With hypertension rates up, 3 ways to draw focus on BP control

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With a rise in uncontrolled hypertension in recent years, U.S. Surgeon General Jerome Adams, MD, has released a call to action to control hypertension. Dr. Adams provides three goals and strategies for physicians, health systems and organizations to follow to control hypertension. The first goal calls for hypertension control to become a national priority.

“As a nation, we need to better coordinate our approach to hypertension across sectors. Risk factors for hypertension and barriers to control are complex,” says the call to action. “So too are the diverse populations that hypertension affects and the many different settings and sectors that can play a role in identifying, treating and controlling hypertension.”

Learn more from this JAMA Viewpoint article, “A National Commitment to Improve the Care of Patients With Hypertension in the U.S.,” written by Dr. Adams and Janet S. Wright, MD, of the surgeon general’s office.

By making hypertension control a national priority, members of multiple sectors can work together to achieve the best cardiovascular health for Americans. Here are three strategies to follow.

Increase awareness of health risks

For two decades, the prevalence of hypertension has remained stable, but more than one in three U.S. adults are not aware they have the condition. Without awareness and action, uncontrolled hypertension can cause additional damage and further complications.

“Awareness of the association between hypertension and negative health outcomes is generally higher for cardiovascular events such as heart attack, heart failure, and stroke than for conditions such as kidney disease, blindness, or cognitive decline,” says the call to action.
The AMA has developed online tools and resources created using the latest evidence-based information to support physicians to help manage their patients’ high BP, including the act rapidly pre-assessment to identify areas of opportunity to better diagnose and manage hypertension.

These resources are available to all physicians and health systems as part of Target: BP™, a national initiative co-led by the AMA and American Heart Association (AHA). The Target: BP initiative aims to reduce the number of Americans who die from heart attacks and stroke each year by urging physician practices, health systems and patients to prioritize BP control.

Additionally, the AMA and AHA have teamed up with a group of national health care organizations and Essence magazine on the “Release the Pressure” campaign to advocate for improved heart health among Black women. Learn more about this national campaign.

Recognize the substantial economic costs

When hypertension goes uncontrolled, it can be costly to both the patient and the country. Total medical costs associated with hypertension are between $131 billion and $198 billion each year. By 2035, that cost is expected to exceed about $220 billion a year.

At the individual level, health care services cost people with hypertension about $2,500 more per year than those without this condition. Additionally, the cost is $4,000 more per year for people who have hypertension and type 2 diabetes. The cost of hypertension even extends beyond health care into absenteeism from work, costing employers about $10.3 billion a year.

Discover four reasons why BP control has dropped among American adults.

Eliminate inequities in treatment and control

With early and consistent access to health care, hospitalizations and poor outcomes related to hypertension can be reduced or prevented, says the surgeon general’s report. However, inequities remain.

Addressing various social factors that influence overall health can help. That means providing culturally competent best practices that support individuals and their families as well as physicians and other health professionals with unique communities.

“We need to re-envision how and where care is provided, particularly in areas where people get health care from a variety of sources, and remove barriers,” says surgeon general’s report. “This approach
will require action where people live, work, and play, with a focus on achieving health equity and eliminating disparities.”

Learn how gathering race and ethnicity information can help fight inequity and how to do it well.