

PLENARY 2 (PL2): Hypertension – what’s in a name?

Professor Anushka Patel



Anushka Patel is a Professor of Medicine at The University of Sydney and a cardiologist at Royal Prince Alfred Hospital in Sydney, Australia. She undertook her medical training at the University of Queensland, with subsequent postgraduate research degrees from Harvard University and the University of Sydney. As the Chief Scientist of the George Institute for Global Health, she has a key role in developing and supporting global strategic initiatives across the organisation. Her personal research interests focus on developing innovative solutions for delivering affordable and effective chronic disease care in the community and in acute care hospital settings. Anushka currently leads

research projects relating to these interests in Australia, China, India, and Sri Lanka. She is supported by a Senior Research Fellowship from the Australian National Health and Medical Research Council (NHMRC).

SUMMARY

Medical students worldwide are still taught that “hypertension” is a disease, and that if a person develops this disease, they now have a major risk factor for cardiovascular diseases (CVD). However, in countless epidemiological studies, the association between blood pressure and vascular diseases has been shown to be continuous and log-linear, and that this association persists well below traditional cut-points that have historically been used to define “hypertension”. Utilising threshold blood pressure values to define the presence or absence of a disease state is a false dichotomy that has resulted in the definition of “hypertension” being a moving target over the past 50 years. Exposing and eliminating this false dichotomy is not just an intellectual exercise or a matter of semantics. While more and more guidelines for CVD prevention adopt the “absolute risk” approach, hypertension guidelines also still persist in most countries, which is detrimental to clinical and public health approaches to CVD control. In this presentation, I will challenge the very notion of hypertension and make the case that until this term is eradicated from the medical vocabulary, huge numbers of high risk individuals will be denied treatment that has the potential to substantially impact on their disease risk. At the same time, many individuals at low risk who may have little to gain will be preferentially treated. This is particularly an issue in resource-constrained environments, where prioritising treatment for those who are likely to benefit the most is critically important. Key to addressing this issue is shifting from a paradigm of hypertension control to one of blood pressure lowering.

Session chair: Prof Asita de Silva