

Free report on status of hypertension in malta

[Sociology](#), [Population](#)



Introduction

Hypertension is one of the most common clinical conditions that afflict most people regardless of country or race. Hypertension is a non-communicable disease, which means that it is not acquired through contact although mounting evidence through numerous studies suggests that the disease can be genetic or hereditary. In layman's term, hypertension is commonly associated with high-blood pressure although in a medical perspective, hypertension is quite difficult to define. The definition of hypertension is quite arbitrary depending on factors such as age as well as the level of blood pressure that is normal for a person, which varies among the population. For identification purposes, a working medical definition of hypertension for adults is currently based on systolic and diastolic blood pressure. Currently it is understood that persons having a systolic pressure of 140 mmHg and above as well as a diastolic pressure of 90 mmHg and above is considered as hypertensive. Hypertension does not necessarily cause mortality. However, one of its major health risks is in its adverse impact to the cardiovascular function of the body. Apparently, when the blood pressure increases to what is considered as normal for a person, the heart exerts too much pressure that may eventually cause stroke or heart failure. According to the World Health Organization, the number of deaths due to hypertension and its cardiovascular complications reaches 20% to 50% of the total mortality rate of the world. Because of the high mortality risk associated with hypertension, it is desirable to investigate the status of hypertension as a disease in Maltese population and to critically evaluate the findings based on culture and health practices in Malta that may have significantly influenced the

status of hypertension in the country.

Among the commonwealth member states in Europe, Malta has the highest prevalence rate in hypertension, which according to observers, is at 43.6%. However, a more conservative finding was observed in 2008 when a survey was conducted to determine the risk factor of Malta in connection with hypertension. The survey was conducted between June and August 2008 by randomly choosing 5,500 individuals aged 15 and above that is residing in Malta. Out of the random sample, only 3,680 became the actual participants with a response rate of 72%. The survey was conducted through actual interview and questionnaires directly answered by the participant. Based on the number of sample and how it was conducted, it can be deduced that the population sample is a close representation of the Maltese population as a whole. The survey revealed that hypertension garners the top spot in the morbidity rate of the country at 22%. Hypertension is also getting the highest rate of prescribed medication consumption in Malta, which is consistent with the high morbidity rate of the disease. It is also observable that most of the hypertensive cases in Malta start with the age bracket of 45-54 and increases with age as evidenced by the increased intake of antihypertensive drugs from age 45 onwards. Cardiovascular disease is also the major cause of death in the country, which relates to the high proportion of the Maltese population that has hypertension. By comparison, at 22% prevalence rate, Malta is quite conservative as compared to the prevalence rates over 30% in Americas and African regions.

Impact of Lifestyle

Most Maltese believe that they are generally in good health. Even so, there are cultural and lifestyle drawbacks that makes the Maltese population at higher risk of acquiring hypertension. Accordingly, although Malta is situated in the Mediterranean, their diet is strongly influenced by the British because of being a British colony for a long time. While traditional Mediterranean diet is healthier as it is characterized by a high intake of vegetables, fruits, nuts, legumes, and grains, Malta's diet is influenced by its history and close relation to British culture, which, according to observers is " high on the consumption of biscuits, chocolates or sweets, with the most popular food at lunch or supper being pasta followed by chicken or beef" and deficient on fruits and vegetables. For the same reason, Maltese men are considered as the most obese in Europe together with the Britons. The unhealthy food intake of the Maltese population is closely related to the prevalence of hypertension in the country. It is common knowledge as based on numerous studies and research that fatty and salty foods increase the risk of having hypertension. On the other hand, studies have also shown that healthy diet is directly related with " reduced incidence of chronic diseases, especially major cardiovascular diseases and increased likelihood of healthy aging". The Maltese population also lacks exercise. Accordingly, the hot climate of the Mediterranean affects the attitude of people towards sports and other physical activities.

Impact of Socio-economic Status

Studies have shown that people with lower income are at higher risk of having hypertension. The African region, for example, has been consistently

observed to have the highest prevalence rate of hypertension while economically developed countries are exhibiting lower prevalence rate. This phenomenon is most likely due to the available food choices as well as the ability of the population to buy healthy foods for their diet. Malta, on the other hand, is considerably a rich country by comparison with its European counterparts. Accordingly, the country ranked 15th for GDP per capita among the EU's 28 member states. There is no reason then why Maltese people could not afford to eat healthy diet as what is being adhered to by their Mediterranean neighbors. Obviously, it is the food choice and not the economic considerations that makes Malta one of the most unhealthy lifestyle in the Mediterranean region, which, in a significant way, affects the prevalence of hypertension in the country.

Conclusion

There are conflicting observations regarding the prevalence of hypertension in Malta as one study suggest a prevalence rate of 43% while another suggests a prevalence rate of 22%. Apparently, there are gaps in the information on hypertension in Malta, which can be a ground for further research. On the other hand, the prevalence of hypertension in the country can be directly associated with the prevailing culture and lifestyle of its residents. Obviously, people in Malta are still strongly influenced by British culture, which places low regards to healthy diet. Perhaps a strong information campaign can be launched to make Maltese aware of the relationship of having healthy diet to the risk of having hypertension.

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