

Epidemiology of hypertension in general practice in France

Data from the Observatory of General Medicine 1994/1995

Duhot D., Martinez L. French society of general medicine

Summary

The French medical data about hypertension are discordant. So we try to define the prevalence of hypertension in general practice. We utilise the medical data collected by the informatized practitioners of the Observatory of General Medicine.

The prevalence of hypertension in general practice is 10.73%, it is more important for women (11.84%) than for men (9.45%) and grow up with age (from 00,9% between 0 and 2 years to 40,32 % for the 80 years and more).

Introduction

The medical data about hypertension in France are discordant, between 10.4% to 41%. The study methodologies and populations are not comparable. We decide to calculate the hypertension prevalence in general practice with a cross sectional study.

Theory or methodology

We analyse the data of the SFMG network of 109 informatized general practitioner: the observatory of the general medicine. This practitioners collects standardised medical data (on-going and in real time).

The dictionary of Consultation Results, with his definitions, authorise the collect of standardised data.

The definition of hypertension recover the WHO criteria at this time.

71 practices will be analysed from the 1^{er} of September 94 to the 31 august 95

Every patient take care in consultation of visit at home were included.

Definition of hypertension

Hypertension

Elevation of the blood pressure
Measured in lengthened position after 5 minutes of rest

Hypertension light

Systolic BP between 140 & 180 mm Hg
Diastolic BP between 90 & 105 mm Hg
or

Hypertension average or severe

Systolic BP > 180 mm Hg (&/or)
Diastolic BP > 105 mm Hg
or

Systolic hypertension

Systolic BP = or > 160 mm Hg (and)
Diastolic BP < 90 mm Hg

1st measure (or)

2nd measure (or)

3rd measure

Ambulatory measure of blood pressure
abnormal

Reapparition

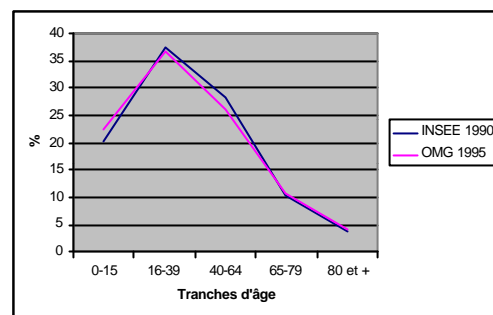
Dr Didier Duhot
CMS Voltaire
65 bis, rue Voltaire
93100 Montreuil
France

d.duhot@sfgm.org
http://www.sfgm.org

Results

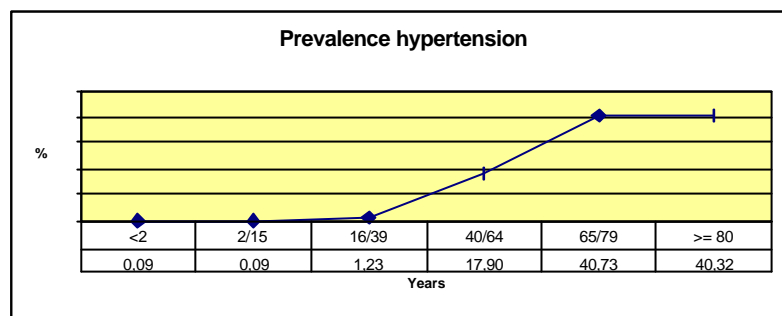
In one year

317 080 Results of Consultation
176 123 sessions (consultation & visit)
24 092 sessions for hypertension
55 495 patients
(**29 600** women and **25 895** men)
5 945 patients with high blood pressure
(**3 506** women and **2 448** men)
sex ratio
OGM = 0.875 Hypertension = 0.698



Prevalence of hypertension by age

Hypertension appear after 40 years.



Prevalence of hypertension in different French studies

France	SFMG 95	CREDES 94	Poggi 94
Age	0-∞	0-∞	18-∞
Prevalence	10,73	9,5	41
Prevalence men	9,45	8,6	46,7
Prevalence women	11,84	10,4	37,8

France (local)	Simon 88/91 (Bretagne W)	Monica 85/89 All	Monica 85/89 Strasbourg (NE)	Monica 85/89 Lille (N)	Monica 85/89 Toulouse (SW)
Age	4-65	34-65	34-65	34-65	34-65
Prevalence	16,2				
Prevalence men	22,5	37,4	43,8	40,2	27,7
Prevalence women	11,2	28,2	33,8	31,5	18,9

Prevalence of hypertension in different international studies

World	NHANES III 88/91 USA	Joffres 86/90 Canada	Van Leer 87/91 Netherlands
Age	18-74	18-74	20-59
Prevalence	20,4	20	8
Prevalence men	22,5	23	8
Prevalence women	18,0	18	8

Discussion

Representativity of the patients and the GP

The SFMG network had less women and more group practices than the whole GP in France. The age pyramid of the patients seen in the network were the same as the general population.

Prevalence

The prevalence for women (11.84%) is higher than for men (9.45%). The prevalence in our study (10.73%) is close from the prevalence of the CREDES (9.5%), but is far away from the other French study (Poggi, 41%).

The different methodology and population can explain this differences, even for GP studies (SFMG and Poggi). So our data compiles the consultations and visits at home, and the age of the population begin at 1 day. It is not the same with the Poggi study, where population begin at 18 years and included only consultations.

Limits

In 1995, collection of informatized medical data was more difficult in visit at home than at the office. For this reason, the collect may be underestimate.

The GP of the network have some differences with the whole GP in France.

At this moment we cannot analysed the items of the definition and the questionnaire where GP enter the level of blood pressure.

Conclusion

We must analysed the 7 years of collecting data, with items, measures of blood pressure, medications and co-morbidity. This is the work for 2000.