# Hypertension Awareness

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## Editorial

Among the participants with hypertension, awareness of hypertension was defined as a self-reported past diagnosis of hypertension by a physician. Blood pressure 140/90 mmHg without a prior diagnosis by a physician or the use of any antihypertensive medicines was considered unaware of hypertension. The treated group consisted of participants who were aware of their hypertension and answered "during the past three months" to the question "When was the last time you referred to a doctor for your high blood pressure?"

Those who were taking antihypertensive medication for the treatment of high blood pressure at the time of the interview were considered to have controlled hypertension. It had a systolic blood pressure of 140 mmHg and a diastolic blood pressure of 90 mmHg. Uncontrolled hypertension was characterised as having a systolic blood pressure of 140 mmHg and a diastolic blood pressure of 90 mmHg (Including those who were aware). SBP/DBP targets for specific disease (diabetes mellitus) were indicated to be less than 130/80 mmHg.

The International Physical Activity Questionnaire (IPAQ) short-form was used to measure physical activity (SF). It looks at the intensity of physical activity throughout the previous week at various levels. Self-reported duration (in minutes) and number of days for categories of exercise in the previous seven days were used to calculate metabolic equivalent (MET; multiples of resting energy expenditure) by minutes per week. Finally, participants were divided into three categories of physical activity: "low," "moderate," and "high" [23]. Underweight = 18.5, normal = 18.5–24.5, overweight = 25.0–29.9, and obese = 30.00 [24]. Body Mass Index (BMI) was computed as weight/height2 in kg/m2 and was classed as underweight = 18.5, normal = 18.5–24.5, overweight = 25.0–29.9, and obesity = 30.00. Current smokers were those who replied "Yes" to the question "Do you smoke cigarettes or hookah?"

Based on the population of Yazd and Iran in the 2011 national census, descriptive statistics were presented, and age-standardized prevalence rates were estimated using the direct approach. Percentages were used to represent hypertension awareness, treatment, and control. For categorical variables, the chi-square test was employed to examine the differences in demographic factors between the groups. A binary logistic regression model was used to fit the data. Two groups were defined for binary logistic regression: conscious and unaware, treated and untreated, and controlled and uncontrolled. [1]

It was carried out to see how age, gender, education, health insurance, place of residence, BMI & physical activity, smoking, and diabetes mellitus history (as independent variables) affected the likelihood of participants being aware of their illness, being treated, and having their blood pressure under control. The relationship between dependent (awareness, treated, and controlled hypertension) and independent variables was investigated using multivariable logistic regression analysis (entry technique). 2-tests were used to present crude proportional differences. After adjustment, the association of independent factors with hypertension awareness, therapy, and control (dependent variables) was presented as odds ratios with 95 percent confidence intervals (CI). SPSS version 16 was used to conduct all statistical analyses. Statistical significance was defined as a p-value of less than 0.05. [2-5]

Overall, half of hypertensive people were aware of their condition (49.7 percent ). This proportion grew with age, rising from 11.9 percent in the 20 to 29-year-old group to 67.0 percent in the 60 to 69-year-old group (P 0.0001). Women were more conscious of their illness (P 0.0001) than men. Patients who were overweight or obese, were less educated, had little physical activity, and had a positive family history of cardiovascular disease and diabetes were more likely to have hypertension (P 0.0001).

## Conflict Of Interest

None

## References

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