

Undiagnosed Hypertension among Young Adults Who Regularly Use Primary Care

The following is a synopsis of “Undiagnosed Hypertension among Young Adults with Regular Primary Care Use,” published in the January 2014 issue of the *Journal of Hypertension*.



What is already known on this topic?

Hypertension, commonly known as high blood pressure, is a major risk factor for cardiovascular disease, the leading cause of death among adults in the United States. Blood pressure levels from young adulthood (defined as ages 18–39) have been shown to predict the likelihood of future cardiovascular events. Among young adults, about 15% of women and 20% of men have been diagnosed with hypertension, and researchers expect these figures to increase due to rising obesity rates.

Although overall rates of hypertension control have improved in the United States, young adults with hypertension are less likely to have their condition under control compared with middle-aged and older adults. Uncontrolled hypertension in young adults can increase risk for chronic kidney disease and strokes, especially among people with diabetes.

Prior studies have shown that young adults who meet established clinical criteria for hypertension are less likely to be diagnosed with the condition than middle-aged or older adults who meet the same criteria. Few previous studies have investigated reasons for this difference in diagnosis rates.

What is added by this document?

In this study, the authors compared the rates of first-time hypertension diagnosis for different age groups (see table) and identified factors that delayed diagnosis among young adults who regularly used primary care.

Table. First-Time Hypertension Diagnosis Rates

Age Group	Diagnosis Rate
18–24	56%
25–31	62%
32–39	68%
40+	70%

The authors determined that people aged 18–31 had a 33% slower rate of hypertension diagnosis compared with adults aged 60 or older. Young adults who used tobacco, were white, or had a primary language other than English were more likely to have delayed diagnoses; black patients and those with diabetes, higher blood pressure, or a female health care provider were more likely to receive an earlier diagnosis.

Lifestyle counseling is essential to hypertension management, especially for young adults. The authors analyzed data from a subgroup of young adults in this study and found that 45%—nearly half—did not have any documented lifestyle counseling within 1 year of meeting clinical criteria for hypertension.

What are the applications for these findings?

Previous research suggests that the lack of a regular source of primary care is a significant contributor to gaps in hypertension control among young adults. However, the authors of this study demonstrated that even with regular access to primary care, many young adults aged 18–39 were unlikely to receive a timely hypertension diagnosis compared with adults aged 40 years or older.

Primary language and ethnicity were significantly associated with a delayed hypertension diagnosis for young adults. This finding highlights the importance of addressing communication barriers to improve cardiovascular risk factor management among adults whose primary language is not English.

These findings and others underscore the need for health care system interventions tailored to young adults to improve diagnosis of hypertension. Interventions such as decreased time between follow-up visits or outreach between visits may improve care for young adults with elevated blood pressure. Health care providers should routinely communicate to patients the negative health effects of long-term elevated blood pressure, especially among young adults with multiple cardiovascular risk factors.

Resources

Centers for Disease Control and Prevention
High Blood Pressure
www.cdc.gov/bloodpressure

American Heart Association
Blood Pressure
www.heart.org/HEARTORG/Conditions/HighBloodPressure/High-Blood-Pressure-or-Hypertension_UCM_002020_SubHomePage.jsp

Frieden TR, Coleman King SM, Wright JS. Protocol-based treatment of hypertension: a critical step on the pathway to progress. *JAMA*. 2014;311(1):21–22.

Citation

Johnson HM, Thorpe CT, Bartels CM, Schumacher JR, Palta M, Pandhi N, et al. Undiagnosed hypertension among young adults with regular primary care use. *J Hypertens*. 2014;32(1):65–74.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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