

Setting for study on hypertension

THE stories are all too familiar. A breadwinner in a big family suddenly succumbs to a massive stroke. Paralysis is often the inevitable result. Some may partially recover but seldom back to the normal self. Many would be left bedridden and no longer able to work. The family is thrown into a hopeless financial dilemma. Suddenly, there is no money to service the housing loan. The family's only car is repossessed by the bank.

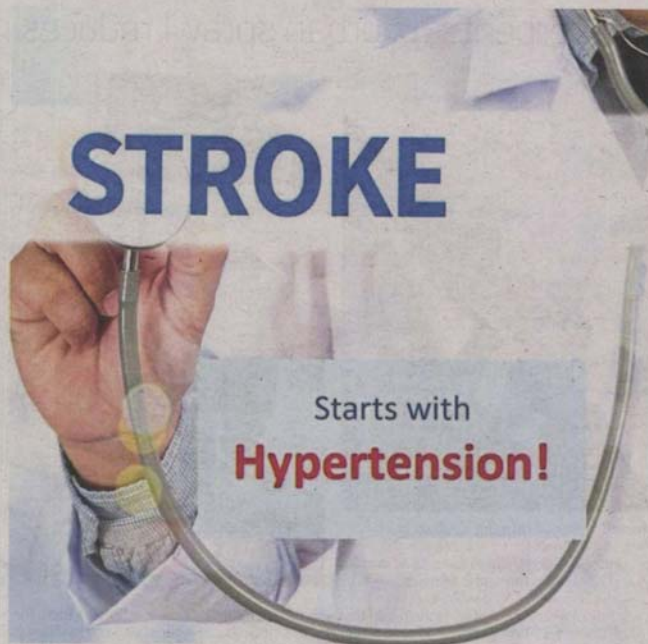
Some families may have a child doing a degree course in a university. That person will have to stop studying, dashing all hopes of bringing up a new breadwinner for the family.

Many Malaysians have become familiar with this silent killer – high blood pressure that can lead to heart attacks, strokes, kidney disease and other health complications. Strokes or heart attacks happen quite often in this country. They strike without warning and affect both rich and poor in urban and rural areas. There is no denying the pain such unfortunate episodes bring to the family. The big question is, can the cause be avoided?

The Global Burden of Disease study, a programme that monitors illnesses and their causes worldwide, has produced very convincing evidence that high blood pressure is the second most important risk factor for disability and premature death in Malaysia, just after poor diet.

This seems remarkable considering the fact that we have been able to diagnose high blood pressure since the 19th century. In fact, safe and effective treatments have been available since the early 1960s. Yet, from recent research we conducted at the UCSI as part of a major international project on cardiovascular disease, we found out that fewer than half of people with high blood pressure were aware they had it. Among them, fewer than half were on treatment, and only about one in 10 had their blood pressure under control.

Our previous research offered some explanation. By talking to patients and their health professionals, we found that even though the Malaysian healthcare system per-



formed relatively well compared to those in many other countries, people with high blood pressure faced many barriers to achieving the level of control necessary to avoid complications such as stroke, heart disease and kidney failure.

Many never had their blood pressure taken, or if they had, a single high reading was never followed up. Clinics were often very busy and if they finally saw a doctor, it was only for a few minutes, which was simply inadequate to

explain the importance of controlling blood pressure. Others resorted to ineffective traditional remedies, especially people living in rural areas who had long distances to travel to obtain medicines.

Internationally, there is now better recognition of the importance of good health not just in its own right (to prevent unnecessary suffering) but also as a driver of economic growth. Healthy people are more productive, work longer and invest in the future.

Malaysia's future economic prospects depends on the good health of its people. But there is clearly much room for improvement in the management of high blood pressure.

Fortunately, Malaysia is the setting for a major new international research project bringing together teams from UCSI and Universiti Putra Malaysia with their counterparts from the Philippines and Britain. In this project, we will be looking at the reality of living with high blood pressure among the poor. People with high blood pressure in some of the poorest areas in Malaysia and the Philippines are being recruited and would be followed up for a year. They will record their experiences of living with high blood pressure, including their encounters with health professionals and obtaining and adhering to their prescribed drugs.

What is innovative about this project is they will not record the data using pen and paper but with their mobile phones. Throughout the year, they will be able to leave voice and text messages, or even video clips on a server here in Malaysia.

While maintaining confidentiality, these experiences will be transferred automatically to a software package that will allow the research team to analyse and document the challenges they face. In this way, we will learn about what works so that we can spread the news more widely. We will also give voice to their worries and anxieties, allowing them to tell us in their own words why it can be so difficult to control their blood pressure.

Funded by the British Wellcome Trust and Newton Fund, this project will go beyond conducting research, with the teams working to build capacity in health systems research in both Malaysia and the Philippines and developing new methods to translate evidence into practice and policy.

If it is successful, it will mean that fewer families will suffer the pain and hardship that results when one of them suffers what is nowadays an entirely preventable complication of high blood pressure.

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