension in African ethnic groups, and policies by UK government which either supports the improvement criteria or actions in regard to prevent the prevalence of this ever increasing danger to UK population. It is estimated that more than 1 in 4 adults in United Kingdom is affected by hypertension (Blood Pressure UK, 2017). This is the leading cause for most of the premature disability or death cases. Major focus now requires to

make the population aware of the fact that are they really suffering from this condition or not. Apart from this, what specific guidelines do they need to follow to prevent the occurrence or remedial measures to be taken if somehow they are suffering from this condition. Studies have highlighted a fact that if you are of African origin or a black there is twice the possibility that you will be suffering from hypertension and cardiovascular diseases associated with it (Kreatsoulas, 2010). The reasons for this are somehow are partially understood or not completely understood. The basis of genetic make up being the reason for developing hypertension could not be ruled out even. The present review holds relevance as there are limited resources in treatment practices for hypertension and related disorders such as cardiovascular diseases, lipid abnormalities, glucose intolerance etc. The government has to come up with solid regulations and subsequent rulings in order to prevent the increase in occurrence of hypertension among its population. The remedial measures need to be taken as it's already being declared as severe condition across the world. Medical science still is in research mode to find an effective treatment for hypertension. A right anti-hypertensive pill is still unknown and researches across the world are going on. This also raises the signal that at present not much can be done to treat the condition of however it has affected the population, more specifically the African population in United Kingdom. Stark evidences have come out which portrays the fact that hypertension, cardiovascular diseases, strokes, do affect the African people at early age in more proportions as compared to people from white community (American Heart Association, 2017). Studies have highlighted that if appropriate steps to control the occurrence of hypertension among African community is taken, it would possibly help in reducing the hypertensive cases among the African community. Hypertension in African community has risen to an epidemic level, which further focuses on steps which needs to be taken to prevent the occurrence in future. Since African

community in United Kingdom is at an accountable numbers, which accounts for around, 24.8 % of other ethnic communities residing in Britain, the policies in favor of improving their conditions needs to be present (Ethnic Group Profile in UK, 2017). This creates an emergency status for Britain to consider in order to take care of their next larger ethnic groups residing in their country. The Uk govt. needs to take into account that genetically the African communities are different from other ethnic groups, and they react differently to the environmental factors and other factors, such as salt intake etc.

In United Kingdom, Public Health England (PHE) is body which comes up with several programs related healthcare services. It highlights the efforts the government run body puts in to prevent and manage the diseases affecting its community. The body Public Health England works with local bodies in charting out hypertension profiles in local areas (Public Health England, 2017). Depending upon the facts present with them, they have devised action plans to counter the prevalence, occurrence and management of the diseases, and in present case, the hypertension. The body does have mechanism in hand in case of controlling the occurrence of hypertension within their borders. The PHE's making every contact count: practical resources, supports and develops training programs. Other guidance's by PHE's include, Healthier and more sustainable catering guidance offers practical guidance and catering plus advice in using salt. As Salt intake and its affect to different communities have been known, this program especially helps in devising action plans to make the communities sensitize about the information they have, and steps the people shall take in future, in order to prevent the occurrence of hypertension among them. Another guidance in the policy is, The faculty of public health's toolkit for developing local strategies to deal with increasing cases of hypertension. The

strategies are built effectively in order to manage and control the high blood pressure cases among the communities in their region with the support of local authorities.

All these programs do highlight the seriousness of UK govt. towards the growing number of hypertensive cases; however their role in critically helping the African community needs to be understood (Public Health England, 2014).

Methodology/ Methods

Literature search was carried out to find relevant research's being carried out in United Kingdom in relation to the paper topic, i.e., Hypertension in African Community.

Most of research papers were used from UK however studies carried out in Africa have not been ruled out for the present study.

During literature search specific focus was carried out to find studies carried out in UK, but due to scarcity of studies for the requirement of present paper studies from other regions done on African community were also used.

Primary Keyword searches which were carried out in the Google Scholar, Pubmed, Science Direct, University Library- University of Leicester databases.

These keywords searches used were,

- Prevalence of hypertension in African community in UK
- Hypertension in African community in UK
- Primary Hypertension in African community cases in UK carried out by UK authors

- Hypertension research in African community in UK
- Hypertension study on African community in UK
- African community suffering from hypertension in UK
- Increasing Hypertension cases in African community reasons
- Rising Hypertension in African communities in UK
- Hypertension awareness among African community in UK

a. Literature Search Results

Total of **52 research articles** which were relevant to the topic were found. However **exact 6 research studies** were found which stated the research carried in UK on the African community.

b. Inclusion Criteria

Research articles relevant to the keyword search were included for the purpose of the study.

Researches carried out only on African communities were included for the present study.

Researches based on diabetes related hypertension were also included for the purpose of the study.

c. Exclusion Criteria

Researches carried out on communities other than African community were excluded from the study for the purpose of preparing the current paper.

Reviews and Systematic reviews related to the topic were also excluded from the literature study for the current paper.

d. Systematic Review

- i. (Cappuccio, F.P., 2003) in his findings clearly stated the low prevalence of hypertension cases as compared to end stage renal diseases and stroke. However, high cases of hypertension in African black community as compared to the white community cannot be ruled out. It was found during the study, that, African black community have high intake of salt in their diet, which is mainly the reason behind their high hypertension cases. The remedial steps which are non-pharmacological steps which can be taken is to reduce the intake of salt on daily basis among the black community of UK. There is high incidence of hypertension in African community in UK, which is at the rate of 3 to 4 fold more prevalent as compared to white population. In his study the author also mentions about the awareness program which can be taken for the benefit of African community in UK. British Hypertension Society is responsible body which can help in reducing the high prevalence numbers of hypertension among the African community in UK. Such bodies however, are not present in Africa. This confirms that taking care of community of African origin in UK is much better as compared to the country of people from which they originally belong to.
- ii. (Cruickshank, J.K., 1985) stated the high prevalence of hypertension among Afro-Caribbean population UK as compared to white origin people. The studies carried out by the author of paper clearly stated the high BP levels among the African community in UK as compared to white counter-parts. These are due to mainly difference in lifestyles and behavioral aspects of these communities in UK compared to white ethnic population.
- iii. (Agyemang, C. & Bhopal, R., 2003) stated that hypertension and stroke are dominant causes of death among African community living in UK. The incidence of High Blood

pressure are too high among the African community living in UK as compared to the white counterparts living in UK.

- iv. (Gill, P.S., et al., 2017) studied the prevalence of high BP and risk towards cardiovascular diseases among the blacks as compared to white origin people in UK. He found that blacks from African community do have high BP prevalence and are higher risk to complications related to Cardio-vascular diseases. This is the major reason for morbidity and mortality among the African community people.
- v. Study carried out by (He, F.J., et al., 1998) confirmed the relevance of controlling salt intake among African community. Reason being that high salt intake among African community people has detrimental effect on their health. They are very sensitive to salt intake hence as precautionary measure, the non-pharmacological treatment for African community is to reduce their daily intake of salt as their bodies are sensitive to it.
- vi. (Cappuccino, et al., 1997) reported in his another study about the high prevalence of hypertension and stroke among the African community people. In his paper he also reported the reason of low awareness about the diet and disease relation among the African community living in United Kingdom.

Findings

From the in depth study of relevant research articles it was found that hypertension among the African community living in UK is very high. Reason being that they have a habit of high intake of salts. As their body is very sensitive to the salt intake, the high intake of it on daily basis has detrimental effect on their health. It was also found that UK government does have policies in favor of giving appropriate treatment goals for the benefit of African community as compared to their original place of origin. Several policies by UK Govt. are in place which

can take care of African community living in United Kingdom. The non-pharmacological treatment which includes awareness drive would be very effective in changing the direction of high prevalence to low prevalence among the African community living in Britain.

Discussion

All the studies do point out at the fact that hypertension among African community is at high levels. It is also the main reason for high level of morbidity and mortality rates among these communities in UK. Awareness drive and making changes in lifestyles of people from these community would help at large in reducing the high prevalence level (Lane, D.A., 2001; Health & Behavior, 2017).

Conclusion

The studies are in affirmation to develop strategies based on awareness drive among African community to help them in reducing the increasing levels of morbidity and mortality among the community in question.

From studies it was found that more specific studies shall be carried out to find the actual behavioral aspects of ethnic groups living in Britain to find specific strategies for the benefit of African community living in UK.

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