## Research Article

# Prevalence of pre-hypertension and its relationship with body mass index among the medical students of Agartala government medical college 

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#### Abstract

Background: Body Mass Index (BMI) is found to be positively co-related with the increased prevalence of elevated blood pressure among younger individuals. The present study was designed to find out the prevalence of prehypertension and its relationship with BMI among the medical students. Methods: A cross-sectional study was conducted during June - July 2013 among 306 medical students of Agartala government medical college, chosen by stratified random sampling. Results: Prevalence of pre-hypertension, hypertension and optimum BP were found to be $45 \%, 4 \%$ and $51 \%$ respectively. Mean BMI was found to be $21.68 \pm 3.55,80 \%$ of the students had ideal waist hip ratio, $19 \%$ were underweight, $61 \%$ had normal weight, $18 \%$ were overweight, and $2 \%$ were found to be obese. Pre-hypertension was significantly more prevalent among the senior medical students ( $\chi^{2}=4.933, \mathrm{P}=0.026$ ), males ( $\chi^{2}=10.826, \mathrm{P}=0.001$ ) and those who had family history of hypertension $\left(\chi^{2}=4.228, \mathrm{P}=0.039\right)$. Pre-hypertension was significantly higher among the obese medical students $\left(\chi^{2}=6.941, \mathrm{P}=0.008\right)$. Logistic regression analysis revealed that medical students had $12.8 \%$ more chance of having pre-hypertension with one unit increase in their BMI. Conclusion: Prevalence of pre-hypertension among medical students is high and BMI is found to be significantly associated with pre-hypertension. Hence it can be used as an effective tool for predicting pre-hypertension and development of hypertension among medicos later on.


Keywords: Pre-hypertension, Hypertension, Body mass index, Medical student

## INTRODUCTION

According to reports from the World Health Organization, chronic non-communicable diseases are the leading causes of death worldwide. ${ }^{1}$ Hypertension (HT) alone caused more than 7 million deaths worldwide in $2010{ }^{2,3}$ Hence it has become a serious health problem everywhere, not only because of its prevalence, affecting up to one third of world population, ${ }^{1}$ but as a risk factor directly related to diseases in other systems that may lead
to ischemic heart disease, heart failure, cerebrovascular disease and chronic renal failure, among others. ${ }^{3-5}$ The seventh joint national committee on prevention, detection, evaluation, and treatment of high Blood Pressure (BP) has Introduced Pre-Hypertension (PHT) as a new category of BP, where systolic BP lies between 120 and 139 mmHg and or diastolic BP between 80 and $89 \mathrm{mmHg} .{ }^{6}$ Body Mass Index (BMI) was found to be positively related to the increased prevalence of elevated blood pressure among younger individuals aged 18-44
years. The association of BMI with pre-hypertension and hypertension depends up on age and sex. ${ }^{7}$

Though pre-hypertension has a strong familial predisposition, the patho-physiological mechanisms that cause its progression have not yet been fully elucidated. ${ }^{8}$

Additionally, it has been observed that the risk of developing coronary or cerebrovascular syndrome is double in patients with a systolic blood pressure of 135 mmHg compared to those with 115 mmHg . That is why it is necessary to identify those people with these levels of BP, which were previously considered to be normal, but have proven to have future implications. ${ }^{5,8,9}$

Prevalence of pre-hypertension among adults in the United States was approximately $31 \%$ and higher among men (39\%) than women ( $23 \%$ ). Prevalence of prehypertension and hypertension were significantly greater in South and West India as compared to Northern and Eastern India. ${ }^{10}$

The study of young adults in search of factors associated with pre-hypertension allows early detection and gives the possibility of implementing early preventive actions. Sufficient data regarding blood pressure of young adults of North Eastern region are not available. Hence the present study was designed to find out the prevalence of pre-hypertension and its relationship with BMI among the medical students of Agartala government medical college.

## METHODS

This cross-sectional study was conducted among medical students of Agartala government medical college during June - July 2013. Minimum sample size requirement for this study at $95 \%$ confidence was calculated to be 319 considering the prevalence of pre-hypertension among medical students of India as $58 \%^{11}$ and margin of error and incomplete response rate as $10 \%$ each.

During data collection 2 students denied to participate in the study and 11 were out of station, thus total 13 students met exclusion criteria and final sample size came down to 306 giving a response rate of $95.92 \%$. Stratified random sampling technique was followed to choose the study subjects. A pre-tested and validated structured questionnaire, mercury sphygmomanometer, electronic bathroom weighing scale, a non-stretchable measuring tape having lowest measuring capacity up to 0.1 cm and a wall mounted stature meter were used as study tools. Data were collected by the self-administered questionnaire, which contained questions regarding age, sex, ethnicity, family income, dietary habit, medication, smoking and drinking habits, salt and oil intake, physical exercise, family history of hypertension etc. and space for entering the values of body parameters. After obtaining informed verbal consent, the students were asked to fill in the questionnaire themselves confidentially without
consulting each other in specially arranged class room sessions providing equal time for each session, which was followed by measurement of blood pressure, height, weight, hip circumference, waist circumference etc. of the participants and recording in the respective questionnaire. Measurement of blood pressure, height, weight, waist and hip circumference etc. and calibration of the measuring instruments were performed as per the techniques adopted from WHO MONICA study. ${ }^{12}$

Waist-Hip Ratio (WHR) of $\leq 1$ was considered as normal and WHR >1 was considered as high. The study participants were categorized as 'under-weight', 'normalweight', 'over-weight' or 'obese' according to the guidelines adopted from WHO Technical Report Series $854 .{ }^{13}$

Hypertension, pre-hypertension and optimum BP were defined as per JNC-VII classification. ${ }^{14}$

Data entry and analysis were performed in computer using SPSS 15 version. ${ }^{15}$

Descriptive statistics, chi-square test, student - t test, binary logistic regression etc. were used for presenting data and testing the significance and $\mathrm{P} \leq 0.05$ was considered as statistically significant. This study was approved by the institutional ethics committee of Agartala government medical college and also obtained 'Short term studentship award' during 2013 from the Indian Council of Medical Research.

## RESULTS

Prevalence of pre-hypertension, hypertension and optimum BP among the medical students of Agartala government medical college was found to be $45 \%, 4 \%$ and $51 \%$ respectively.

Among the study subjects, $48 \%$ were male and $70 \%$ had the family history of hypertension. Regarding community, $23 \%$ belonged to scheduled caste, $32 \%$ to scheduled tribe and the rest to general community. Among the participants, $19 \%$ were underweight, $61 \%$ had normal weight, $18 \%$ were overweight, and $2 \%$ were found to be obese. Ideal WHR was observed among $80 \%$ of the students.

Non-vegetarians constituted $92 \%, 23 \%$ were regular consumers of extra salt and only $3 \%$ of the study subjects were performing regular physical exercise for remaining healthy. About $5 \%$ of the study subjects were occasional smokers and $7 \%$ used to consume alcohol occasionally.

Mean $\pm$ SD BMI of the study subjects was found to be $21.68 \pm 3.55$ and gender wise it was $21.79 \pm 3.40$ ) and $21.58 \pm 3.70$ ) among the male and female students respectively.

Table 1: Prevalence of pre-hypertension by age, sex, community and family history of hypertension.

| Variables | Subgroups | Pre-hypertensive Number (\%) | Not Pre-hypertensive Number (\%) | Significance |
| :---: | :---: | :---: | :---: | :---: |
| Age | 18 year to <20 year | 49 (40.0) | 73 (60.0) | $\begin{aligned} & \chi^{2}=4.933 \\ & \mathrm{P}=0.026 \end{aligned}$ |
|  | 20 year and above | 99 (53.80) | 85 (46.20) |  |
| Sex | Male | 85 (58.0) | 62 (42.0) | $\begin{aligned} & \chi^{2}=10.826 \\ & \mathrm{P}=0.001 \end{aligned}$ |
|  | Female | 61 (38.0) | 98 (62.0) |  |
| Community | Scheduled caste | 32 (46.0) | 38 (54.0) | $\begin{aligned} & \chi^{2}=0.507 \\ & \mathrm{P}=0.776 \end{aligned}$ |
|  | Scheduled tribe | 44 (45.0) | 54 (55.0) |  |
| Family history | General community | 68 (49.0) | 70 (51.0) | $\begin{aligned} & \chi^{2}=4.228 \\ & \mathrm{P}=0.039 \end{aligned}$ |
|  | Present | 126 (60.28) | 83 (39.72) |  |

It shows that pre-hypertension was significantly more prevalent among the senior medical students ( $\chi^{2}=4.933, \mathrm{P}$ $=0.026$ ), males ( $\chi^{2}=10.826, \mathrm{P}=0.001$ ) and those who had family history of hypertension $\left(\chi^{2}=4.228, \mathrm{P}=0.039\right)$.

Table 2: Prevalence of pre-hypertension by BMI and WHR.

| Variables | Subgroups | Pre-hypertensive <br> Number (\%) | Not Pre-hypertensive <br> Number (\%) | Significance |
| :--- | :--- | :--- | :--- | :--- |

It shows that prevalence of pre-hypertension was significantly higher among the obese medical students $\left(\chi^{2}=6.941, P=0.008\right)$ and those with higher waist hip ratio $\left(\chi^{2}=4.983, P=0.025\right)$.

Table 3: Prevalence of pre-hypertension by mean BP and BMI.

| Variables | Subgroups | Mean $\pm$ SD | Significance |
| :---: | :---: | :---: | :---: |
| Systolic BP (mm Hg) | 18 year to <20 year | $126 \pm 6.20$ | $\begin{aligned} & \mathrm{t}=3.332 \\ & \mathrm{P}=0.001 \end{aligned}$ |
|  | 20 year and above | $128 \pm 4.30$ |  |
| Diastolic BP (mm Hg) | 18 year to <20 year | $60 \pm 2.36$ | $\begin{aligned} & \mathrm{t}=9.563 \\ & \mathrm{P}=0.000 \end{aligned}$ |
|  | 20 year and above | $64 \pm 4.20$ |  |
| Systolic BP (mm Hg) | Male | $124 \pm 4.08$ | $\begin{aligned} & \mathrm{t}=16.419 \\ & \mathrm{P}=0.000 \end{aligned}$ |
|  | Female | $118 \pm 2.06$ |  |
| Diastolic BP (mm Hg) | Male | $66 \pm 4.07$ | $\begin{aligned} & \mathrm{t}=15.955 \\ & \mathrm{P}=0.000 \end{aligned}$ |
|  | Female | $60 \pm 2.34$ |  |
| BMI | 18 year to <20 year | $20.64 \pm 2.05$ | $\begin{aligned} & \mathrm{t}=2.588 \\ & \mathrm{P}=0.010 \end{aligned}$ |
|  | 20 year and above | $21.39 \pm 2.73$ |  |
|  | Male | $21.79 \pm 3.40$ | $\mathrm{t}=0.516$ |
|  | Female | $21.58 \pm 3.70$ | $\mathrm{P}=0.606$ |

It shows that mean systolic and diastolic BP differed significantly between the junior and senior medical students ( $\mathrm{t}=3.332, \mathrm{P}=0.001$ and $\mathrm{t}=9.563, \mathrm{P}=0.000$ respectively) and their $\operatorname{sex}(t=16.419, P=0.000$ and $t=15.955, P=0.000)$ whereas mean BMI was significantly different among the junior and senior medical students only.

Table 4: Binary logistic regression analysis.

|  | Odds ratio (95\% <br> CI) | P <br> value |  |
| :--- | :--- | :--- | :--- |
| Continuous variables |  |  |  |
| Age | $1.037(1.028-1.053)$ | 0.000 |  |
| BMI | $1.128(1.047-1.218)$ | 0.001 |  |
| Waist hip ratio | $13.158(0.398-$ <br> $457.831)$ | 0.131 |  |
| Discrete variables |  |  |  |
| Gender | Male | $1.238(0.698-2.981)$ | 0.389 |
|  | Female | 1 | 0.897 |
| Family history <br> of hypertension | Present | Absent | 1 |

Binary logistic regression analysis shows that medical students had $3.7 \%$ higher chance of having pre-hypertension with one year increment of age $(\mathrm{OR}=1.037,95 \% \mathrm{CI}=1.028-1.053, \mathrm{P}=$ 0.000 ). Likewise they had $12.8 \%$ more chance of having prehypertension with one unit increase in their $\mathrm{BMI}(\mathrm{OR}=1.128$, $95 \% \mathrm{CI}=1.047-1.218, \mathrm{P}=0.001$ ) while rest of the variables did not attain the level of statistical significance.

## DISCUSSION

Present study detected the prevalence of pre-hypertension to be $45 \%$, similarly Mohit Shahi et al., $2013^{16}$ and Mona Soliman et al., $2014^{17}$ also found it to be $40.2 \%$ and $47.4 \%$ respectively. But Abdul-Hussein F. et al., $2011^{18}$ and Samuel I. Merino Barrera et al. $2014{ }^{19}$ found it to be $31.8 \%$ and $27.6 \%$ respectively.

Lower prevalence in these two studies may be attributable to ecological and racial differences among the studies. This study detected the prevalence of prehypertension as $38 \%$ among female medicos, whereas Mohit Shahi et al., $2013^{16}$ and Kavita Chaudhry et al., $2012^{11}$ found it to be $46.9 \%$ and $58 \%$ respectively, which were higher than our study. But Abdul-Hussein F. et al., $2011^{18}$ and M. R. Koura et al., $2012^{20}$ found it to be $13.1 \%$ and $13.5 \%$ respectively, which were lower than the present study. These differences may be due to the racial differences of the study subjects. In this study mean BMI of the study subjects was found to be $21.68 \pm 3.55$, Kavita Chaudhry et al., $2012^{11}$ found it to be $22.33 \pm 3.83$ and Sreedharan J et al., $2010^{21}$ found it to be $24.9 \pm 5.7$, which were similar. Mean BMI of the male and female subjects was found to be $21.79 \pm 3.40$ and $21.58 \pm 3.70$ respectively in this study whereas Ujunwa et al., $2013^{22}$ found it to be $19.81 \pm 3.61$ and $21.16 \pm 3.29$ respectively, which were similar. WHR was found to be within normal range among $80 \%$ of the study subjects and this was similar with the findings of Ujunwa et al., 2013. ${ }^{22}$

Age, sex and BMI were found to be the significant predictors of pre-hypertension among the study subjects, which was similar with the findings of Kavita Chaudhry et al., 2012, ${ }^{11}$ Mona Soliman et al., $2014{ }^{17}$ and Samuel I. Merino Barrera et al. 2014. ${ }^{19}$

## CONCLUSION

This study concluded that the prevalence of prehypertension among medical students is high and high BMI was found to be significantly associated with prehypertension. Hence it can be used as an effective tool for predicting pre-hypertension and development of hypertension among medicos later on. It may prompt Public Health stakeholders for timely primary interventions against developing hypertension in them.

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