

# PROLOGUE

It is matter of great pride that Hypertension Journal is bringing out an special issue. We live in a rapidly changing environment. Throughout the world, human health is being shaped by the same powerful forces: demographic ageing, rapid urbanization, globalization, and unhealthy lifestyles, etc. Worldwide, hypertension is estimated to cause 7.5 million deaths which is about 12.8% of the total deaths. This accounts to 57 million disability adjusted life years (DALYS) or 3.7% of total DALYS. In addition to coronary heart diseases and stroke, complications of raised blood pressure include heart failure, cerebral stroke, peripheral vascular disease, renal impairment, retinal hemorrhage and visual impairment. High blood pressure (BP) is ranked as the third most important risk factor for burden of disease in South Asia. Hypertension (HTN) exerts a substantial public health burden on cardiovascular health status and healthcare systems in India. HTN is directly responsible for 57% of all stroke deaths and 24% of all coronary heart disease (CHD) deaths in India. In an analysis of worldwide data for the global burden of HTN, 20.6% of Indian men and 20.9% of women were found to be suffering from HTN in 2005. The rates of HTN in percentage are projected to go up to 22.9 and 23.6 for Indian men and women, respectively by 2025. Recent studies from India have shown the prevalence of HTN is higher in urban population compared to rural people in India. Age, alcohol, smoking and chewing tobacco, body mass index (BMI), central obesity, consumption of low vegetables/ fruits, high consumption of dietary fat and salt, and sedentary lifestyle activity were the significant risk factors of HTN. Global efforts to tackle the challenge of non-communicable diseases have gained momentum since the 2011 after the United Nations Political Declaration on the prevention and control of non-communicable diseases. Hypertension is a silent, invisible killer that rarely causes symptoms. Increasing public awareness is key to prevent the morbidity and mortality associated with HTN as is access to early. To raise this kind of awareness, countries need system and service is place to promote universal health coverage and support healthy lifestyles; eating a balanced diet, reducing salt intake, avoiding harmful use of alcohol, getting regular exercise and shunning tobacco. Access to good quality medicines, which are effective and inexpensive, is also vital, particularly at the primary care level.



I thank the whole editorial board and management team for bringing out this special issue of Hypertension Journal.

With best wishes

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