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CLINICAL RESEARCH

Hypertension management in an outpatient clinic at the Institute of Cardiology of Abidjan (Ivory Coast)

Prise en charge de l'hypertension artérielle en consultation externe de l'Institut de cardiologie d'Abidjan (Côte d'Ivoire)

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KEYWORDS

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Summary

Background. — Elevated blood pressure is one of the most important modifiable risk factors for cardiovascular diseases.

Aim. — To evaluate blood pressure management in Côte d'Ivoire.

Methods. — A retrospective study was conducted among 2575 hypertensive patients from the Institute of Cardiology of Abidjan, who were followed for at least 10 years, between January 2000 and December 2009.

Results. — The patients' mean age $\pm$ standard deviation was 59.1 ± 12.5 years; 54.3% were women. At first presentation, hypertension was stage 1 in 21.7%, stage 2 in 32.3% and stage 3 in 46.0% of patients. According to the European guidelines' stratification of the cardiovascular risk-excess attributable to high blood pressure, 46.7% had a very high added risk, 37.8% had a high added risk and 14.9% had a low-to-moderate added risk. Pharmacological therapy was prescribed in 97.8% of patients; more than 66% were receiving at least two antihypertensive drugs, including fixed-dose combination drugs. The most common agents used were diuretics (59.7%) followed by angiotensin-converting enzyme inhibitors or angiotensin receptor blockers (59.6%). The most common agents for monotherapy were calcium antagonists. When two or

Abbreviations: ESC, European Society of Cardiology; ESH, European Society of Hypertension; ICA, Institute of Cardiology of Abidjan (institut de cardiologie d'Abidjan); RAS, renin-angiotensin system; SD, standard deviation; SSA, Sub-Saharan Africa.

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MOTS CLÉS

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Traitement

more drugs were used, diuretics and angiotensin-converting enzyme inhibitors or angiotensin receptor blockers were most commonly used. Blood pressure control was achieved in 43.7% of cases.

Conclusion. — In our series, severe hypertension with high added risk or very high added risk was very common. Treatment — mostly diuretics and angiotensin-converting enzyme inhibitors or angiotensin receptor blockers — required at least two antihypertensive drugs to meet the recommended blood pressure target.

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Résumé

Introduction. — L'hypertension artérielle constitue un des principaux facteurs de risque cardiovasculaires. Cette étude a été entreprise pour évaluer sa prise en charge en consultation externe de l'Institut de cardiologie d'Abidjan.

Méthodes. — Il s'agissait d'une étude rétrospective, incluant les hypertendus ayant au moins un an de suivi.

Résultats. — Il s'agissait de 2575 patients ayant un âge moyen de $59,1 \pm 12,5$ ans et dont 54,3 % étaient de sexe féminin. À la consultation initiale, l'hypertension artérielle était de grade 1 dans 21,7 %, de grade 2 dans 32,3 % et de grade 3 dans 46,0 %. Le risque cardiovasculaire évalué selon les recommandations de la Société européenne de cardiologie et la Société européenne d'hypertension artérielle était très élevé dans 46,7 %, élevé dans 37,8 % et faible ou modéré dans 14,9 %. Un traitement médicamenteux a été prescrit dans 97,8 %. Plus de 66 % des patients avaient au moins deux antihypertenseurs incluant les associations fixes. Les antihypertenseurs les plus prescrits étaient les diurétiques (59,7 %) suivis des inhibiteurs de l'enzyme de conversion ou de l'angiotensine 2 (59,6 %). Quand il s'agissait d'une monothérapie, les antagonistes calciques étaient les plus utilisés. En revanche, les associations médicamenteuses ont pris en compte surtout les diurétiques et les inhibiteurs de l'enzyme de conversion ou de l'angiotensine 2. La tension artérielle a été équilibrée chez 43,7 % des patients.

Conclusion. — Il s'agissait surtout d'hypertension artérielle sévère avec un risque cardiovasculaire élevé. Pour atteindre l'objectif tensionnel recommandé, une polythérapie a été nécessaire, utilisant surtout les diurétiques et les inhibiteurs de l'enzyme de conversion ou de l'angiotensine 2.

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Background

Hypertension is an important worldwide public health challenge because it is one of the most common chronic conditions [1,2]. In a worldwide survey, 26.4% of the adult population in 2000 had hypertension and 29.2% were projected to have this condition by 2025. The estimated total number of adults with hypertension in 2000 was 972 million and 639 million in economically developing countries [1]. The prevalence of hypertension in Sub-Saharan Africa (SSA) is between 12.5% and 26.9% [3]. In 2005 the World Health Organization's stepwise approach to the surveillance of non-communicable disease risk factors established a prevalence of hypertension in Côte d'Ivoire of 21.7% [4].

Hypertension is a major risk factor for cardiovascular disease [5–7]; it remains an important cause of coronary heart disease, cerebrovascular disease, peripheral artery disease and heart failure [8]. The 2002 World Health Report estimated that around 11% of the entire disease burden in developed countries was caused by raised blood pressure, and that more than 50% of coronary heart diseases and almost 75% of strokes arose as a result of elevated systolic blood pressure [9]. In SSA, the mortality among patients hospitalized for hypertension-related disorders is over 20% [10]. Unfortunately the particular context of SSA, with its poverty

and illiteracy, contributes to the low awareness and suboptimal control and treatment of hypertension [11,12]. These facts underscore that screening and effective treatment for hypertension should be given higher priority in health policies in this region. It was in this context that we undertook this study at the Institute of Cardiology of Abidjan (ICA), the single university hospital managing cardiovascular diseases in Côte d'Ivoire. The study aimed to describe characteristics, risk factors, treatment and blood pressure control in adult hypertensive patients.

Methods

We undertook a retrospective descriptive study involving patients seen in outpatient clinics at the ICA. The study period spans 10 years, between January 2000 and December 2009. The study population comprised hypertensive adults (aged at least 18 years) with a regular follow-up at the ICA within 1 year. This series included patients who had been receiving initial treatment upon referral to our centre.

We used the standard definition and classification of hypertension of the European Society of Hypertension (ESH) and the European Society of Cardiology (ESC) [7]. The data collected were age, sex and level of blood pressure at

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