

SCREENING FOR HYPERTENSION: STILL CRITICAL! BUT WHAT STRATEGY IS BEST?

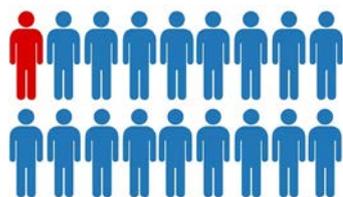


THE IMPORTANCE OF EARLY DETECTION FOR HYPERTENSION

Hypertension, or high blood pressure (BP) is a non-communicable disease that affects at least 1 in 3 adults in South Africa. It has been shown to increase the risk of heart failure, stroke, vision loss and chronic kidney disease in the long term. However, the burden of living with hypertension may be reduced through early detection in the form of hypertension screening programmes and subsequent treatment. This has been shown to help reduce illness and death associated with hypertension, as well as reduce costs to the individual and the health care system.

LACK OF CLARITY ON SCREENING FOR HYPERTENSION

There are various screening interventions and practices that have been tried in the past. However, each present challenges:



^a**Mass screening** that solely focuses on hypertension prove costly and ineffective in changing behaviours.



^b**Opportunistic screening** relies on point-of-care or integrated services, which is currently not fully or equally implemented across health care facilities.



^c**Targeted screening** may miss individuals who have mild hypertension or are at risk of hypertension because they have no signs or symptoms.

WHAT NEEDS TO HAPPEN?

1

In the absence of research evidence, National NCD programme managers should consider other forms of evidence (consultation with experts and health care workers) to make financially and contextually feasible and appropriate screening recommendations.

2

National NCD programme managers should ensure that screening for hypertension is offered to all individuals engaging with the health care system, that is, individuals at greater risk than the general population and individuals accessing point-of-care and integrated services.

3

The Department of Health should refrain from implementing new population-level screening programmes or Interventions at this stage, without knowing if it will yield returns related to changed lifestyle behaviours, improved treatment seeking behaviour and adherence.

It is unclear which screening strategy for hypertension is effective, in terms of promoting healthier behaviours and better control and management of hypertension. We conducted a systematic review¹ with the aim of providing clarity on what kind of effective, feasible, affordable, and sustainable screening strategy should be implemented. Results from research studies^{2,3} (complementary to the systematic review) from unique contexts were also considered to shed some light on what can be done.



KEY FINDINGS

1 There is no research evidence on which screening strategy for hypertension (mass targeted or opportunistic) is most effective to reduce illness and death associated with hypertension.

2 Expanding screening for hypertension from primary to non-primary care settings can improve detection; this means offering screening at primary, secondary and tertiary health care levels.

3 Providing health education materials about hypertension to newly diagnosed patients in addition to a referral letter, does not lead to a significant increase in seeking treatment.

WHAT ARE THE IMPLICATIONS OF MANDATING TARGETED AND OPPORTUNISTIC SCREENING?

Even though there is no specific evidence on the effectiveness of the different screening strategies for hypertension, there is evidence to suggest that screening for hypertension regardless of the type of strategy used, can reduce illness and death associated with Hypertension. Early detection can lead hypertensive individuals to seek treatment and positively change lifestyle-related behaviours. Pragmatically, if the government does not continue to offer screening for hypertension to “at risk” individuals or individuals already engaging with the health care system, there are several implications:

- Patients who need to make lifestyle-changes and be started on treatment may be missed.
- Clinicians working in hospitals can end up overburdened with critically ill hypertensive patients who could have been linked to treatment earlier.
- If mass screening is offered, this can lead to wasted financial and human resources spent on screening of healthy individuals. Additional financial and human resources will be required for the implementation of population-level screening programmes and interventions.
- When screening is offered, screening needs to be accompanied with counselling services, either true or false diagnosis can have negative adverse psychological effects.

References

1. Schmidt BM, Durao S, Toews I, Bavuma CM, Meerpohl JJ, Kredt T. Screening strategies for hypertension. *Cochrane Database of Systematic Reviews* 2018. Issue 11, Art. No.: CD013212. DOI: 10.1002/14651858.CD013212.
2. Handler J, Mohan Y, Kanter MH, Reynolds K, Li X, Nguyen M, Young DR, Koebnick C. Screening for high blood pressure in adults during ambulatory nonprimary care visits: opportunities to improve hypertension recognition. *The Journal of Clinical Hypertension*. 2015, 6.
3. Takala J. Screening, Treatment and Adherence to Treatment for Hypertension, *Scandinavian Journal of Primary Health Care*. 1983, 1:3-4, 114-119. DOI: 10.3109/02813438309038478.

Pictures

1. [National high blood pressure education month](#)
2. [Edna Adan Hospital Somaliland](#)
3. [An anatomy of op-ed and editorial pages](#)

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