

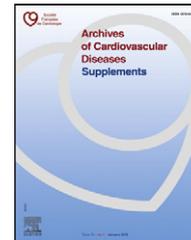


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07 - The different blood pressure measurements

Differences within the same healthcare system between hypertension in Metropolitan France compared to Overseas France Departments and Regions (DOM-ROM)

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Background High blood pressure (HBP) is the most common chronic disease worldwide. In France, its prevalence varies by region. It is high in most Overseas Departments and Regions (DOM-ROM), at 38.2% in Réunion (1), 44% in Mayotte (2), 28% in the French Antilles, 18% in French Guiana, 25% in French Polynesia (3) and 28% in Saint-Martin (4).

Purpose To determinate the differences within the same healthcare system between hypertension in Metropolitan France compared to Overseas France Departments and Regions (DOM-ROM) **Results** Sex-based differences: in contrast to Metropolitan France, in Overseas France the prevalence of HBP is higher in women, although women show better rates of care (screening and rates of patients "normalised" under medical treatment). The main explanation for this is the higher prevalence of obesity in women. Obesity multiplies the risk of developing hypertension by 2.5. Obesity in Guadeloupe affects 14% of men compared to 31% of women. Socio-economic particularities of hypertension in Overseas France: the numerous epidemiological surveys carried out in the French Antilles have demonstrated the major role of socio-economic conditions in the occurrence of hypertension, alongside the usual risk factors such as sedentary lifestyle, salt consumption and obesity (7).

In the absence of socio-economic disparity, there is no significant disparity in the prevalence of hypertension specially in men.

Conclusions There are differences between France Overseas Regions and Territories (DOM-ROMs) and Metropolitan France in terms of the prevalence, knowledge, treatment and control of hypertension, and these vary according to sex. For men, the prevalence and treatment of hypertension differ very little when considering a population of workers or employees in both regions. On the other hand, for women, the prevalence of hypertension is



higher in the French Antilles-Guiana. This difference is not fully explained by the higher prevalence of obesity observed among female employees in the French Antilles-Guiana. For these patients, we also observe better knowledge and better control of hypertension. Care for men in socio-economically disadvantaged situations of precarity must be improved in terms of screening and adherence to treatment.

Disclosure of interest The authors declare that they have no competing interest.

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Masked hypertension incidence and risk factors in the area of Blida (Algeria)

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Purpose In our knowledge, no previous prospective study has examined risk factors associated with masked hypertension (MAH) incidence. The aim of this study was to evaluate the prevalence of MAH and to examine risk factors associated with MAH.

Methods In this prospective study, we included 687 consecutive patients aged between 30 and 70 years presenting our specialized consultation for ambulatory monitoring blood pressure. The control consisted of filling a questionnaire oriented on civil status, in addition to a clinical examination, including morphometry, measurement of blood pressure performed with validated electronic device (OMRON 705 CP). Office BP was defined as the mean of the first three readings taken at rest. Ambulatory BP was defined as the mean of the next readings recorded every 15 minutes during daytime working hours and every 30 minutes during night-time. A biological check-up was performed (glycaemia, HDL, cholesterol). Risk factors of masked hypertension incidence were examined using cross lagged generalized estimating equations. Data analysis was performed using the SPSS 20.0 software.

Results Between 30-40 years, MAH is more common in men than women (16.2% versus 9.3%). The same difference is found for the 40-50 years group (25.8% versus 10.7% for women), $P < 0.001$. No difference by sex for the 60-70 years group (15.1% versus 14.9% for women, $P = 0.12$). Risk factors associated with MAH were higher in men than in women with diabetes (14.6% vs. 10.5%, $P = 0.05$), tobacco (28.3% vs. 1.7%, $P = 0.02$), creatinine (8.4 vs. 6.3 g/l, $P = 0.05$), microalbuminuria (102.7 vs. 31.5 mg/24h, $P < 0.001$) and

