SUMMARY

BACKGROUND:

The prevalence of hypertension in Nigeria was documented few years ago but the prevalence of other associated risk factors for cardiovascular disease such as hyperlipidaemia or obesity is yet to be well established particularly in South Eastern part of Nigeria and especially outside the hospital setting.

The prevalence of these major cardio-vascular risk factors and the influence of age and or gender on them were determined in a rural community in Enugu State, South-East Nigeria.

METHOD:

257 subjects (76 males, 181 females) participated in this study. Blood pressure, waist and hip circumferences were measured in 249 subjects, blood samples for lipid indices were collected from 206 subjects while 248 answered the questionnaire. Plasma lipid parameters were determined by enzymatic method using diagnostic kits by Randox Laboratories U.K. Excel package was used for data entry and data analyses was done using SPSS statistical package (11.5 version)

STUDY DESIGN:

This was a cross sectional, community-based prevalence study.
RESULT:

The prevalence of HBP in the community (mean age: 55.14±16.63 years) was 43.0% (below 55 years: 33.9%; 55 years and above: 50.7 %); abdominal obesity: 30.5% (below 55 years: 29.6%, 55 years and above: 31.3%) and for hyperlipidaemia (raised total cholesterol and/ or hypertriglyceridaemia): 34.1% (below 55 years: 34.7%, 55 years and above: 33.3%). Prevalence of HBP increased as age increased (young: 23.6%, middle aged: 45.9%, elderly: 51.8%). Abdominal obesity, hyperlipidaemia and “hypercholesterolaemia only” occurred highest in the 45-65 year old subjects. Males were generally more hypertensive (47.3%) than the females (41.1%) while the females had higher prevalence of abdominal obesity (37.7%), hyperlipidaemia (34.2%) and “hypercholesterolaemia only”(17.7%) than the males (obesity=13.5%, hyperlipidaemia=33.3%, “hypercholesterolaemia only”=16.9%). The risk of CVD among the females did not differ significantly from that among the males eventhough more females had “more than one” risk factor (30.9%) compared to their male counterparts (21.1%) (P>0.05).

Among the age groups, cardiovascular risk seemed to be highest among the middle aged subjects as the prevalence of “more than one” risk factor was highest among them (33.9% ) compared to the elderly subjects (27.9%) (P>0.05) and the young with seemingly lowest risk (16.1%) (P<0.05)

Each of the CVD risk factors; abdominal obesity, HBP and hypelipidaemia, was positively associated with higher prevalence of the other. Prior to this survey, only 25.2% of the hypertensive subjects were aware of their hypertensive state while only about 7.9% of the subjects had knowledge of their weight. In all, females were more aware about their BP (17.8%) than the males (7.5%) (P>0.05).
CONCLUSION:

Hypertension, abdominal obesity and hyperlipidaemia are common even in our rural communities. Whereas hypertension prevalence was higher in males (P>0.05) and increased with age (P<0.001), abdominal obesity and hyperlipidaemia were commoner in females (P<0.001 Vs P>0.05). Awareness level about these risk factors was low and only few hypertensive subjects were regular with their medication. In all, Females were more aware than their male counterparts. The three cardiovascular risk factors were positively associated with each other in both sexes and in all age groups.