

Missed Opportunities for Hypertension Screening: Evidence from the Longitudinal Aging Study in India

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BACKGROUND

Detection, diagnosis, treatment and care of hypertension are key components of integrated hypertension management and, therefore, recommended by World Health Organization (WHO) as essential package of interventions for the prevention of non-communicable disease in primary health care settings.¹ Many low- and middle-income countries are now routinely screening blood pressure of all patients aged 40 years and older who visit a health facility as a cost-effective strategy to reduce the burden of hypertension.

In India, over 20% of older adults had undiagnosed hypertension and treatment and control of hypertension is low. At the same time, the use of health services in these vulnerable segments of population is high as over three-fifth of these individuals visited a health facility during a year.² Despite high use of health services, the diagnosis of hypertension among older adults remained low in the country.

OBJECTIVE

This brief highlights missed opportunities for hypertension screening among older adults (45+) across socio-economic characteristics and states of India and shows how routine screening could affect hypertension diagnosis rates.

DATA AND METHODS

We used the sub-sample of 27 124 individuals aged 45+ with hypertension from a representative sample of 72,250 participants of the Longitudinal Aging Study in India (LASI).² Our analytical sample includes those who were 45+, had reported hypertension or had measured hypertension by trained field investigators and who had complete information on a range of socio-demographic characteristics. We identified a missed opportunity for hypertension diagnosis when a participant had high blood pressure ($\geq 140/90$ mm Hg), reported not having been diagnosed for hypertension but at the same time reported to have visited certain health facilities in the previous 12 months. Our estimates of potential diagnosis is sum of actual hypertension diagnosis and missed opportunity for hypertension diagnosis. We distinguished between missed opportunities at public and private facilities, since participants could report to have visited more than one type of facility during the previous year.

KEY FINDINGS

- ✚ 43.7% (95% CI: 42.8-44.6) of adults aged 45+ In India had hypertension.
- ✚ Among those with hypertension, 64.0% (95% CI: 62.7-65.4) had visited a health facility in last year.
- ✚ Among those identified as having hypertension, 22.6% (95%, CI: 21.3-23.8) were not aware of their hypertension despite having recently visited a health facility (Fig 1).
- ✚ Missed opportunity were higher among the poorer sociodemographic groups and occurred more frequently at private health centers.
- ✚ With few exceptions, states with lower rates of hypertension diagnosis generally had higher proportions of missed opportunities for such diagnoses.
- ✚ Estimates of missed opportunities varied from 7.5% (95% CI: 4.8-10.3) in Meghalaya to 31.2% (95% CI: 27.8-34.5) in Maharashtra (Fig 1).
- ✚ Diagnosis of hypertension varies from 28% in Nagaland to 77% in Jammu and Kashmir (Fig 2).
- ✚ The potentially diagnosis of hypertension would be over 80% in thirteen states of India.

Figure 1: Percent of participants with hypertension who had a missed opportunity for diagnosis, with 95% CI by state, India, 2017–18

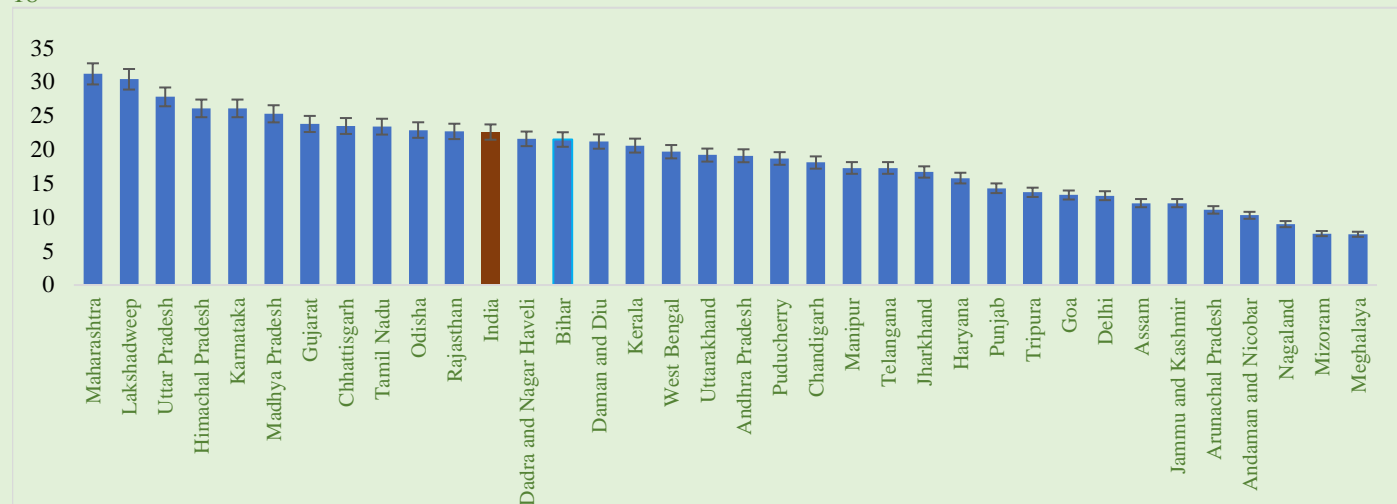
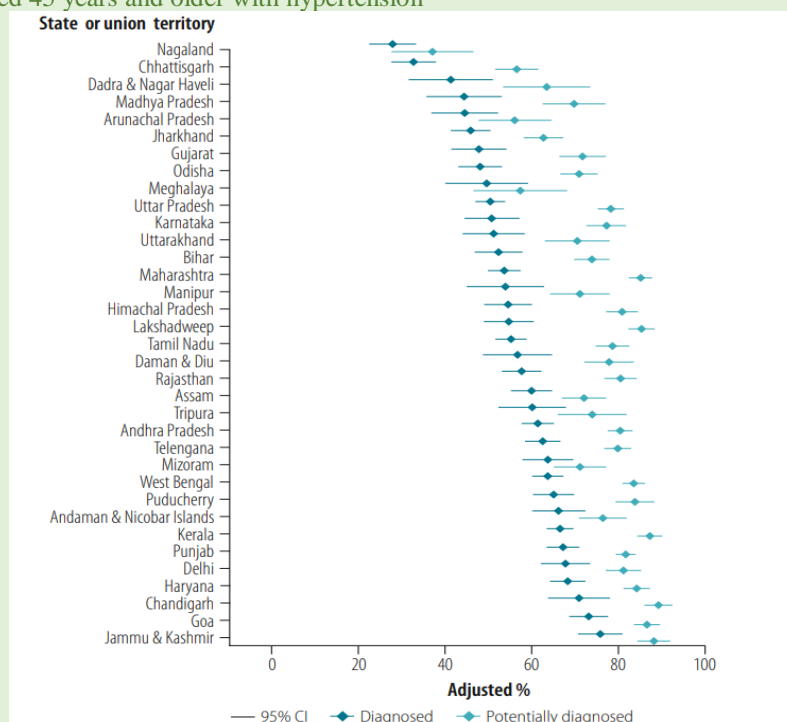


Figure 2: Adjusted percent of hypertension cases a) diagnosed and b) potentially diagnosed if opportunities for screening had not been missed by state, adults aged 45 years and older with hypertension



CONCLUSION AND IMPLICATIONS

One in five older hypertensive adults in India visited a health facility in last one year but still does not know that he or she suffers from hypertension (missed opportunity). Opportunistic screening for hypertension has the potential to significantly increase the detection of hypertension and reduce socio-demographic and geographic inequalities in its diagnosis. To achieve these reductions, all health facilities, especially private facilities, need to adopt the national guidelines on opportunistic screening for adults aged 45 years or older.³

REFERENCES

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Full Paper

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