

Proyecto 



Control ~~20~~
HTA ~~20~~

Research

Original Investigation

Prevalence, Awareness, Treatment, and Control of Hypertension in Rural and Urban Communities in High-, Middle-, and Low-Income Countries

Clara K. Chow, PhD; Koon K. Teo, PhD; Sumathy Rangarajan, MSc; Shofiquil Islam, MSc; Rajeev Gupta, PhD; Alvaro Avezum, MD; Ahmad Bahonar, MPH; Jephath Chifamba, PhD; Gilles Dagenais, MD; Rafael Diaz, MD; Khawar Kazmi, MD; Fernando Lanas, MD; Li Wei, PhD; Patricio Lopez-Jaramillo, MD, PhD; Lu Fanghong, MD; Noor Hassim Ismail, MSc; Thandi Puoane, Dr PH; Annika Rosengren, MD; Andrzej Szuba, MD; Ahmet Temizhan, MD; Andy Wielgosz, MD; Rita Yusuf, PhD; Afzalhussein Yusufali, MD; Martin McKee, DSc; Lisheng Liu, MD; Prem Mony, MD; Salim Yusuf, DPhil;
for the PURE (Prospective Urban Rural Epidemiology) Study investigators

| Variables | No. (%) of Participants | | | | |
|---|-------------------------|---------------|---------------|-------------|--|
| | Overall | Aware | Treated | Controlled | Proportion With BP <140/90 mm Hg Among Those Receiving Treatment |
| Self-reported hypertension with treatment or BP \geq 140/90 mm Hg | | | | | |
| Income level | | | | | |
| HIC | 6263 | 3070 (49.0) | 2924 (46.7) | 1189 (19.0) | 1189 (40.7) |
| UMIC | 18 123 | 9516 (52.5) | 8761 (48.3) | 2833 (15.6) | 2833 (32.3) |
| LMIC | 23 269 | 10 134 (43.6) | 8595 (36.9) | 2314 (9.9) | 2314 (26.9) |
| LIC | 10 185 | 4157 (40.8) | 3230 (31.7) | 1298 (12.7) | 1298 (40.2) |
| Sex | | | | | |
| Women | 32 649 | 16 440 (50.4) | 14 491 (44.4) | 4891 (15.0) | 4891 (33.8) |
| Men | 25 191 | 10 437 (41.4) | 9019 (35.8) | 2743 (10.9) | 2743 (30.4) |
| Region ^a | | | | | |
| South Asia | 9751 | 3942 (40.4) | 3113 (31.9) | 1264 (13.0) | 1264 (40.6) |
| China | 18 915 | 7866 (41.6) | 6503 (34.4) | 1545 (8.2) | 1545 (23.8) |
| Malaysia | 5321 | 2568 (48.3) | 2226 (41.8) | 680 (12.8) | 680 (30.5) |
| Africa | 2160 | 743 (34.4) | 677 (31.3) | 140 (6.5) | 140 (20.7) |
| North America and Europe | 8682 | 4428 (51.0) | 4158 (47.9) | 1599 (18.4) | 1599 (38.5) |
| Middle East | 2074 | 1088 (52.5) | 1054 (50.8) | 354 (17.1) | 354 (33.6) |
| South America | 10 937 | 6242 (57.1) | 5779 (52.8) | 2052 (18.8) | 2052 (35.5) |
| All included continents, countries, or regions | 57 840 | 26 877 (46.5) | 23 510 (40.6) | 7634 (13.2) | 7634 (32.5) |

Among the 23 510 participants who self-reported receiving treatment for hypertension, 7273 reported 2 or more types of blood pressure-lowering medications on their medication lists (30.8% [95% CI, 30.2%-31.4%] or 12.5% of all with hypertension [95% CI, 12.2%-12.8%]). The use of 2 or more medications was significantly lower in LICs compared with HICs, UMICs, or LMICs (combined $P = <.001$; in HICs, 18.1% [95% CI, 17.2%-19.1%]; in UMICs, 14.5% [95% CI, 14.0%-15.1%]; in LMICs, 14.1% [95% CI, 13.7%-14.6%]; and in LICs, only 1.6% [95% CI, 1.4%-1.8%]; eTable 5 in Supplement).

RESEARCH ARTICLE

Patients' Knowledge, Attitudes, Behaviour and Health Care Experiences on the Prevention, Detection, Management and Control of Hypertension in Colombia: A Qualitative Study

Helena Legido-Quigley^{1*}, Paul Anthony Camacho Lopez², Dina Balabanova¹, Pablo Perel¹, Patricio Lopez-Jaramillo^{2,3}, Robby Nieuwlaat⁴, J-D Schwalm⁴, Tara McCready⁴, Salim Yusuf⁴, Martin McKee¹

1 Department of Health Services Research and Policy, London School of Hygiene and Tropical Medicine, London, United Kingdom, **2** Fundación Oftalmológica de Santander, Bucaramanga, Colombia, **3** Instituto Masira, Medical School, Universidad de Santander, Bucaramanga, Colombia, **4** Population Health Research Institute, Hamilton, Ontario, Canada



Barriers to accessing treatment included co-payments for medication; costs of transport to health care facilities; unavailability of drugs; and poor access to specialist care. Some patients overcame these barriers with support from social networks, family members and neighbours. However, those who lacked such support, experienced loneliness and struggled to access health care services. The health insurance scheme was frequently described as administratively confusing and those accessing the state subsidized system believed that the treatment was inferior to that provided under the compulsory contributory system. Measures that should be addressed to improve hypertension management in Colombia include better communication between health care professionals and patients, measures to improve understanding of the importance of adherence to treatment, reduction of co-payments and transport costs, and easier access to care, especially in rural areas.



XII CONGRESO LASH
LATINOAMERICANO DE HIPERTENSION ARTERIAL
17 - 19 DE OCTUBRE DEL 2014 GUAYAQUIL - ECUADOR

Latin American Society of Hypertension
LASH

ISH 24th Scientific Meeting of the International Society of Hypertension

ESH European Society of Hypertension Associated Society

Journal Hypertension 2015 Jan;33(1):189-90

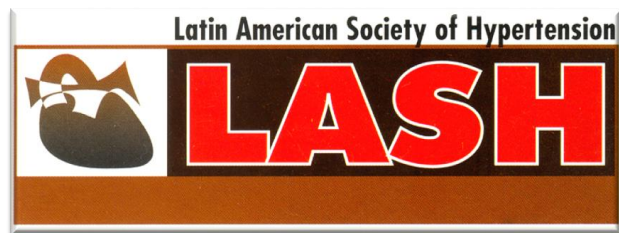
The 20 × 20 Latin American Society of Hypertension target

Patricio Lopez-Jaramillo^a and Dora I. Molina^b

In Latin America, of those with hypertension, 57.1% were aware of this condition and 52.8% were receiving pharmacological treatment, but only 18.8% had controlled BP (<140/90 mmHg). Moreover, only 35.5% of those on treatment had a BP less than 140/90 mmHg. On the basis of these findings, in May 2014, a group of experts of the Latin America Society of Hypertension (LASH) representing 12 countries met in Cartagena de Indias (Colombia) and agreed to implement the '20 × 20 LASH target', with the goal of achieving a 20% increase (relative to the Latin America data of the PURE study) in the awareness, treatment, and control of hypertension by 2020. To reach this goal, LASH has developed and is implementing the Latin American guidelines for Hypertension, Diabetes, and Metabolic Syndrome for use by primary care personnel [3], and is developing a virtual Masters Course in the Practical Diagnostic and Management of Hypertension and associated cardiovascular risk factors, specifically designed for general practitioners and nurses in the region. The course has a particularly strong emphasis on how to implement the strategies of information, communication, and education to the community.

We hope that these actions aid the Latin American countries' efforts in reaching the UN 25 × 25 goal.

● **Objetivo:** > 20% del control de la HTA del PURE para 2020



● **Campaña integral en LATAM:**

- Información al paciente y al médico.
- Formación al médico de atención primaria.
- Seguimiento del paciente a largo plazo.
- Facilitar el acceso a los fármacos

● **Desarrollada por país pero con un mismo mensaje:**

- En colaboración con las Sociedades Científicas locales.
- Apoyada por Universidades e instituciones internacionales.

Objetivo: > 20% del control de la HTA del PURE para 2020

CAMPAÑA INTEGRAL DE INFORMACIÓN, FORMACIÓN Y CONTROL DE HTA

1 Información Población:

300.000 pacientes

LASH
Explicación de la Hipertensión Arterial

2 Información Médica:

50.000 Médicos

LASH
Manual Diagnóstico Terapéutico de HTA

3 Formación Médica:

2.000 Médicos

LASH
Curso de Postgrado de HTA y Enfermedad Cardiovascular

Coordinadores Latinoamérica
 Dr. José Parra Carrillo
 Hospital de Guadalupe (México)
 Dr. Patricio López Jaramillo
 Fundación Cardiovascular (Colombia)
 Dr. Welmar Barros de Souza
 Universidad Federal de Goiás (Brasil)
 Dr. Daniel Polanco
 Sanatorio Británico de Rosario (Argentina)
 Dr. Rafael Hernández Hernández
 Universidad Simón Bolívar (Venezuela)
 Dr. Fernando Wyss Quintana
 Unidad de Investigación Clínica (Guatemala)

4 Control y seguimiento HTA:

40.000 pacientes

LASH
Programa de Control y Seguimiento del Paciente

5 Acceso fármacos:

40.000 pacientes

LASH
Programa de Acceso a los Medicamentos

● Forma de implementación:

1



Lo que usted debe saber de la Hipertensión Arterial



- Para dar más trascendencia a la campaña ayudaría la colaboración desinteresada de personajes relevantes del campo de la cultura o del deporte y de la OPS.



Organización Panamericana de la Salud

Oficina Regional de la Organización Mundial de la Salud



1

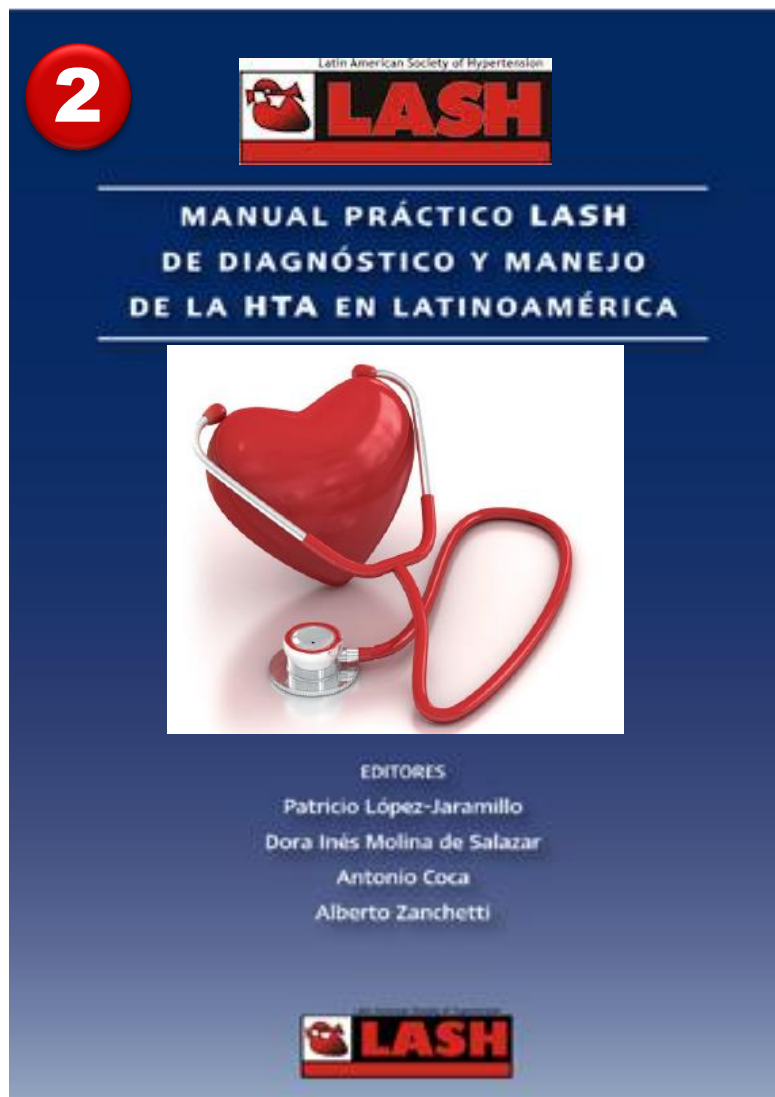


Lo que usted debe saber de la Hipertensión Arterial



Directores de Campaña País:





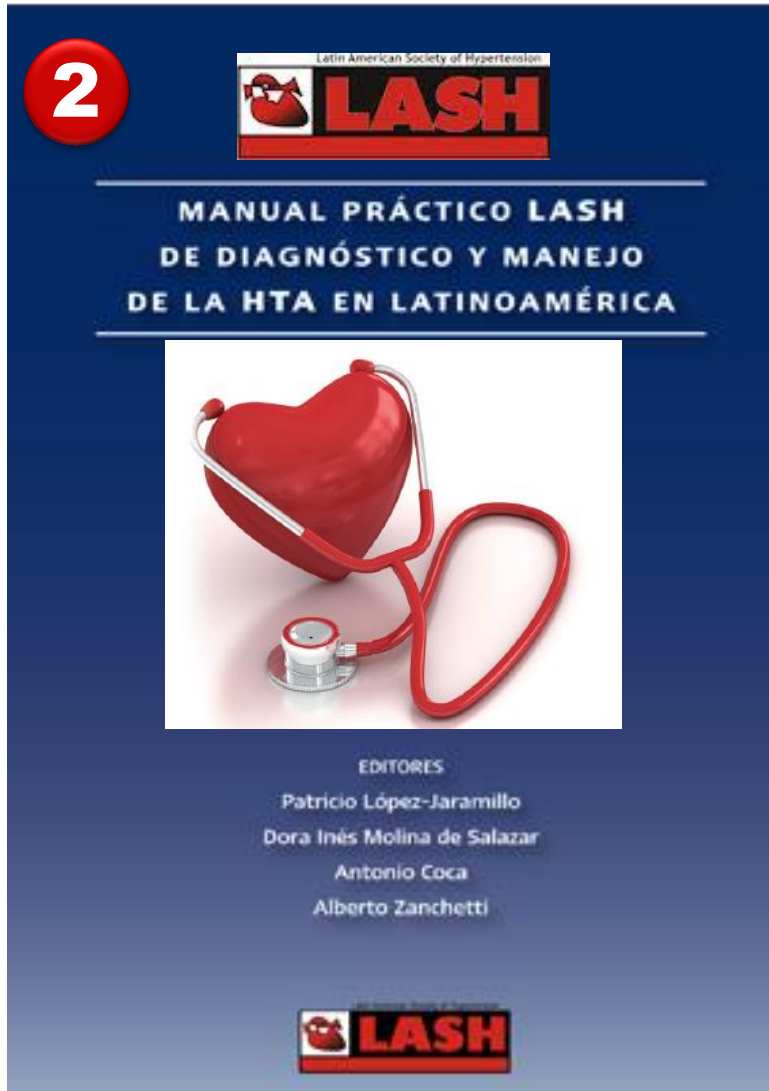
● **Dirección de acceso:**

<http://documentoslash.org/>

Código QR



- ScanLife (Android e I-Phone)
- QR Droid (Android)
- QR Zapper (I-Phone)
- RedLaser (Android e I-Phone)



**Manuales LASH impresos:
25.000 ejemplares**

México: 10.000


Argentina: 10.000

Chile: 1.000

Centroamérica: 4.000

**Descargas Página web del
Manual LASH: mas de
16.000**


3




Latin American Society of Hypertension

CURSO LATINOAMERICANO

Extensión Universitaria de Postgrado de Formación Médica Continuada no Presencial en
HTA y ENFERMEDAD CV



Universitat de Barcelona




| Director España | Director Latino-América |
|---|--|
| Dr. Antonio Coca Payeras Hospital Clínic (Barcelona) | Dr. Patricio López Jaramillo Fundación CV FOSCAL (Colombia). |
| Coordinadores Latinoamérica | |
| Dr. Luis Alcocer Hospital La Raza (México) | Dr. Ramiro Sánchez Fundación Favaloro (Argentina) |
| Dr. Eduardo Barbosa Universidad Federal de Goiás (Brasil) | Dr. Leonardo Cobos (Chile) |
| Dra. Dora Inés Molina Universidad de Caldas (Colombia) | Dr. Fernando Wyss Quintana (Guatemala) Dr. Alfredo Bryce (Perú) |

● Características:

- 2.000 Médicos AP y MI.
- 2 Directores: España y LatAm.
- 6 Coordinadores de país.
- 18 Editores de contenidos.
- 18 Profesores Locales (3 por país)
- 18 meses lectivos (3 por módulo).
- Titulación LASH y UB.
- Acuerdo LASH – Sociedades locales de AP.
- Recertificación Sociedades Primaria.
- Sesión presencial congreso nacional AP.



3

Latin American Society of Hypertension



CURSO LATINOAMERICANO

Extensión Universitaria de Postgrado de Formación Médica Continuada no Presencial en HTA y ENFERMEDAD CV

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| | Dr. Alfredo Bryce (Perú) |

Alumnos matriculados en el Diplomado de Extensión Universitaria de la Universidad de Barcelona en el Curso LASH de HTA y Riesgo CV.

- Chile: 62
- Argentina: 230
- CA: 303
- México: 1008

En total 1602 alumnos.

Proyecto



Control HTA 2020

GRACIAS POR SU ATENCIÓN