

Half of young adults with high BP go untreated

SEP 15, 2017

Sara Berg, MS

Senior News Writer

Awareness, treatment and control of hypertension among middle-age and older adults has improved in the past decade. But progress is halting for the subpopulation of young adults, according to newly published research showing that half of these patients diagnosed with high BP did not get treatment for their hypertension.

The findings are included in a new study published in the journal *Hypertension*. Previous studies have focused on the population as a whole, but did not examine age-specific trends in hypertension.

Hypertension is a leading risk factor for cardiovascular disease, which cost the United States an estimated \$51.2 billion from 2012–2013. High blood pressure is also associated with an increased risk for cardiovascular disease and mortality among young adults, decades later, reported the study. Obesity is also more common among young adults, which can be a leading factor in hypertension that continues as adults grow older.

With data from eight National Health and Nutrition Examination Surveys (NHANES), the authors of the study looked at “prevalence and temporal trends in hypertension, awareness, treatment and control among young adults” between the ages of 18 and 39, compared with middle-age and older adults. NHANES is conducted by the National Center for Health Statistics and the Centers for Disease Control and Prevention.

From 2013 to 2014, 7.3 percent of young adults in the U.S. had hypertension. And from 1999 to 2014, young adults experienced larger increases in awareness, treatment and control than older adults. However, even with increases, awareness and management among young adults still remained lower than older adults. These age-related differences were not due to sex, race or ethnicity, or body mass index, but were tied to health insurance status and health care use.

Only 74.7 percent of younger adults were generally aware of the condition of hypertension, compared with 81.9 percent of middle-aged and 88.4 percent of older adults. And when it came to treatment, only 50 percent of young adults underwent treatment while 70.3 percent of middle-age and 83 percent

of older adults were treated for hypertension. The same can be seen for control with young adults at 40.2 percent compared to 56.7 percent of middle-age and 54.4 percent of older adults.

“Young adulthood represents an important age interval for early hypertension prevention and treatment, which has the potential to reduce short-term and later life cardiovascular disease risk,” the study said.

The Million Hearts Hypertension Control Challenge is a federal competition to identify clinicians, practices and health systems that have achieved a hypertension control rate of 70 percent or greater among their patients with hypertension and award them with recognition for their work.

Target: BP™ is a national initiative co-led by the American Heart Association and the AMA. In addition to direct access to trained field support specialists, a data platform and a suite of evidenced-based tools and resources offered by the AMA and the AHA, Target: BP offers annual, recurring recognition for all participating sites that achieve hypertension control rates of 70 percent or higher among their adult patient population year over year.

One of the study’s authors, Andrew E. Moran, MD, MPH, an internist and professor of medicine at Columbia University Medical Center in New York. In an interview with *AMA Wire®*, he said most clinical trials are relatively short, which makes it difficult for them to study the benefits of early prevention using conventional methods.

“This study was a way of setting the stage and seeing what the gaps in quality care are for hypertension treatment in young adults,” Dr. Moran said.

Men visit the doctor less

Among young adults, men exhibited worse hypertension awareness, treatment and control compared to young women, reported the study. This was seen because young women appeared to have more health care visits than young men, which showed in a 28 percent difference in awareness, 60 percent in treatment and 52 percent in control.

“There’s a big difference in hypertension awareness, treatment and control between young adult men and young adult women,” said Dr. Moran. “It’s really the young adult men who had the worse of these three quality measures, so we had the hypothesis that it might be health care visits and access to care that explains that.”

In the national survey, participants were asked about the number of health care visits they had in the past year. The survey found that young adult women had more frequent health care visits, which was a factor that Dr. Moran said explained the differences among this age group.

With a 5 percent difference in awareness and an 8 percent variance in treatment and control among young men and young women, health insurance status also plays a role in hypertension management. While it is a smaller difference, it remains important in understanding the differences among young men and women in terms of hypertension quality measures.

“It’s really the young adult population that is one of the groups most affected by the risk of lacking insurance and lacking access to health care,” Dr. Moran said. “Hypertension is one chronic condition that these measures of the quality of treatment and control are likely to either improve as people have better access to health care or deteriorate if access to health care is restricted in young adults.”

Dr. Moran added that because hypertension is an asymptomatic condition, most people are not aware on a day-to-day basis, which also has a lot to do with the health care system, particularly for young adults.

“A lot of them are uninsured still and a lot of them have few opportunities to access preventive care, particularly young men,” he said.

Related coverage

- | New data buttress SPRINT findings on 120 mm Hg BP target
- | The one graphic you need for accurate blood pressure reading
- | How an inner city care team is reducing hypertension disparities