Number 12
October 2000

NATIONAL
ACADEMY ON AN
AGING SOCIETY

CHALLENGES FOR THE 21ST CENTURY:
CHRONIC AND DISABLING CONDITIONS

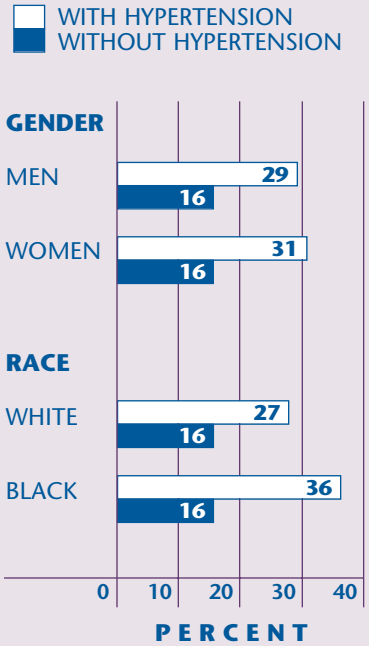
Hypertension

A common condition for older Americans

More than 28 million Americans—about 15 percent of the adult population—have been told they have hypertension. Hypertension is a leading risk factor for heart disease and stroke. Left uncontrolled, hypertension can also lead to kidney disease and vision problems. It is one of the most controllable chronic conditions. Yet, because there are no symptoms, one-third of Americans are unaware they have hypertension.[1]

HYPERTENSION AFFECTS WORK

PROPORTION OF 51 TO 61 YEAR OLDS WITH WORK LIMITATIONS



SOURCE: National Academy on an Aging Society analysis of data from the *1992 Health and Retirement Study.*

Hypertension generally affects people later in life. Almost two-thirds—62 percent—of the population with hypertension are age 55 and older. Hypertension is especially prevalent among blacks and elderly women. People with hypertension are less healthy and use more health care services than those who do not have hypertension. Those with hypertension are more likely to be insured by a public payer.

Hypertension imposes some work limitations

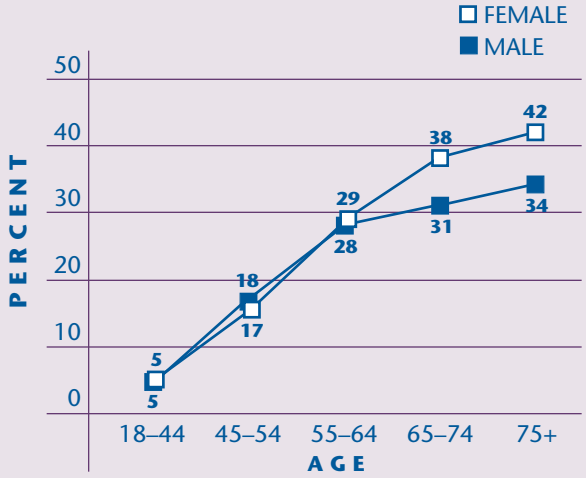
- The proportion of men and women with hypertension limited in the amount and type of work they can do is almost double the proportion of those without hypertension.
- Blacks with hypertension are more than 2 times as likely to have work limitations than blacks without the condition.
- The total cost of hypertension was estimated at $37 billion in 1999—$26 billion in direct medical costs and $11 billion in lost earnings.[2]

Elderly women are more likely than elderly men to have hypertension

Among the elderly population with hypertension, nearly two-thirds—63 percent—are women. While men and women are almost equally likely to have hypertension before age 65, the gap widens in later years (see Figure 1).

FIGURE 1

Prevalence of Hypertension by Age Group and Gender



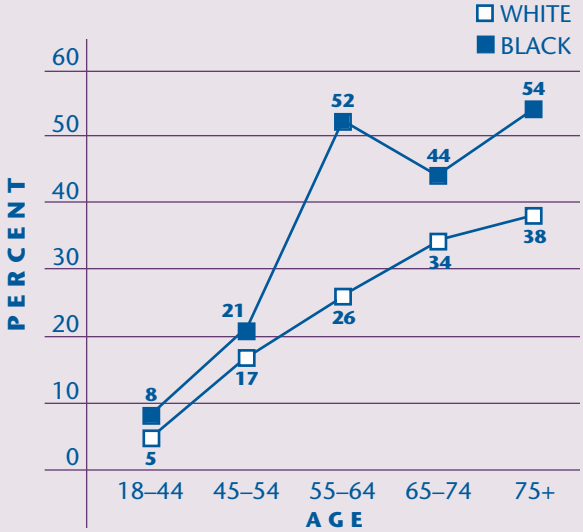
SOURCE: National Academy on an Aging Society analysis of data from the *1994 National Health Interview Survey.*

Blacks are more likely than whites to have hypertension

Blacks of all ages are more likely than whites to have hypertension, but the gap is the widest between ages 55 and 64. In this age group, the prevalence of hypertension among blacks is twice that of whites. At age 75 and older, more than half—54 percent—of blacks have hypertension, compared to 38 percent of whites (see Figure 2).

FIGURE 2

Prevalence of Hypertension by Age Group and Race



SOURCE: National Academy on an Aging Society analysis of data from the *1994 National Health Interview Survey.*

WHAT IS HYPERTENSION?

Hypertension is also known as high blood pressure. Blood pressure is the tension placed on the inside of the walls of arteries to keep blood flowing. Blood pressure is measured by two numbers, one displayed over the other. The top number, *systolic blood pressure*, measures the force while the heart beats. The bottom number, *diastolic blood pressure*, measures the force between heart beats. Although the average blood pressure reading for adults is 120/80, a slightly higher or lower reading (for either number) may not be problematic. If blood pressure goes above 140/90, people are considered to have hypertension.

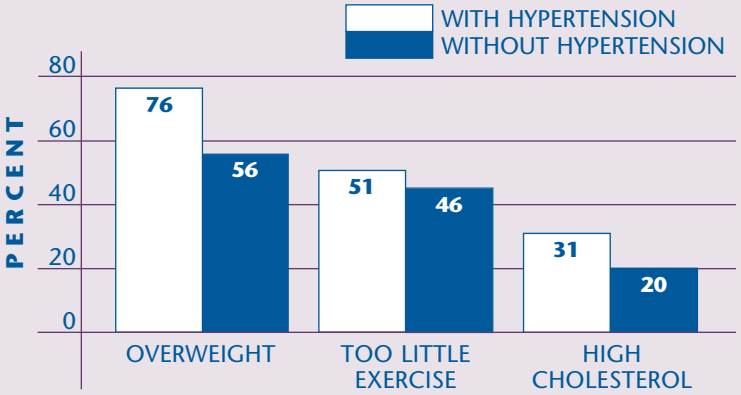
There are two main types of hypertension: *essential hypertension*, for which the cause of the hypertension is unknown, and which occurs in 90 to 95 percent of cases; *secondary hypertension*, in which hypertension is caused by other illnesses, and which accounts for the remaining 5 percent.

Most adults can control their hypertension

Only 27 percent of those with hypertension have it under control.[3] Risk factors for hypertension include smoking, high cholesterol, being overweight, and drinking too much alcohol. Those who do not have hypertension are less likely to be overweight, have high cholesterol, or exercise too little. Among the population with hypertension, more than three-quarters are overweight and one-half gets too little exercise (see Figure 3). Modifications in health-related behaviors or the use of prescription drugs can control hypertension and can reduce the risk of developing life-threatening complications.

FIGURE 3

Proportion of Population Age 51 to 61 with Hypertension and Risk Factors



SOURCE: National Academy on an Aging Society analysis of data from the *1992 Health and Retirement Study.*

KNOWLEDGE ABOUT HYPERTENSION IS LOW AMONG THOSE AT HIGHEST RISK

A survey of 1,500 people age 50 and older found that those who are most likely to have hypertension are largely unaware of its causes, risks, and treatments.

- **Nearly half—46 percent—say incorrectly that stress causes hypertension.**
- **Nearly half—45 percent—do not know their own blood pressure numbers. Awareness of blood pressure numbers is even lower among black and Latino respondents than among whites.**
- **Twenty-eight percent of people believe that using prescription drugs is the only way to prevent hypertension.**

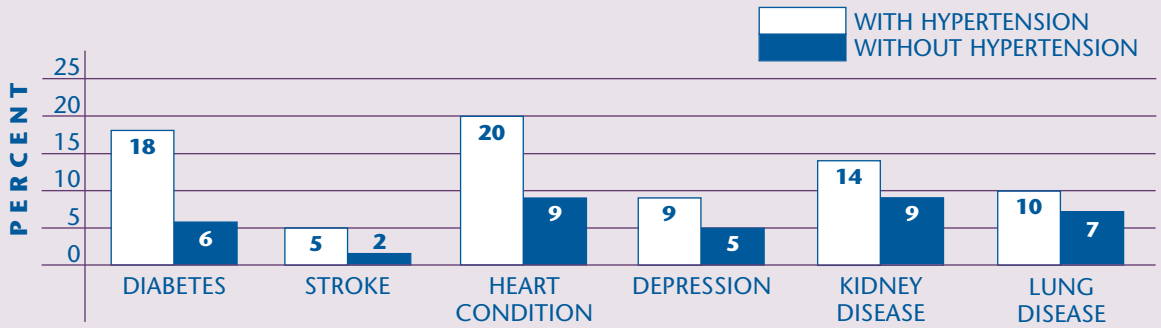
SOURCE: The National Council on Aging. (2000). *What Older Americans Know about High Blood Pressure.* Washington, D.C.

People with hypertension are more likely to have other chronic conditions

Hypertension can lead to other chronic diseases, such as heart disease, kidney failure, or stroke. Adults with hypertension are more likely to have other chronic conditions than those without hypertension (see Figure 4).

FIGURE 4

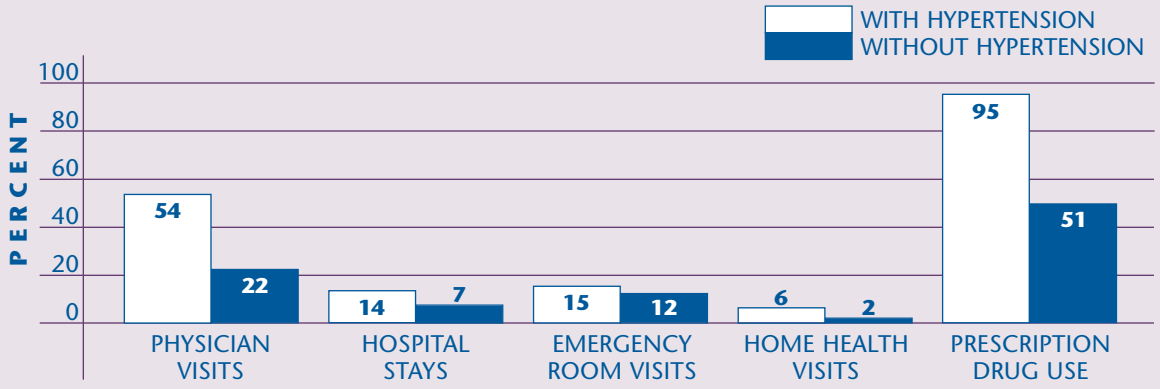
Proportion of Population Age 51 to 61 with Selected Chronic Conditions



SOURCE: National Academy on an Aging Society analysis of data from the *1992 Health and Retirement Study.*

FIGURE 5

Health Care Service Use Among People Age 18 and Older



SOURCE: National Academy on an Aging Society analysis of the *1996 Medical Expenditure Panel Survey*.

Health care service use is greater for those with hypertension

Over half—54 percent—of people with hypertension report having at least five doctor visits in the past year, compared to just 22 percent of those without the condition. Similarly, the proportion of people with hypertension who report at least one hospital stay in the past year is double that of those without hypertension. On average, they are 3 times more likely to have 12 or more home health visits a year than those without hypertension.

Prescription drug use is particularly high among those with hypertension. Those with hypertension are much more likely to use prescription drugs than those who do not have the condition (see Figure 5).

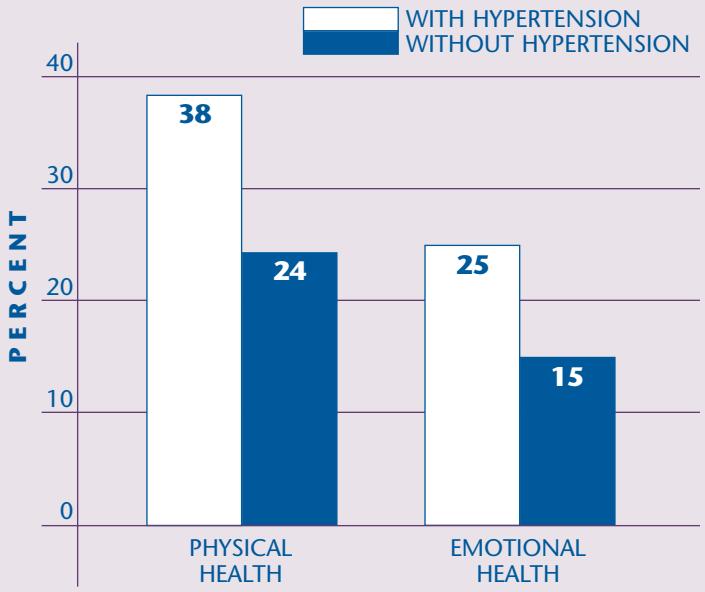
People with hypertension are less healthy

Hypertension affects physical as well as emotional well being. For example, 38 percent of the population age 51 to 61 with hypertension reports being in fair to poor physical health, compared to 24 percent of the population without hypertension. Similarly, one-quarter of people with hypertension report that they are in fair to poor emotional health, compared to just 15 percent of the population without the condition (see Figure 6).

Health often affects retirement decisions. Among the population age 51 to 61 with hypertension, over half—57 percent—cite poor health as a reason for their retirement, compared to just 40 percent of those without hypertension.

FIGURE 6

Proportion of the Population Age 51 to 61 Reporting Fair to Poor Health



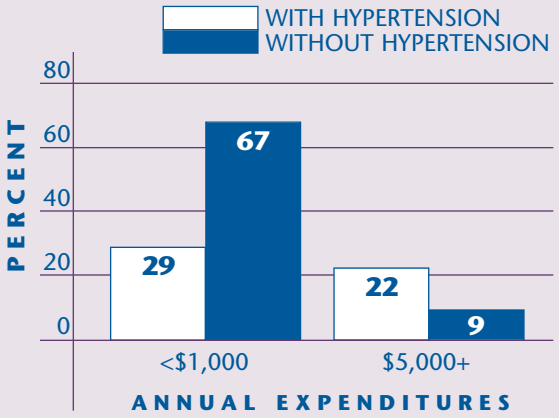
SOURCE: National Academy on an Aging Society analysis of data from the *1992 Health and Retirement Study*.

People with hypertension spend more on health care

Annual median health care expenditures for adults with hypertension are 4 times greater than the expenditures of those without hypertension—$1,825 and $428, respectively. People with hypertension are much more likely than people without hypertension to have annual health care costs of $5,000 or greater (see Figure 7).

FIGURE 7

Proportion of Population Age 18 and Older with High and Low Expenditures for Health Care



SOURCE: National Academy on an Aging Society analysis of the *1996 Medical Expenditure Panel Survey*.

FIGURE 9

Type of Insurance Coverage for People Age 18 and Older with Hypertension

SOURCE OF COVERAGE	PERCENT
Medicare	42
Private	40
Medicaid*	12
Uninsured	6

NOTE: *Some people with Medicaid coverage are also covered by Medicare.

SOURCE: National Academy on an Aging Society analysis of the *1996 Medical Expenditure Panel Survey*.

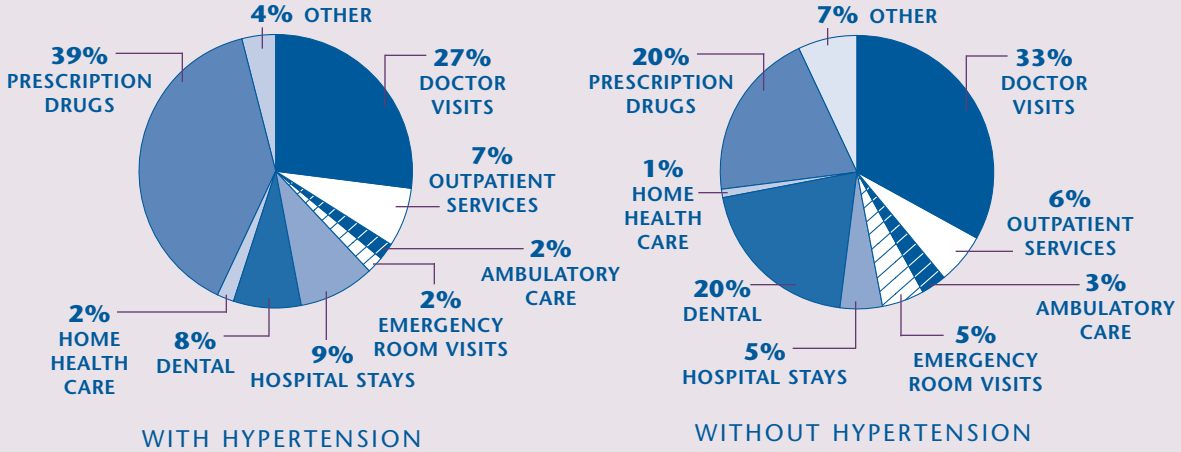
The greatest differences in expenditures between adults with and without hypertension are for prescription drugs and hospital stays (see Figure 8).

Many with hypertension rely on Medicare

Over half of all adults with hypertension have publicly financed insurance. Some 42 percent are covered by Medicare and 12 percent by the Medicaid program (see Figure 9). Among people age 65 and older with hypertension, almost all have publicly financed coverage.

FIGURE 8

Total Health Care Expenditures for People Age 18 and Older, by Type of Service



SOURCE: National Academy on an Aging Society analysis of the *1996 Medical Expenditure Panel Survey*.

Hypertension affects many Medicare beneficiaries

Approximately 40 percent of Medicare beneficiaries—12 million people—have hypertension. A study examining the relationship between drug coverage and medication purchases among people age 65 and older with hypertension found that nearly one-fifth—19 percent—of beneficiaries fail to purchase prescription drugs to control hypertension. The failure to buy these prescription drugs is higher among those who do not have prescription drug coverage. Having drug coverage lowers the out-of-pocket per tablet cost of antihypertensive drugs by 50 percent, on average.[4] Increased coverage for prescription drugs would likely change the way people who have hypertension manage their condition.

---

1. National Heart, Lung, and Blood Institute. (1997). *The Sixth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure*. Available at http://www.nhlbi.nih.gov/guidelines/hypertension/jncintro.htm

2. American Heart Association. (2000). *2000 Heart and Stroke Statistical Update*. Available at http://www.americanheart.org/statistics/index.html

3. National Heart, Lung, and Blood Institute. (1997).

4. Blustein, J. (2000). "Drug Coverage and Drug Purchases by Medicare Beneficiaries with Hypertension." *Health Affairs*, 19(2): 219–230.

ABOUT THE DATA

Unless otherwise noted, the data presented in this *Profile* are from three national surveys of the community-dwelling population in the United States. The 1996 Medicare Expenditure Panel Survey (MEPS) is cosponsored by the Agency for Health Care Research and Quality and the National Center for Health Statistics and provides data on the entire population. The 1994 National Health Interview Survey (NHIS) was conducted by the National Center for Health Statistics, and provides data for the entire population. Wave 1 of the Health and Retirement Study (HRS) provides information for a population age 51 to 61 in 1992. The HRS data set was sponsored by the National Institute on Aging and conducted by the Institute for Social Research at the University of Michigan.

ABOUT THE *PROFILES*

This series, *Challenges for the 21st Century: Chronic and Disabling Conditions*, is supported by a grant from the Robert Wood Johnson Foundation. This *Profile* was written by Kristen Kilker with assistance from Laura Summer, Lee Shirey, and Greg O'Neill. It is the last in the series. Previous *Profiles* include:

1. **Chronic Conditions: A challenge for the 21st century**
2. **Hearing Loss: A growing problem that affects quality of life**
3. **Heart Disease: A disabling yet preventable condition**
4. **At Risk: Developing chronic conditions later in life**
5. **Arthritis: A leading cause of disability in the United States**
6. **Diabetes: A drain on U.S. resources**
7. **Caregiving: Helping the elderly with activity limitations**
8. **Childhood Asthma: The most common chronic disease among children**
9. **Depression: A treatable disease**
10. **Workers and Chronic Conditions: Opportunities to improve productivity**
11. **Alzheimer's Disease and Dementia: A growing challenge**

The National Academy on an Aging Society is a Washington-based nonpartisan policy institute of The Gerontological Society of America. The Academy studies the impact of demographic changes on public and private institutions and on the economic and health security of families and people of all ages.

NATIONAL ACADEMY ON AN AGING SOCIETY

1030 15th Street NW, Suite 250, Washington, DC 20005

PHONE **202-408-3375** FAX **202-842-1150**

E-MAIL **info@agingsociety.org** WEBSITE **www.agingsociety.org**