Knowledge, Awareness, and Perception of Hypertension in Sub-Saharan Africa: A Systematic Review

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Background
• Cardiovascular disease (CVD) is now a leading contributor to the burden of disease in low- and middle-income countries (LMICs).

• Particularly, in sub-Saharan Africa (SSA) CVD prevention, treatment and management are unaffordable for many patients.[1]

• The growing prevalence of CVD and CVD risk conditions, such as hypertension, type 2 diabetes mellitus (T2DM), and chronic kidney disease (CKD) is particularly troublesome for LMIC, where quality of care is often insufficient with a lack of facilities, qualified staff, essential equipment and supplies, and limited organizational capacity to provide chronic care.[1]

• The prevalence of hypertension and its complications is increasing at an alarming rate in SSA with an age-standardized hypertension prevalence of 19.1% in 1990 compared to 25.9% in 2010.

• Adequate treatment of hypertension greatly reduces the risk of CVD, however treatment coverage of antihypertensive medication is low due to limited awareness, accessibility and affordability of quality treatment for hypertension in settings with overburdened health systems.[2,3]

• Health systems in these settings are already strained by the double burden of communicable and chronic disease, especially in resource-limited settings.[2,3]

• There is an increasing need to implement programs in the most vulnerable populations in order to combat the growing trend of cardiovascular related diseases and death.

Objectives
Objective 1: What is the current knowledge, awareness, and perception of hypertension risk in sub-Saharan Africa?

Objective 2: What is the acceptability for treatment among patients in sub-Saharan Africa?

Methods
• Two independent reviewers will conduct the initial screening of the titles and abstracts based on the inclusion and exclusion criteria.
  – Inclusion: individuals diagnosed with hypertension or at risk for hypertension, Studies published in SSA in English
  – Exclusion: Children under the age of 18, Studies conducted in western countries

• The full texts of the articles/documents that pass the initial screening will then be obtained and further screened independently, by the two reviewers.

• The two reviewers will discuss the outcomes of this second phase with the mentor, who will also serve as a third reviewer to resolve any disagreements.

• A form will be used for data extraction and it will include information about data collection methods, findings relevant to the review objectives, conclusions and recommendations from the study.

• Data on authors, study design, publication date, population demographics, research methodology, and findings on the knowledge, awareness of and perception towards hypertension will be extracted.

• An excel sheet will be used in recording results.

Results

Conclusion
• Given the need to implement programs in the most vulnerable populations in order to combat the growing trend of cardiovascular related diseases and death, more information should be gathered on the overall awareness, knowledge and perception for patients with CVDs and CV related risks in order to better guide the design and successful implementation of hypertensive management or preventative programs in these settings.

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References
