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SPECIAL ARTICLE

2017 Guidelines for the management of arterial hypertension in primary health care in Portuguese-speaking countries☆

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Abstract The World Health Organization goal's to reduce mortality due to chronic non-communicable diseases by 2% per year demands a huge effort from member countries. This challenge for health professionals requires global political action on implementation of social measures, with cost-effective population interventions to reduce chronic non-communicable diseases and their risk factors. Systemic arterial hypertension is highly prevalent in Portuguese-speaking countries, and is a major risk factor for complications such as stroke, acute myocardial

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infarction and chronic kidney disease, rivaling dyslipidemia and obesity in importance for the development of atherosclerotic disease. Joint actions to implement primary prevention measures can reduce outcomes related to hypertensive disease, especially ischemic heart disease and stroke. It is essential to ensure the implementation of guidelines for the management of systemic hypertension via a continuous process involving educational actions, lifestyle changes and guaranteed access to pharmacological treatment.

PALAVRAS-CHAVE
Hipertensão/complicações;
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Diretrizes de 2017 em Hipertensão Arterial para Cuidados Primários nos Países de Língua Portuguesa

Resumo A meta da Organização Mundial da Saúde de reduzir a mortalidade por doenças crônicas não transmissíveis em 2% ao ano exige um enorme esforço por parte dos países. Esse grande desafio lançado pela Organização Mundial de Saúde requer uma ação política global e concertada através de medidas nas comunidades, com intervenções populacionais de cunho custo-efetivo para reduzir prevalência das doenças crónicas não transmissíveis e dos seus fatores de risco. A hipertensão arterial tem grande prevalência nas populações dos países de língua portuguesa e representa o principal fator de risco para complicações como acidente vascular cerebral, enfarte agudo do miocárdio e doença renal crónica, correspondendo em importância à dislipidemia e obesidade para as doenças ateroscleróticas. Ações conjuntas que visem à implementação de medidas de prevenção primária poderão reduzir os desfechos relacionados com a doença hipertensiva, especialmente acidente vascular cerebral e enfarte agudo do miocárdio. Torna-se necessário garantir a implementação dessas diretrizes para o tratamento da HTA no terreno, através de um processo continuado, que envolva fundamentalmente ações de educação, de mudança do estilo de vida e garantia de acesso aos medicamentos.

Introduction

The World Health Organization's goal to reduce mortality due to chronic non-communicable diseases (NCDs) by 2% per year demands a huge effort from member countries.[1–4] This challenge for health professionals requires global political action on implementation of social measures, with cost-effective population interventions to reduce NCDs and their risk factors. Health professionals need their governments to implement acceptable cost measures, such as counseling for smoking cessation, guidance on healthy diets, encouragement of regular physical exercise, control of systemic arterial hypertension, and teaching and training programs aimed at these issues. These measures would contribute around 70% to the goal of a 2% per year reduction in NCDs.[2,5] Dyslipidemia, hypertension and obesity are highly prevalent multifactorial diseases in Portuguese-speaking countries.[5,6] Systemic hypertension is a major risk factor for complications such as stroke, myocardial infarction and chronic kidney disease, rivaling dyslipidemia and obesity in importance for the development of atherosclerotic disease.[5,6] In addition to their significant epidemiological impact, non-pharmacological treatments of cardiovascular risk factors have a significant effect on the expenditure of ministries of health, social security and finance, because these conditions are major causes, directly or indirectly, of workplace absenteeism. There is evidence that preventive actions are more promising in the primary health care setting.

The number of adults with hypertension increased from 594 million in 1975 to 1.13 billion in 2015, of whom 597 million were men and 529 million women. This increase is due to both population growth and aging.[6] Analysis of trends in blood pressure (BP) levels of 19.1 million adults from several population studies in the past four decades (1975-2015) shows that the highest BP levels have shifted from high-income to low- and middle-income countries of South Asia and sub-Saharan Africa. However, BP levels remain high in Eastern and Central Europe and Latin America.[6]

Several trends have been identified in changes in proportional mortality due to hypertensive disease and its outcomes, ischemic heart disease (IHD) and stroke, in Portuguese-speaking countries from 1990 to 2015 (Table 1). The highest proportional mortality rates due to hypertensive disease were observed in Brazil, Mozambique and Angola. Portugal had the highest human development index in 2015 and the highest mortality due to stroke.[7–9] Limited access (around 50-65%) to essential pharmacological treatment in low- and low-middle income countries may have contributed to these results. In addition, in 40% of these countries there is less than one physician per 1000 population, and few hospital beds for the care of outcomes related to uncontrolled hypertension.[7] Thus, joint actions to implement primary prevention measures can reduce outcomes related