EDITORIAL

A TIME FOR ACTION

April 7th 1978 is designated by the World Health Organisation as World Health Day for which the slogan is "Down With High Blood Pressure". It is appropriate therefore at this juncture to identify the stimulus or stimuli that have prompted the world organisation to take this action. Since the beginning of this decade, compelling evidence has come initially from the work of Freis in the United States on the adverse relationship of high blood pressure to strokes, myocardial infarction and heart failure. Similar evidence has now come from the United Kingdom, Australia and the Scandinavian countries. The Joint National Committee on Detection, Evaluation and Treatment of High Blood Pressure in the United States have recommended that "virtually all patients with diastolic pressure of 105 mm Hg or higher should be treated with antihypertensive drugs" and "the first goal of antihypertensive therapy is to achieve and maintain blood pressures at less than 90 mm Hg with minimal side effects".

As this clinical knowledge developed, it soon became evident in many countries that very little basic data was available such as how prevalent was hypertension, how much was undiagnosed, how much and how well was it being treated and indeed how much would it cost to treat all patients with raised blood pressure. This led to an explosion of epidemiological reports on blood pressure screening. Most of the reports suggested a prevalence rate of 15-25% in selected adult populations. In 1974 an epidemiological survey undertaken by the Ministry of Health in Singapore revealed a prevalence rate of 14% in the adult population. The study further revealed that of the persons surveyed only 54% were ever diagnosed by medically qualified persons to have hypertension. There is therefore a large reservoir of undiagnosed and often asymptomatic patients. Of the known hypertensives only 70% had adequate or regular treatment. The remainder were either ignorant of the need for long term therapy, could not afford the time or money or non-compliant with drugs.

Therein lies the challenge to the medical profession. Our first responsibility is that of case-finding. All doctors regardless of speciality, and all patients irrespective of their complaints must have their pressures taken at least once on their first visit. Indeed it is the patients' right to demand this. Once the patients are identified to have raised blood pressure they can be referred for further assessment, investigation or therapy. There is no disease that is easier and cheaper to detect, relatively easy to treat and devastating in its consequences than hypertension. It also offers all doctors a unique opportunity to practice preventive medicine in the comfort of their consultation rooms. At the same time national resources should be mobilized to educate the people regarding the causes and consequences of the disease and the dangers of non-compliance in its treatment. Hence the forthcoming National Heart Week and the Health Ministry's Campaign are laudable steps in the right direction. Hypertension indeed has "graduated" from a purely clinical problem to one of mass public health concern. It is one of the most important if not the most important affliction producing premature sickness, disability and death in the adult population. It has aptly been designated as the pandemic of the 70s and the great silent killer. Patients admitted to the wards with hypertensive heart failure, strokes or renal failure secondary to hypertension should be viewed as failure of the medical profession to provide early detection and adequate treatment. It is time for the medical profession to put a stop to this. It is time for its members to stand up and vociferate

"Up the sphygmomanometer
Down with high blood pressure"

It is time for action.