



## Health inequalities: Hypertension

### Introduction

Hypertension (high or raised blood pressure) is a major global risk factor for mortality<sup>1</sup>. Hypertension is one of the most important preventable causes of premature morbidity and mortality in the UK<sup>2</sup>. Hypertension is a major risk factor for ischaemic and haemorrhagic stroke, myocardial infarction, heart failure, chronic kidney disease, cognitive decline and premature death<sup>2</sup>. At least one quarter of adults (and more than half of those older than 60) have high blood pressure<sup>2</sup>. Preventing deaths attributable to hypertension is a major focus of activity for Public Health England<sup>3</sup> and the NHS England Long-Term Plan<sup>4</sup>.

### Prevalence and risk factors

Data from GP records for 47% of patients in England in 2017/18 indicate that the number of patients overall with a recorded learning disability who had a recorded diagnosis of hypertension was 9.9%, compared to 13.2% of other people (standardised prevalence ratio 1.0)<sup>5</sup>. Whilst at younger ages people with learning disabilities were more likely to have a diagnosis of hypertension than other people, at older ages people with learning disabilities were less likely to have a diagnosis of hypertension:

- 2.1% vs 0.8% at age 25 to 34
- 7% vs 3.7% at age 35 to 44
- 14.8% vs 12.3% at age 45 to 54
- 23.9% vs 25.8% at age 55 to 64
- 34% vs 42.8% at age 65 to 74
- 41.7% vs 60.1% at age 75 and over

Research from other countries suggests that the prevalence of hypertension among people with learning disabilities is broadly similar to that of other people<sup>6 7 8</sup> or lower<sup>9 10</sup>.

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Hypertension prevalence may be higher in those with mild learning disabilities, with one Spanish study identifying a rate of 17.2% in those with mild learning disabilities compared to 11% for moderate learning disabilities, 8.1% for severe learning disabilities and 9.2% for profound learning disabilities<sup>10</sup>.

Further research is required to clarify gender related differences in hypertension among people with learning disabilities. Prevalence appears to be lower among people with Down syndrome<sup>8</sup>. Diet (especially too much salt), alcohol, lack of exercise and obesity all raise blood pressure, and these effects accumulate with age<sup>1</sup>. Lack of exercise<sup>11</sup> and obesity<sup>12 13</sup> have been identified as particular issues for people with learning disabilities.

### Healthcare and treatment

High blood pressure usually has no signs or symptoms<sup>14</sup>. Health checks for people with learning disabilities can identify previously undiagnosed hypertension<sup>15</sup>.

People with learning disabilities are more likely to have received a blood pressure measurement in the last 5 years than other people (82.5% vs 62.3%)<sup>5</sup>.

National Institute for Health and Care Excellence (NICE) guidelines are available regarding the diagnosis and management of hypertension in adults and these state that written information should be available that is accessible to people with learning disabilities<sup>2</sup>. Management is the same as for other people and based on lifestyle interventions and/or antihypertensive medication<sup>2</sup>, with reasonable adjustments as required. A study in Sweden found that people with learning disabilities were more often prescribed older types of medications for hypertension<sup>9</sup> but there appears to be no similar data for the UK.

### Social determinants

International studies indicate that there is an increased risk of hypertension among people with the lowest socioeconomic status (SES)<sup>16</sup>. People from the most deprived areas in England are 30% more likely to have hypertension than the least-deprived, and these inequalities are wider still for outcomes of hypertension like stroke and coronary heart disease<sup>17</sup>. However, there does not appear to be any data specifically relating to people with learning disabilities.

The quality of social care support received and access to appropriate healthcare is likely to impact on the prevention and identification of hypertension in people with learning disabilities but there is no known research that has specifically addressed this issue.

## Resources

NHS [High blood pressure](#) overview of high blood pressure, what the numbers mean, as well as treatments

[Blood Pressure UK](#) a variety of resources relating to high blood pressure

## References

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  - <sup>2</sup> National Institute for Health and Care Excellence (NICE) [Hypertension in adults: diagnosis and management](#) Clinical guideline [CG127]
  - <sup>3</sup> Public Health England (2019) [Health matters: preventing cardiovascular disease](#)
  - <sup>4</sup> NHS England (2019) [The Long Term Plan](#)
  - <sup>5</sup> NHS Digital (2019) [Health and Care of People with Learning Disabilities: Experimental Statistics: 2017 to 2018](#)
  - <sup>6</sup> de Winter CF and others. Cardiovascular risk factors (diabetes, hypertension, hypercholesterolemia and metabolic syndrome) in older people with intellectual disability: results of the HA-ID study. *Research In Developmental Disabilities*, 2012. 33(6): p. 1722-1731
  - <sup>7</sup> van de Louw J and others. Prevalence of hypertension in adults with intellectual disability in the Netherlands. *Journal Of Intellectual Disability Research*, 2009. 53(1): p. 78-84
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  - <sup>10</sup> Folch A and others. Health indicators in intellectual developmental disorders: The key findings of the POMONA-ESP project. *Journal of Applied Research in Intellectual Disabilities*, 2019. 32(1): p. 23-34
  - <sup>11</sup> Dairo YM and others. Physical activity levels in adults with intellectual disabilities: A systematic review. *Preventive Medicine Reports*, 2016. 4: p. 209-219
  - <sup>12</sup> Emerson E and others. Obesity in British children with and without intellectual disability: cohort study. *BMC Public Health*, 2016. 16(1): p. 644
  - <sup>13</sup> Ranjan S, Nasser JA, and Fisher K. Prevalence and potential factors associated with overweight and obesity status in adults with intellectual developmental disorders. *Journal Of Applied Research In Intellectual Disabilities: JARID*, 2018. 31 Suppl 1: p. 29-38

<sup>14</sup> NHS (2019) [Overview: high blood pressure \(hypertension\)](#)

<sup>15</sup> Robertson, J and others. The impact of health checks for people with intellectual disabilities: an updated systematic review of evidence. *Research in Developmental Disabilities*, 2014. 35(10): p. 2450-62

<sup>16</sup> Leng B and others. Socioeconomic status and hypertension: a meta-analysis. *Journal of Hypertension*, 2015. 33(2): p. 221-9

<sup>17</sup> Public Health England (2014) [Tackling high blood pressure: From evidence into action](#)