

" Combating burden of CVD through innovative strategies to improve BP control "

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Uncontrolled high blood pressure (BP) is the leading attributable risk factor for mortality globally. With over 1.3 billion people worldwide estimated to have hypertension, and just over one-third on any form of treatment, it has been estimated that approximately 20% of all deaths are attributable to non-optimal BP. Proportionately, more cardiovascular disease (CVD) deaths occur in LMICs and Asians have enhanced susceptibility to vascular disease. Control of BP reduces cardiovascular morbidity and Mortality. However, despite wide availability of effective and inexpensive medicines to treat hypertension, less than one-third of individuals with hypertension have controlled BP.

Persistent use of monotherapy, which has modest efficacy, and inappropriate lifestyles with poor awareness of CVD risk factors and low patient compliance are considered to be the main contributory factors to inadequate BP control among patients with hypertension.

There is, therefore, a need to challenge traditional paradigms that are unlikely to effectively address the CVD crisis and develop innovative strategies both in terms of clinical care and health systems responses to improve overall outcomes.

One such strategy was evaluated by us in the TRIUMPH study. In this trial of 700 patients with mild or moderate hypertension, initial treatment with or escalation of monotherapy to low-dose triple combination therapy significantly improved achievement of blood pressure targets. The other study (COBRA-BPS) involving more than 2500 participants demonstrated a low-cost, multi-component intervention delivered at community level through existing primary healthcare infrastructure led to better BP control in rural communities. Both these recently published studies will be presented during the oration.