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# A Prevalence of Hypertension in Children - School Based Study 

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#### Abstract

Objectives: To study the prevalence and aetiology of Hypertension in school children aged 10-15 Years. Methods: In this study 975 students from 3 Govt. Schools and 975 Students from 4 Pvt. Schools of age group of 10-15 Years were selected based on random table method with help of their role numbers. Anthropometric data, Blood Pressure measurement and family history of Hypertension, Diabetes, Ischemic Heart Disease and Obesity were collected for all 1950 Children. For children with High Blood Pressure readings or positive family history, repeated Blood Pressure measurements were taken on three different occasions with one-week interval. Subsequently, in children with increased Blood Pressure on three separate occasions, detailed history was taken, children were thoroughly examined and necessary investigations were done. Results: The present study includes 1950 children of which the prevalence of Hypertension is $2.4 \%$ (47/1950) and Pre Hypertension is $8.15 \%$ (159/1950) with p value - 0.0001 which is statistically significant. Prevalence of Hypertension is $3.69 \%$ (36/975) in Private School Children while it is $1.2 \%$ (11/975) in children from Govt. School. Prevalence of Pre Hypertension is $14.25 \%$ (139/975) in Private School while it is $2.05 \%$ (20/1950) in Govt. Schools. Pre Hypertension is found to be more prevalent in $13-15$ Years (10.09\%) age group then $10-12$ Years age group $(5.79 \%)$ with $p$ value of 0.0006 which is statistically significant. Prevalence of Pre Hypertension and Hypertension is more in children with family history of Hypertension, Diabetes Mellitus, Obesity and Ischemic Heart Disease. In overweight children Pre Hypertension in more and in obese children, Hypertension is more. Secondary Hypertension is seen in 4 Cases out of which 2 cases are diagnosed with Hyperthyroidism and 2 cases has history of acute Glomerulonephritis. Conclusion: Hypertension and Pre Hypertension are more common in older children (13-15 Years). Prevalence of Pre Hypertension and Hypertension is more in boys then is girls. Corporate Schools then in Govt. School, High - Socioeconomic group then low Socio-Economic group, with family history of Hypertension, Diabetes Mellitus, Obesity and Ischemic Heart Disease, Obesity Children and Overweight Children without any physical activity.


Keywords: Pre Hypertension, Hypertension, Secondary Hypertension, Glomerulonephritis.

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## Introduction

Even through Hypertension is a disease of adults, it is not uncommon in children. Primary Hyper tension during childhood often tracks to adulthood children with Blood Pressure more then $10^{\text {th }}$ Percentile have 2.4 fold greater risk of having Hypertension in adults. There is also association between childhood Hypertension ad early atherosclerosis in Young adulthood. Hypertension children usually asymptomatic.

Prevalence of essential Hypertension in Children is $1-3 \%$ according to fourth task force. In Infants and young children, Systemic Hypertension is uncommon with a prevalence of less than $1 \%$ but when present, it is often indicative of an underlying disease process (Secondary Hypertension).
Left ventricular Hypertrophy is the most common representation of target organ damage in Hypertension Children. Primary Hypertension should be second for comorbidities that may increase cardiovascular risk, Hyperlipidemia and Glucose Intolerance.

## Material and Methods

The Sample collections for the present study is under taken from Oct.'2010 to June.'2012 from Govt. Schools and Private Schools of 975 Students of each, total of 1950 Children of age groups 10-15 Years were selected based on the random table methods with help of their roll numbers

Those who had any chronic systemic diseases and those who had been advised bed rest for more then 15 days during the last 6 months due to any sickness are excluded from the study.

The present study is a randomized cross sectional study. Anthropometric data, Blood Pressure measurement and family history of Hypertension, Diabetes Mellitus, Ischemic Heart Disease and Obesity were collected for 1950 children.

For those children for high blood pressure reading are positive family history repeated blood pleasure measurements were taken on three different occasions with one-week interval. Subsequently, in children with increase blood pressure on three separate occasions and detailed history was taken. Children were thoroughly examined and necessary investigations were done.
Anthropometric data weight (Height, Body Mass Index) was collected for all the children table investigations were done in those children with hypertension. These include blood glucose, s creatinine, blood urea, urine analysis, thyroid profile and lipid profile. Ultrasonography, echo cordiograpy and renal Doppler were done as required.

## Results

The prevalence of pre hypertension is $8.15 \%$ (159/1950) and Hypertension 2.41\% (47/1950) the p value is 0.0001 .


Prevalane of hypertension is $3.9 \%$ (36/975) in private school while it is $1.12 \%$ (11/975) in Govt. School children. Prevalence of Pre Hypertension

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is $14.25 \%$ (139/975) in Private School while it is 2.05\% (20/975) in Govt. School.

Prevalence of Hypertension and Pre Hypertension is higher in high socio-economic $3.43 \%$ and $12.70 \%$ compare to low socio-economic group $1.07 \%$ and $2.14 \%$.


Hypertension and Pre Hypertension is more prevalent in children of age 13-15 Years $2.7 \%$ (29/1070), $10.09 \%$ when compared to children of age 10-12 Years 2.04\% (18/880), 5.79\% - P Value -0.0006.

Prevalence of Hypertension and Pre-Hypertension in boys $2.45 \%$ (26) and $9.52 \%$ (101) compared to girls $2.35 \%$ (21) and $6.51 \%$ (58).
Prevalence of Pre-Hypertension and Hypertension is more in children with family history of hypertension (30.37\%, 14.3\%), Diabetes Mellitus ( $28.43 \%$ and $13.23 \%$ ), Obesity ( $32.4 \%, 15.17 \%$ ) and Ischemic Heart Disease ( $25 \%, 7.81 \%$ ) with p value $<0.0001$.
In overweight children Pre-Hypertension common $44.40 \%$ and in obese children Hypertension $21.62 \%$ is more common.

Prevalence of Hypertension in children with no outdoor sport activity 40 (3.09\%) and PreHypertension is 123 (9.52\%).


Secondary Hypertension is seen in 4 cases out of which 2 cases are Hyperthyroidism and 2 cases are with Glomerulonephritis.

## Discussion

Hypertension is a multi factorial problem which is associated with various combined illness. Hypertension is previously thought to be a disease of predominantly older population but in the decades there is an increase in young onset of hyper tension in adolescents and young adults.
Globally prevalence of childhood hypertension varies from 10 \% in USA, to $4.6 \%$ in African countries.

Hyper Tension and Pre-Hypertension increasing in corporate schools ( $3.69 \%$ and $14.25 \%$ ) children compared to Govt. School ( $1.12 \%$ and $2.05 \%$ ) children. High Socio-Economic Children have high prevalence of hypertension and prehypertension $3.43 \%$ and $12.70 \%$ compared to low socio-economic ( $1.07 \%$ and $2.14 \%$ ) children.

Family history of Hypertension, Diabetes Mellitus, Obesity and Ischemic Heart Disease children are more prone to hypertension and prehypertension. Sedentary life style plays a significant role in obesity which is associated with development of hypertension.

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## Conclusion

Hypertension and Pre-Hypertension are more in older children than in younger children. Prevalence of Pre-Hypertension is almost doubled in older children (13-15 Years) than in younger children (10-12 Years).

Prevalence of Hypertension and Pre-Hypertension more in boys, Corporate school children, High Socio-Economic group, Family History of Hypertension, Diabetes Mellitus, Obesity, Ischemic Heart Disease, Overweight children, Obesity Children and children not having sport activity.

## Recommendations

> School Health Check-ups may be implemented by all schools (Govt. and Corporate) which should include monitoring of weight, Blood Pressure Measuring annually by health care providers.
> Children with family history of risk factors should be screened at regular intervals since early childhood for early intervention.
> As obesity leads to hypertension, steps should be under taken to reduce the burden of obesity and overweight by life style modification. i.e. healthy diet, adequate physical activity and yoga exercises for stress relief.
> Awareness should be created to the parents, teachers and also to the health care personal that hypertension is not only the disease of adults but children also at high risk and early intervention can help.
$>$ The importance of proper physical education and diet should be taught to the children.
$>$ As it is an essentially preventable programme the present day practitioner should focus on prevention of hypertension at same time reducing they impact on children who are already prehypertensive.

## References

1. Nelson's Text book of Paediatrics $19^{\text {th }}$ Edition 2011.
2. National High Blood Pressure Education Programme Working Group on High Blood Pressure in children and adolescents. The $4^{\text {th }}$ report on diagnosis, evolution and treatment of high blood pressure in children and adolescents. Paediatrics 2004, 114:555-575.
3. Brady TM, Fivush B, Flynn JT, Parekh R. Ability of blood pressure to predict ventricular hypertrophy in children with primary hypertension. J Paediatric 2008, 152: 73.
4. Chobanian AV, Bakris GL, Black HR, Cushman WC etal. The seventh report of joint action committee on prevention, Detection, Evolution and Treatment of High Blood Pressure: The JNC 7 Report, JAMA 2003:289 : 2560-72.
5. Gupta AK and Ahmad AJ, Childhood obesity and Hypertension, Indian Pediatr, 1991, 28, 816.

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6. Verma, M, Chhatwal.J and George SM, Obesity and Hypertension in children Indian Pediatr., 1994 49, 1065-1069.
7. Harrisons Principles and Practice of medicine $18^{\text {th }}$ Edition 2011.
8. Chukwunonso ECC Ejike, Chidiebere E Ugwu, Lawrence US Ezeanyika BMC Paediatrics 1996; 33:377-381.
9. Bagga A, Jain R, Vijay KumarM Etal. Evaluation and management of hypertension. Indian Paediatrics 2007; 44:10321.
10. Freedman DS, Dietz WH, srinivasan SNR, Berenson GS. The relation of overweight to cardiovascular risk factors among the children and adolescents: the Bogalusa Heart study. Paediatrics 1999;103(pt 10:1175-1182.
11. Soudarssanane M, Mathanraj S, Sumanth M, Sahai A, Karthikeyan M. Tracking of blood pressure among adolescents and young adults inurba slum of Pducherry. Indian J Community Med 2008;33:107-12.
12. Khan MI, Lala MK, Patil R, Mathur HN, Chouhan NT, A study of The Risk Factors and The Prevalence of Hyper Tension in Adolescent School Boys of Ahmadabad City, Journal of Clinical and Diagnostic Research 2010 December (4) 3348-3354.
13. Ng'andu NH, Blood Pressure levels of Zambian Rural Adolescent and their relationship to age, sex, weight, height and three weight-for-height indices. Int. J epidemiol 1992 : 21:246-52.
14. Irgil E, Erkenci Y, Ayetekin N, Prevalence of Hypertension in school children age 13-
