

BIHS: Our Future Health findings underline the need for better blood pressure detection and long-term control

The British and Irish Hypertension Society welcomes new research from Our Future Health highlighting substantial gaps in the detection and management of high blood pressure in England.

In the study's main analysis, 37.2% of their 1.4 million participants had hypertension, defined either by clinic blood pressures of 140/90 or greater, or by being treated for hypertension. Of these, 58.8% reported neither a previous diagnosis nor previous treatment of hypertension. Among those taking medication, approximately half had readings still above the study's control threshold despite treatment.

These findings demand attention; they suggest little, if any, improvement in detection or control of high blood pressure in the UK since Dr Julian Tudor-Hart published his "rule of halves" 45 years ago (It states that: half the people with hypertension are undiagnosed; half of those are untreated; half of those who are treated are not adequately controlled). Hypertension is the single largest contributor to cardiovascular disease and mortality, and cardiovascular deaths outnumber all cancer deaths in women every year.

The solution to better control will be a multifaceted approach involving education and community engagement to better screening, diagnosis and blood pressure control. New technology has an important part to play, so that measuring our blood pressure becomes much simpler and part of our daily "digital lives".

A national programme to turn innovation into better care

BIHS is developing a national wearable blood pressure programme, combining a platform trial to evaluate devices with work on data integration and implementation in clinical pathways.

The programme aims to establish where blood pressure monitoring via wearable devices can add value: helping identify people who need further assessment, understanding blood pressure over time, and supporting treatment decisions. Alongside measurement accuracy, evaluation must address patient experience, clinical usefulness, NHS workload, economic value and equitable access.

Professor Phil Chowienzyk, BIHS President commented:

"These findings from OFH underline the need to make it easier to identify people at risk, confirm a diagnosis and support them to achieve lasting control. Wearable technology may help, but clinicians need to know which measurements they can trust and how to act on them. That is why BIHS is bringing together device evaluation, data integration and clinical implementation through a national programme. Our ambition is to turn reliable measurements into timely decisions that improve outcomes and make better use of NHS resources. We want NHS services, Health Innovation Networks, researchers and technology partners to help us test and deliver that opportunity. BIHS supports population-wide prevention alongside improvements in individual care. Technology should contribute to a coordinated approach that connects accurate measurement with diagnostic confirmation, appropriate treatment and sustained blood pressure control."