





# Risk reduction among hypertensive adults in Italy: Results of Studio PASSI 2005

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## Background

- Hypertension is a major risk factor for cardiovascular disease and is often associated with other conditions or behaviors that increase the risk of CVD
- Many of these concomitant conditions or behaviors can be modified through physician counselling and adoption of healthy behaviors

#### **Objectives**

- Using data from PASSI 2005, describe the sociodemographic characteristics of persons with selfreported hypertension
- Estimate the prevalence of concomitant medical and behavioral risk factors that increase CVD risk
- Determine if physicians have asked (or tested) and counselled their patients regarding these conditions, and whether hypertensives have modified their behavior

## Results 1: Prevalence of hypertension and co-existing conditions and risk factors

23% of the population was hypertensive (n=3064) Among persons with self-reported hypertension:

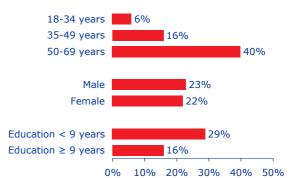
- 21% were smokers
- 68% were overweight or obese
- 92% had undergone cholesterol testing, of whom 40% had hypercholesterolemia
- 27% were sedentary

The prevalence of co-existing conditions and risk factors was high: a fifth of hypertensives smoke, two-thirds are obese, 40% have high choleseterol, and more than a fourth are completely sedentary

#### Methods

- Telephone interviews of a random sample of residents aged 18-69 drawn from local health registers were conducted by trained local health units (LHU) staff
  All 20 registers participated
- All 20 regions participated
- 15,890 interviews conducted; analysis limited to the 13,578 in whom blood pressure had been measured
- Definitions
  - Overweight or obese: body mass index ≥25
  - Sedentary: inactive at work (or not working) and no leisure time physical activities

## **Results 2: Risk factors for hypertension**



The prevalence of hypertension increased with age and was inversely associated with educational attainment

## Results 3: Counselling and behaviors among hypertensives with co-existing conditions or risk factors



Many had not been asked or counselled about co-existing conditions and risk factors, and even fewer had tried to change their behaviors

## Limitations

- Reliance on self-reported information
- Possible telescoping bias resulting in over-estimates of recent counselling behaviors

## Conclusions

• More efforts are needed to encourage physicians to ask about and counsel their patients

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 Although physicians can contribute to behavioral change, greater support to patients who wish to change their behaviors is necessary