**Abstract: P1946**

**Hypertension prevalence, awareness, treatment and control and 10-year estimated CVD risk in East and West Africa: pooled analysis of data from 4 African countries**

**Authors:**

**On behalf:** Lown community Health Centers Group

**Topic(s):**
Hypertension – Epidemiology, Prognosis, Outcome

**Citation:**
Background: Though the prevalence of hypertension is rising in Sub-Saharan Africa, few studies have characterized the epidemiology and management of hypertension across many heterogeneous communities. We assessed prevalence, awareness, treatment and control of hypertension and estimated the 10-year cardiovascular risk across six sites in East and West Africa.

Methods: Between June and August 2018, we conducted household-based surveys in 6 rural, semi-urban and urban settings in Kenya, Nigeria, Tanzania and Uganda to enroll community-dwelling adults (aged >18 years) collect data including age, gender, smoking, anthropometric measures, health insurance, utilization of health care facilities. We defined hypertension as systolic blood pressure of at least 140 mm Hg, or diastolic blood pressure of at least 90 mm Hg, or self-reported antihypertensive medication use. We used country specific Globorisk prediction equations to estimate 10-year CVD risk.

Results: A total 3,150 participants with a mean age of 40 years (SD 15), 61% of whom were women, 8% had ever smoked, and 33% were overweight/obese. About 23.7% (95% CI 22.2, 25.2) of the entire sample had hypertension, of whom 60.6% (56.8, 64.3) were diagnosed. Among diagnosed, 61.7% (57.2, 66.1) were taking antihypertensives, and 27.7% (22.7, 33.1) had controlled BP. The prevalence of hypertension was 38.6% in Ikire-Nigeria, 25.1% Ukonga-Tanzania, 23.3% in Oyo-Nigeria, 21.6% in Okpok-Nigeria, 20.4% in Soroti-Uganda, and 9.7% in Viwandani-Kenya. The overall median estimated 10-yr CVD risk was low 4.6% IQR (2.3, 9.6) and 8.6 % had 10-yr CVD risk >10%. (Figure 1)

Conclusion: Among African adults aged >18 years, nearly a quarter have hypertension, three in 5 being treated, and fewer than three in ten had BP under control. The low number of people in control is ubiquitous in all sites and warrants greater prevention strategies, better screening and more effective and affordable treatment options than what is currently available.
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