**SUMMARY**

**Background:** Depressive and anxiety states are quite common in the medically ill patients including those suffering from hypertension. However, there is no consensus about the aetiology and pathophysiological relationship between hypertension and these symptoms.

**Objective:** This study sought to determine the prevalence of psychiatric morbidity especially anxiety and depression in hypertensive subjects and the relationship between these disorders and risk factors for hypertension including sedentary lifestyle, obesity, cigarette smoking use of alcohol and family history of hypertension.

**Methodology:** The sample size comprised of 975 subjects of whom 325 were hypertensive patients, 325 medically ill normotensive subjects with normal blood pressure and 325 normal/healthy individuals. The two controls were matched for age and sex with the hypertensive subjects. All the subjects completed a self-administered questionnaire on sociodemographic parameters. Questions on risk factors such as sedentary lifestyle, cigarette smoking, family history of hypertension and stroke were also included in the assessment schedule. Anthropometric and blood pressure measurements were taken from all the subjects. Psychiatric morbidity was assessed with two self-administered instruments, the GHQ-28 and HADS. Data were analyzed with the Statistical Package for Social Sciences (SPSS-10). Analysis of variance was used to compare the means of anxiety and depression scores of the three groups and a non-parametric test (Kruskal Wallis test) was used in comparing categorical variables. Binary logistic regression was also used to determine whether the risk factors for hypertension could predict the outcome variables (anxiety and depression).
**Results:** The study showed that the prevalence of anxiety was significantly higher in hypertensive subjects (23.4%) compared with medically ill normotensive subjects (17.8%) and normal/healthy controls (9.8%) (p=0.0001). Family history of hypertension (p=0.0001), obesity (p=0.02), physical inactivity (p=0.03) and alcohol related problems (p=0.02) were significantly associated with anxiety among hypertensive subjects. However, only hypertension significantly increased the risk of developing anxiety among the subjects (OR=3.09, 95% [CI] =1.05-9.19, p=0.04). The hypertensive patients also had a significantly higher prevalence of depression (13.2%) compared to the normotensive subjects (4.6%) and normal controls (3.7%) (p=0.0001). Family history of hypertension (p=0.04) and alcohol use (p=0.02) were significantly associated with depression among hypertensive subjects. Being hypertensive also predicted the occurrence of depression among the subjects (OR=5.15, 95% [CI] =2.52-10.53, p=0.0001).

**Conclusion:** This study showed that, like in previously reported studies, the prevalence of anxiety and depression was higher in hypertensive patients compared to the medically ill normotensive subjects and normal individuals. Anxiety was found to be significantly associated with family history of hypertension, obesity, sedentary lifestyle and alcohol use problems while depression was significantly associated with family history of hypertension and alcohol use. Hypertension was found to significantly increase the risk of developing anxiety. It is recommended that health care workers especially in general medical practice should routinely screen hypertensive patients (especially those who have the identified risk factors) for anxiety and depression using brief psychiatric assessment instruments like the Hospital Anxiety and Depression rating scale (HADS). Consultation-liaison units should also be established in the general medical practice for multidisciplinary treatment approach of hypertension.