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Prevalence of Hypertension, and Dietary Correlation with Blood Pressure in the Islamic Community of the District Murshidabad and Adjoining Areas

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Abstract

The present study was undertaken to evaluate the current trend in hypertension and its prevalence and awareness within the people of Murshidabad district of West Bengal. Multistage cross-sectional survey was carried out in adults aged between 18 to 67 living in the district. Structured interview schedule was used to interview 2114 study subjects. The study showed mean systolic and diastolic BP were 129.99 (\pm 15.95) mmHg and 81.50 (\pm 9.47) mmHg, respectively. The overall prevalence of hypertension was 33.54% and the sex-specific prevalence was 36.25% and 26.38% for males and females respectively. Higher age group subjects specifically males were at high risk. Only 192 (27.08%) of 709 hypertensive subjects were aware of hypertension and was taking medicine and out of which only 79 (41.15%) subjects had BP under control. So from the study it can be concluded that prevalence of prehypertension was very high in the study subjects (50.78%) and around one-third of the subjects were hypertensive. The treatment and control of high blood pressure were also very low.

Keywords: Hypertension; Prevalence of HTN; Murshidabad; BMI.

Introduction

Hypertension or high blood pressure is the major risk factor for public health because of its prevalence worldwide [1,8,16,19]. Around 7.5 million deaths or 12.8% of the total of all annual deaths worldwide occur due to high blood pressure [1,5]. Hypertension is a major risk factor for chronic heart disease, stroke, and coronary heart disease. Elevated Blood pressure is also associated with heart failure, peripheral vascular disease, renal impairment, retinal haemorrhage, and visual impairment.

The prevalence of Hypertension is increasing at an alarming rate throughout the globe [8] and particularity the countries with low and middle income, like India, are at higher risk [1]. Several studies in India suggest an increasing trend in its prevalence [11,13,14,21]. However, the data on

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trends of blood pressure distribution, hypertension prevalence, and awareness is scarce, fragmentary and heterogeneous. Particularly the data from the eastern region is poor [28]. These data are important in formulating key public health policies by the government, and non-government agencies. For Murshidabad condition is even worse the only data which is available on hypertension (HTN) is