

Short Communication

The poor control of hypertension in China

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Hypertension is one of the most important modifiable risk factor for life-threatening diseases. In China, the percentages of those with hypertension that are aware, treated and controlled are unacceptably low. However, multiple factors contribute to this status. China's experience demonstrates that health development does not automatically follow economic growth.

Key words: Hypertension, China, awareness, treatment, control.

INTRODUCTION

Hypertension is one of the most common worldwide diseases afflicting humans. As a result of the associated morbidity and mortality and the cost to society, hypertension is an important public health challenge. National health surveys in various countries have shown a high prevalence of poor control of hypertension (World Health Organization, 1999). These studies have reported that prevalence of hypertension is 22% in Canada, of which 16% is controlled; 26.3% in Egypt, of which 8% is controlled; and 13.6% in China, of which 3% is controlled. In 2002, about 153 million Chinese adults are hypertensive, of which 24% are aware of their condition. Eighteen percent take antihypertensive medication and only 4.5% have their hypertension under control (Gu et al., 2002; Wu et al., 2008). The percentages of those with hypertension that are aware, treated and controlled are unacceptably low. We analyze the reasons that contribute to China's hypertension control status as follows:

First of all, only a small part of the population has routinely physical examination in China, largely due to economic factors. This accounts for the vastly underdiagnosed hypertension. With the development of China's economy, current status of hypertension awareness will be improved in the future. By the way, most Chinese patients know about their blood pressure condition by chance. They usually ignore the fact that their blood pressure is abnormal, unless they are impressed by the facts.

Secondly, most Chinese would not consider hypertension as a life-threatening disease but a life-long burden,

so they would rather deal with it as late as possible. Even when the diagnosis is confirmed, some patients, especially the low-income group, still refuse to take antihypertensive medication for the lack of symptoms or for fear of the lifetime medication. They would take a serious look at their high blood pressure only when the complicating diseases strike them. This accounts for the low rate of hypertension treatment.

Thirdly, many Chinese believe that western medicines for hypertension are partially poisonous. They think that the antihypertensive medicines do more harm than good. Some patients refuse to take them and turn to traditional Chinese medicines or even healthcare products. However, traditional Chinese medicines are not as effective as western medicines for antihypertensive medication (Davidson et al., 2003). In addition, most of them are expensive and short-acting, when compared to their western counterpart. These patients are also not likely to have their blood pressure under control.

Fourthly, in ordinary Chinese people's minds, hypertension is not such a big deal as a specific organ's dysfunction or disability. Some patients consider hypertension as a minor disease which is unnecessary to treat or able to be cured once and for all. The former take medication occasionally only when they develop symptoms like dizziness, while they quit as soon as symptoms are gone. The latter may take medication for a while and have blood pressure well controlled, but they also quit ultimately because they believe the disease has been cured. Inevitably, they suffer from the target organ damage caused by hypertension.

Last but not the least, medicines are costly in China. In contrast, the medical service is costless (Tian et al., 2008), which upsets Chinese doctors. The government

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determines the prices of both. As a result, Chinese doctors mostly would not make efforts to educate patients on why and how hypertension should be controlled. Instead, they focus on prescribing drugs, and sometimes they prescribe more than necessary. On the other hand, patients have little trust in doctors and poor compliance with doctors. They try to teach themselves, but most derived information is misleading. There are many traps waiting for them. For instance, many patients give up medication but wear a so-called antihypertensive watch in television ads instead. Though China's economy is robust, Chinese doctors' economic and social status remains poor, which in turn pulls down the medical service to all Chinese people.

CONCLUSION

Multiple factors contribute to China's hypertension control status. Hypertension is the most important modifiable risk factor for coronary heart disease, stroke, congestive heart failure, end-stage renal disease and peripheral vascular disease. We can see the great changes in the United States. According to the National Center for Health Statistic Surveys, the awareness for hypertension increased from 53% in 1960 - 1962 to 89% in 1988 - 1991. The percentage of patients involved in hypertension treatment increased from 35 to 79% during this period (Qureshi et al., 2005). China's experience demonstrates that health development does not automatically follow economic growth (Lancet, 2000). To have hypertension under control, the entire society has a long way to go. The government and media should have a positive guidance of public opinion. The misleading information should be swept away. The government should invest more in health education and cut down the price of medications. Doctors should be given the real value for their knowledgeable service, not for prescription. They must not only identify and treat patients with hypertension but also promote a healthy lifestyle and preventive strategies to decrease the prevalence of hypertension in the general population.

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