IFHA RECOMMENDATIONS FOR PREVENTION, DIAGNOSIS, AND MANAGEMENT OF HYPERTENSION AND CARDIOVASCULAR RISK FACTORS

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PRESIDENT-ELECT, IFHA

OUTLINE

- IFHA
- AIMS AND OBJECTIVES OF IFHA
- IFHA RECOMMENDATIONS MGT OF HPN & CVD RISKS
- ON-GOING REVIEW OF THE GUIDELINE
- CONCLUSIONS
INTERNATIONAL FORUM FOR HYPERTENSION
CONTROL AND PREVENTION IN AFRICA

In July 2002 the Heads of African States and Governments at a meeting in Libreville considered HBP as a major public health problem in Africa.

May 10-12 2003, an International Conference on HBP and CVD in Africa was convened in Brussels under the auspice of EU, AU, WHO, WHL, WHF, PASCAR & OTHERS

Attended by prominent Scientists, researchers, stakeholders and potential sponsors.

INTERNATIONAL FORUM FOR HYPERTENSION
CONTROL AND PREVENTION IN AFRICA

Aim of Conference (as a follow-up the Libreville meeting) was to set up specific and priority strategies to help in containing or averting the emerging CVD epidemic in Africa.

Major outcome was formation of IFHA with Dr. D Lemogoum who had played a commendable coordinating role at the Congress as President.
AIMS & OBJECTIVES OF IFHA

- Raise the awareness of the African Governments, opinion leaders and mass media on the hazards of emerging NCDs, mainly HPN and other CVD risk factors related to changes in lifestyle and socio-economic constraints;
- Develop specific - and when possible- evidence-based recommendations for prevention, detection and cost – effective management of Hypertension and other CVD risk factors in the African context;
- Contribute to capacity building in African countries with regards to NCDs control and prevention;

AIMS & OBJECTIVES OF IFHA

- Identify programme partners and establish a global network through linkage of national, continental and international organizations devoted to HBP control and prevention
- Promote and enhance research initiatives in the field of Hypertension and other CVD risk factors
- Encourage and help African countries to establish National Organizations for Hypertension and CVD control and prevention.
IFHA: RECORDED ACHIEVEMENTS

- Successfully organized 6 biennial Pan-African Meetings on HPN in diff parts of Africa
- Publication of Recommendations for Hypertension and CVD risks management and control in SSA (2003).
- Initiation and participation in Research projects
- Has collaborated with ISH, ESH, WHL and WHO in organizing 7 Hypertension Teaching Seminars in Africa.

Recommendations for prevention, diagnosis and management of hypertension and cardiovascular risk factors in sub-Saharan Africa

Daniel Lemogoum, Yackoob Kassim Seedat, Abdul Fattah Biola Mabadeje, Shanti Mendis, Pascal Bovet, Basden Onwubere, Kathleen Ngu Blackett, Claude Lenfant, Jean Rene’ M’buyamba Kabangu, Pierre Block, Mohamed Belhocine and Jean Paul Degaute,
on behalf of the International Forum for Hypertension control and prevention in Africa (IFHA)

HIGHLIGHTS OF 2003 RECOMMENDATIONS

Followed the main lines stated in –
- 2003 WHO/ISH Statement on HBP
- JNC 7 Guidelines
- 2003 ESH/ESC Guidelines
- Consensus statement of the ‘HPN in African-Americans Working Group’ of ISHIB
- Available evidence from SSA at the time.

SPECIFIC AREAS OF ADDRESSED

- Blood pressure measurement and clinical evaluation
- Risk factor identification and stratification
- Management of HBP and CVD risk factors
- Special Situations
- Patient education
- Prevention of hypertension
Blood pressure measurement and clinical evaluation

- Blood pressure detection and confirmation
- Recommended devices
- Self-measurement/ambulatory monitoring
- Thorough clinical evaluation

Risk factor identification and stratification

<table>
<thead>
<tr>
<th>Other risk factors and disease history</th>
<th>Normal SBP 120–129 or DBP 80–89</th>
<th>High normal SBP 130–139 or DBP 85–89</th>
<th>Grade 1 SBP 140–159 or DBP 90–99</th>
<th>Grade 2 SBP 160–179 or DBP 100–109</th>
<th>Grade 3 SBP &gt; 180 or DBP &gt; 110</th>
</tr>
</thead>
<tbody>
<tr>
<td>No other risk factors</td>
<td>Average risk</td>
<td>Average risk</td>
<td>Low added risk</td>
<td>Moderate added risk</td>
<td>High added risk</td>
</tr>
<tr>
<td>1–2 risk factors</td>
<td>Low added risk</td>
<td>Low added risk</td>
<td>Moderate added risk</td>
<td>Moderate added risk</td>
<td>Very high added risk</td>
</tr>
<tr>
<td>3 or more risk factors or TOD or diabetes</td>
<td>Moderate added risk</td>
<td>High added risk</td>
<td>High added risk</td>
<td>High added risk</td>
<td>Very high added risk</td>
</tr>
<tr>
<td>ACC</td>
<td>High added risk</td>
<td>Very high added risk</td>
<td>Very high added risk</td>
<td>Very high added risk</td>
<td>Very high added risk</td>
</tr>
</tbody>
</table>

ACC, associated clinical conditions; TOD, target organ damage; SBP, systolic blood pressure; DBP, diastolic blood pressure. Repeated blood pressure measurements should be used for stratification.
**WHO CVD-RISK MANAGEMENT PACKAGE FOR LOW-MEDIUM RESOURCE SETTINGS**

![Diagram](image)

**Choice of drug: compelling and possible indications**

<table>
<thead>
<tr>
<th>Compelling indications</th>
<th>Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes mellitus (types 1 and 2) with proteinuria</td>
<td>• ACEI (ARB)</td>
</tr>
<tr>
<td>Elderly with ISH</td>
<td>• Thiazides – Long acting CCB</td>
</tr>
<tr>
<td>Angina</td>
<td>• B-blocker or CCB (HR limiting)</td>
</tr>
<tr>
<td>Post-MI or CAD</td>
<td>• B-blocker, ACEI (ARB)</td>
</tr>
<tr>
<td>Left ventricular hypertrophy</td>
<td>• Thiazide diuretic α ACEI (ARB), CCB</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>• ACEI (ARB), β-blocker,αβ-blocker, spironolactone, thiazide diuretic and/or loop diuretic for vol overload</td>
</tr>
<tr>
<td>Chronic renal disease</td>
<td>• ACEI (ARB) with thiazide diuretic, loop diuretic and/or metolazone instead of thiazide diuretic s/creatinine 116 g/l, GFR 30 ml/min),NDHP CCB</td>
</tr>
<tr>
<td>Stroke</td>
<td>• Thiazide diuretic, ACEI, CCB</td>
</tr>
<tr>
<td>Prostatism</td>
<td>• α-Blocker (Not used as monotherapy for hypertension)</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>• Methyldopa, labetalol, CCB</td>
</tr>
</tbody>
</table>
Special situations

- Hypertension emergencies and urgencies
- Refractory hypertension
- Hypertension in children and adolescents

Patient education

- Explanation of the meaning and implications of HBP
- Encourage record keeping and need for regular Clinic attendance
- Emphasize life-style modification
- Drug information should be made available to patients. Need for strict compliance conveyed.
Prevention of hypertension

- Great need for prevention emphasized
- Primordial
- Primary
- Screening for HBP

FOLLOW-UP

In Abuja (October, 2013) 6th IFHA-organized Pan-African Hypertension Meeting:

- Urgent need to review the Guidelines in view of emerging evidence and increasing burden of HBP and CVD in Africa.
- Review Committee formed under Chair of Prof. YK Seedat and given mandate for a Guideline for HBP and CVD Risk Mgt in Africa.
CONCLUSION AND RECOMMENDATIONS

- 2003 IFHA Recommendations - a bold step at solving an enormous problem and Key-players deserve commendation
- The increasing burden of CVDs in Africa from available evidence-based data calls for immediate action and realization of a common objective.
- Need to take holistic approach involving all Stakeholders in line with current global practice
- Idea of Task-Force – highly commendable but should be all-inclusive.

THANKS IMMENSELY