Abstract: P1948

Socioeconomic inequalities in the prevalence and management of hypertension: analyses of the Chilean National Health Surveys 2003, 2010 and 2017

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Hypertension is the highest attributable risk of death worldwide, causing 7.1 million deaths annually, and it is the primary cause of cardiovascular morbidity and mortality. In Chile, around one-in-three adults are living with this chronic health condition. Chilean evidence has shown inequalities in hypertension prevalence by various measures of socioeconomic position (SEP). However, information on SEP inequalities in the three key aspects of hypertension management (awareness, treatment, and control of high blood pressure), is only partially known.

Purpose: To assess SEP inequalities in hypertension prevalence and management in Chilean adults.

Methods: Data came from the Chilean National Health Surveys (ENS) 2003, 2010 and 2017. Years of formal education was used as the SEP measure. Age-and gender-specific Slope and Relative Indices of Inequalities (SII and RII) were calculated for the prevalence of hypertension (mean SBP ≥140mmHg, DBP ≥90mmHg, or current medication use to lower blood pressure) and for each management outcome.

Results: Analytical sample comprised 3,426; 4,838 and 5,373 participants aged ≥17y with blood pressure measurements for years 2003, 2010 and 2017, respectively. Prevalence of hypertension was 32.4%, 32.2% and 30.8% for the years 2003, 2010 and 2017, respectively. According to the SII and RII, males and females aged <65y showed higher hypertension prevalence among those with fewer years of education in 2003, 2010 and 2017. Among those classed as hypertensive, levels of awareness increased from 59.4% in 2003 to 65.9% in 2017. Over the same time period, levels of treatment increased from 39.0% to 65.2%, and levels of control increased from 14.1% to 23.9%. SEP inequalities in hypertension management – with better outcomes for the most educated – were highest among females aged ≥65y.

Conclusion: Introduction of universal access to care for hypertension in Chile in 2005 accounted partly for the rise of hypertension management levels since 2003. According to local and international strategies for the prevention and control of noncommunicable diseases, there is room for improvement. However, improvements should have a specific focus on SEP inequalities.