

### Definition/Description:

#### Hypertension Treatment Prevalence

This is the percentage of persons aged 25 years or older who had at least one physician visit for hypertension in a three-year period.

#### Hypertension

Primary hypertension is often referred to as high blood pressure. The “tension” in hypertension describes the vascular tone of the smooth muscles in the artery and arteriole walls. It accounts for over 90 per cent of all cases of hypertension in the U.S. and develops without apparent causes. Hypertension is a major health problem, especially because it often has no symptoms. If left untreated, hypertension can lead to heart attack, stroke, enlarged heart, or kidney damage. In this report, hypertension was defined as the occurrence of at least one physician visit for hypertension (ICD-9-CM 401 or 402) in a three-year period.

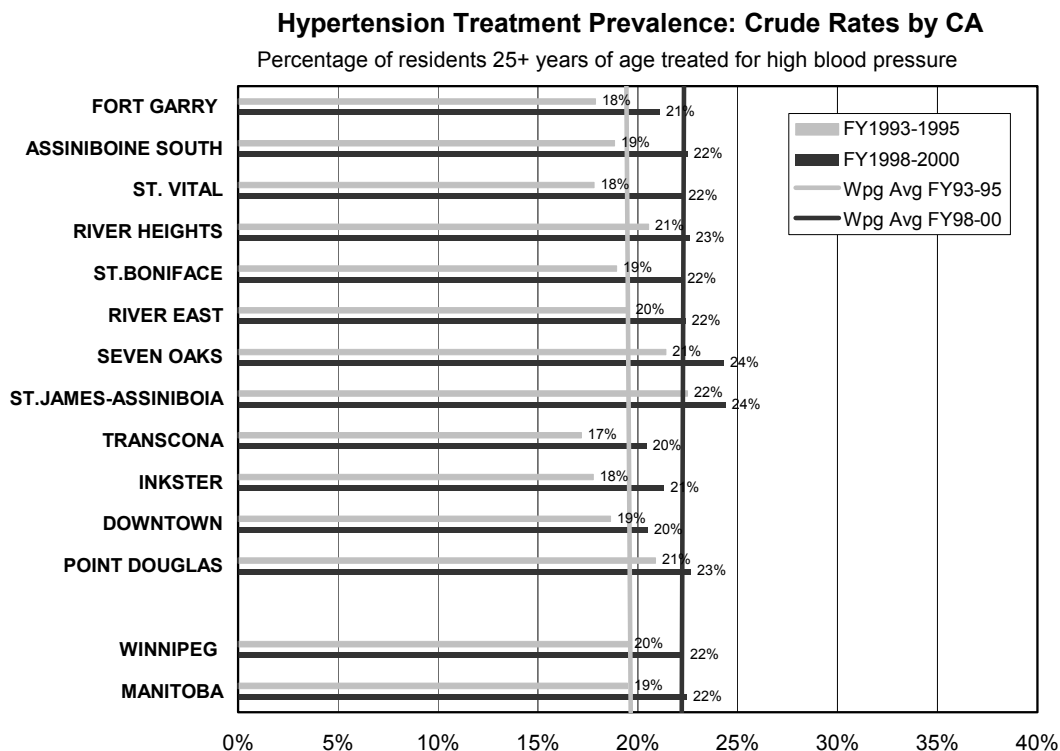
#### Method

Physician visits from 1993/94 to 1995/96 and 1998/99 to 2000/01 were used. The denominator was the 1994 population for the first time period, and 1999 for the second time period. Analysis was restricted to individuals aged 25 or greater as of December 31 of the denominator year. Region was assigned based on region of the most frequently occurring record.

#### Source:

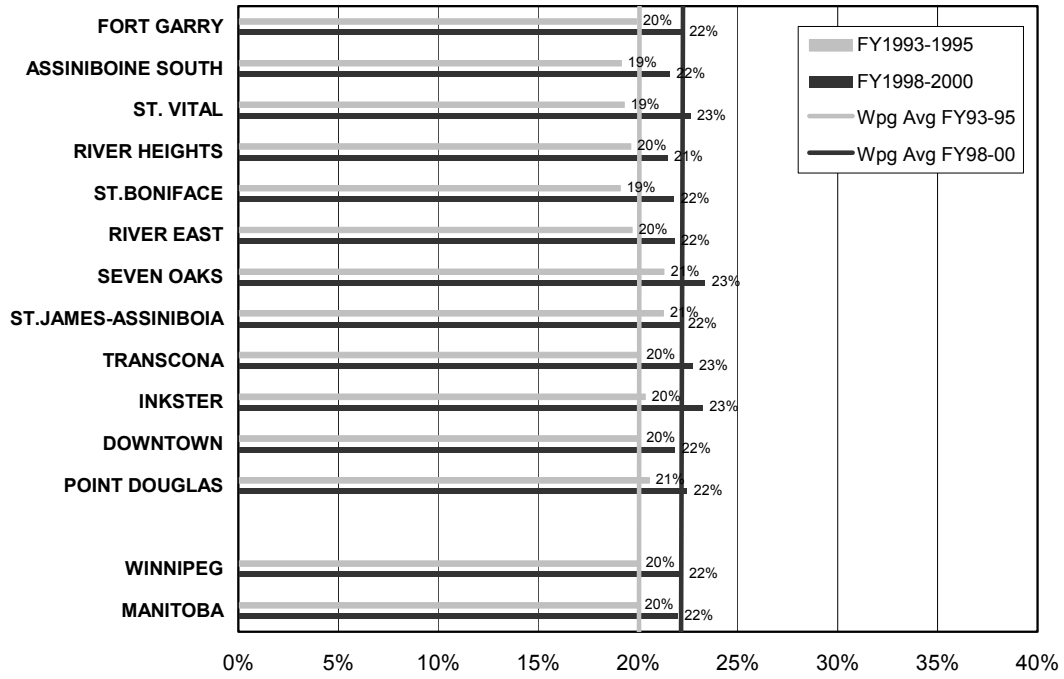
The Need to Know Project, Manitoba Centre for Health Policy, 2003. All numerical values, tables, and figures (including spatial analyses) were generated by the Population Health and Health System Analysis Unit, Winnipeg Regional Health Authority.

#### Findings:



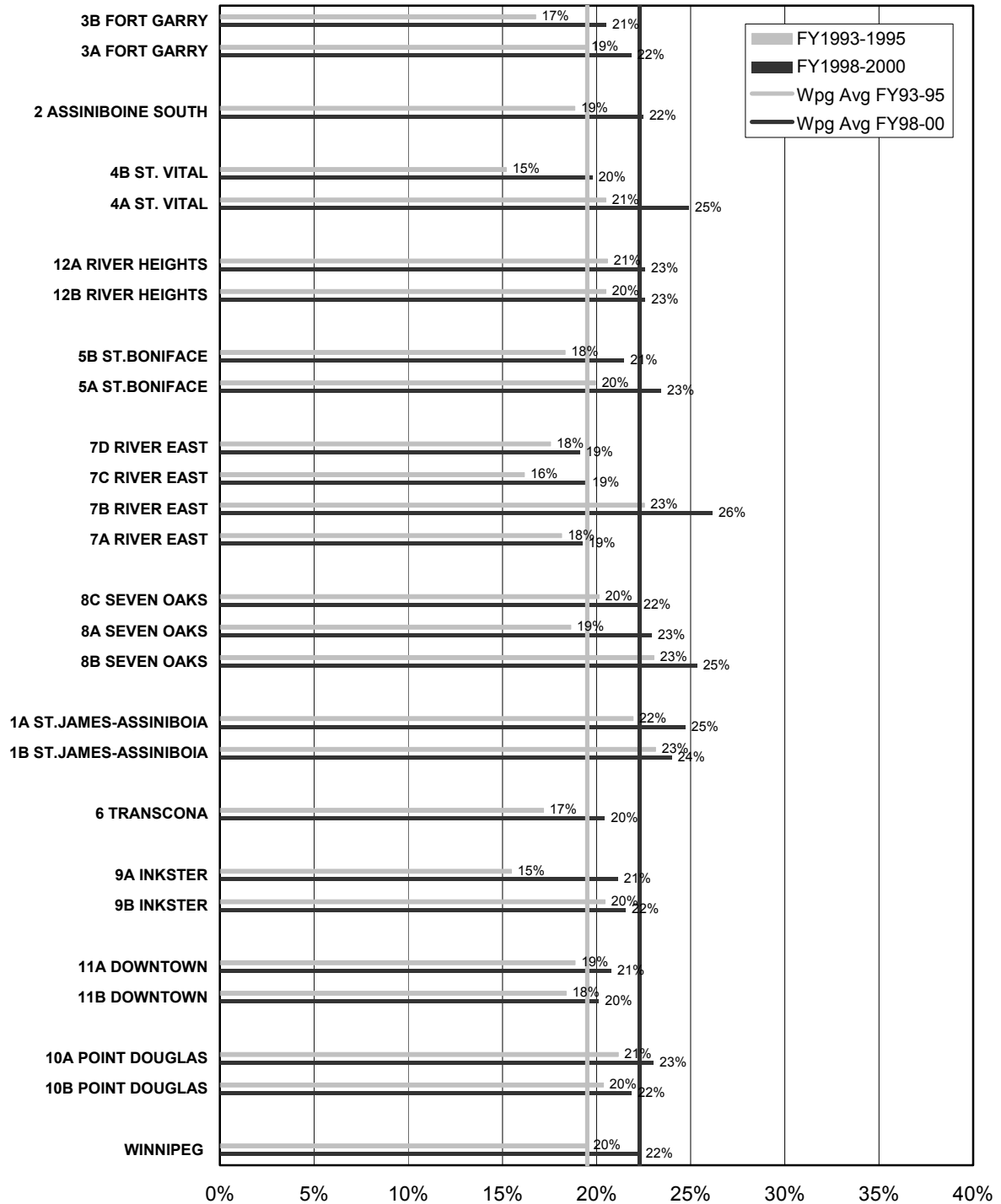
### Hypertension Treatment Prevalence: Age-Adjusted by CA

Age- & sex-adjusted percentage of residents 25+years of age treated for hypertension



### Hypertension Treatment Prevalence: Crude Rates by NC

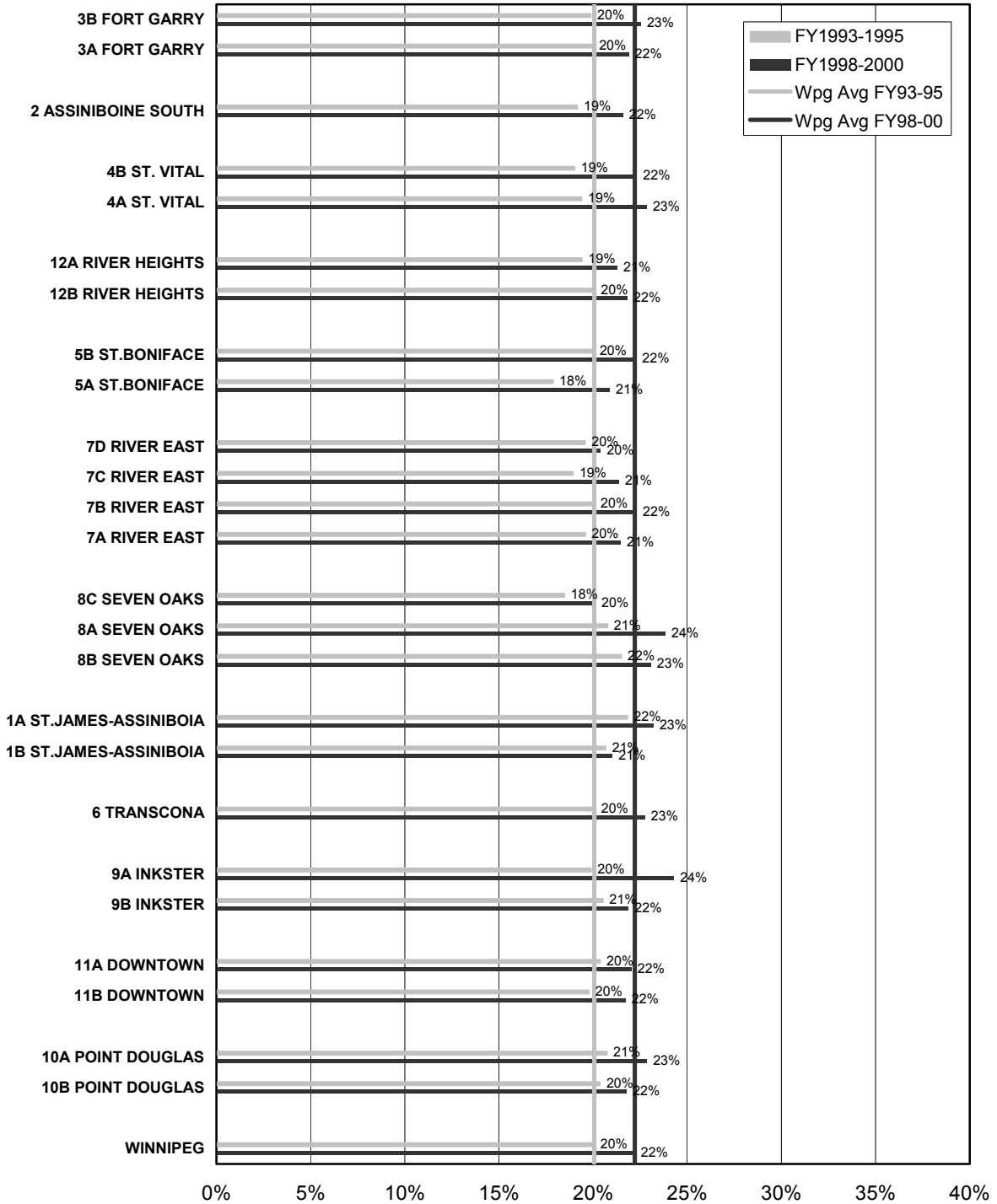
Percentage of residents 25+ years of age treated for high blood pressure



Data Source: MCHP, 2003

### Hypertension Treatment Prevalence: Age-Adjusted by NC

Age- & sex-adjusted percentage of residents 25+ years of age treated for hypertension



## Highlights:

**Note:** The crude rates are referred to in this narrative (unless otherwise specified).

### Regional Rates:

- There was an overall increase in the prevalence of hypertension treatment (reported as a percentage of the population) in the WHR between the time periods of 1993/94 to 1995/96 ( $t_1$ ) and 1998/99 to 2000/01 ( $t_2$ ).
- The WHR rate increased from 19.5% to 22.2% of the population (crude rates).
- The percentage of the population treated for hypertension in the WHR was approximately the same as that of Manitoba for both time periods.
- There were minimal differences between the age-standardized and crude rates at the regional level. The crude rates are referred to in this narrative.

### Community Area Rates:

- The lowest rates of hypertension treatment were found in community areas Transcona for  $t_1$  and Downtown for  $t_2$ .
- The highest rates were found in St. James-Assiniboia community for  $t_1$  and in St. James-Assiniboia, Seven Oaks and in Point Douglas for  $t_2$ .
- Every community area experienced an increase in the rate of hypertension between the two time periods.
- For  $t_2$ , the following community areas had rates that were higher than that of the WHR: St. James-Assiniboia, River Heights, Seven Oaks and in Point Douglas. The remaining community areas had rates that were either equivalent or lower than that of the WHR (in  $t_2$ ).
- Adjusting the rates for age and sex had the overall effect of minimizing the differences seen among the community areas in the crude rates. This indicates that the underlying age and sex distribution of the community area populations may explain the differences seen in the crude rates.

### Neighbourhood Cluster Rates:

- The lowest rates of hypertension treatment were found in neighbourhood clusters St. Vital 4B and Inkster 9A for  $t_1$  and in River East 7A, 7C, and 7D for  $t_2$ .
- The highest rates were found in River East 7B, Seven Oaks 8B, and St. James-Assiniboia 1A for  $t_1$  and in River East 7B, St. Vital 4A, Seven Oaks 8B, St. James-Assiniboia 1A & 1B, for  $t_2$ .
- Every neighbourhood cluster experienced an increase in the rate of hypertension between the two time periods.
- Adjusting the rates for age and sex had the overall effect of minimizing the differences seen among the neighbourhood clusters in the crude rates. This indicates that the underlying age and sex distribution of the neighbourhood cluster populations may explain the differences seen in the crude rates.