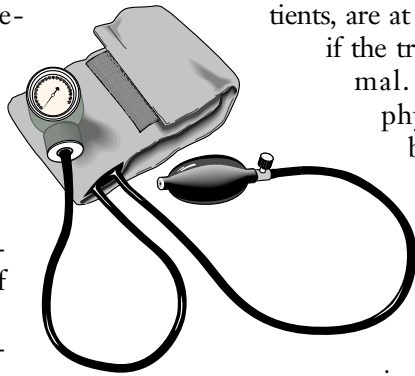




Pressure rising

An estimated 22% of Canadian adults are hypertensive and 42% of them are unaware of their condition, a huge survey of cardiovascular risk factors in Canada has revealed (*Am J Hypertens* 1997;10[10]:1097-1102). The survey, conducted in all provinces from 1986 to 1992, also found that a further 19% of Canadians with hypertension have received no treatment despite being aware of the condition. As well, despite treatment, hypertension is not controlled in 23% of patients.

Principal author Michel Joffres says he is not surprised by results from the Canadian Heart Health Surveys. He found similar results in an earlier analysis of these surveys that covered 9 of the 10 provinces but used a different definition of hypertension (*Can Med Assoc J* 1992;146:1997-2005). Although it is disappointing that only 16% of patients have their hypertension treated and controlled, Joffres cautions that the definition of hypertension and the guidelines for its control have changed since the survey's outset. In previous guidelines, diastolic blood pressure of 90 mm Hg was used a standard cut-off point for hypertension and for control; Joffres's previous analysis, which used this definition, found that only 26% of Canadians with hypertension were unaware of their condition. Guidelines and studies such as this one now define hypertension as a mean diastolic blood pressure of 90 mm Hg or greater, or a mean systolic blood pressure of 140 mm Hg



or greater. As a result, this study found a both a high rate of hypertension and a lack of awareness of it. Another effect of the change in definition is that during the survey period "most Canadian physicians were using old guidelines, so many people had their hypertension controlled somewhat but it was not optimally treated and controlled." Joffres believes that patients receiving treatment, and especially elderly patients, are at decreased risk, even if the treatment is not optimal. He stresses that physicians cannot be blamed for the lack of treatment and control of hypertension. "We could be doing better," he says, "but there is no simple solution."

Joffres says better dissemination of guidelines and improved CME programs are needed. However, he suspects that a lack of guidelines is not the problem in many cases of untreated or uncontrolled hypertension. "We need better strategies for physicians confronted with patients who are not responding well. We need more support in the community, through nutritionists and other professionals, for what the physician is trying to do." He says physicians may tell many patients to reduce salt and alcohol intake, lose weight and so on, but the advice goes unheeded because of a lack of reinforcement and support. In the study, only 54% of patients treated for hypertension reported that they had been given advice on diet and lifestyle. Joffres says all patients should receive such advice, and suspects that many who received it did not report it. He thinks the study results should be used as a basis for taking action to detect and treat hypertension. "Now

that we know, how should we go about it?" — *C.J. Brown*

In the news . . .

Impact of layoffs increases with age

Downsizing has a negative effect on the health of employees, a fact most victims of corporate "restructuring" already know intuitively. A Finnish study shows that rates of absenteeism, musculoskeletal disorders and trauma among employees were 2 to 5 times higher than usual after a major downsizing (*Lancet* 1997;350:1124-8). However, the risk of these indicators of poor health was much higher among workers 50 years of age and older. As well, being older than 44, working in a large workplace, having poor health before the downsizing and having a high income increased the risk of negative health effects after jobs were cut.

Disease links for secondhand smoke confirmed

Two meta-analyses show that secondhand smoke increases the risk of heart disease and lung cancer (*BMJ* 1997;7114[315]). Studies published to date indicate that secondhand smoke increases the risk of heart disease by about 23%. Exposure to smoke probably leads to platelet aggregation; this would account for the high excess risk despite the low exposure to smoke (about 1% of the exposure experienced by smokers). The second meta-analysis shows that the excess risk of lung cancer is 24% in nonsmokers who live with smokers. The number of cigarettes smoked by the spouse and the duration of exposure to cigarette smoke were directly correlated with the risk of lung cancer in nonsmokers.