INTRODUCTION

This study examines the prevalence of hypertension among nearly 4000 adults in Bo, Sierra Leone, and compares the results to other studies of hypertension from Sierra Leone and across West Africa. Sierra Leone, which is located on the Atlantic coast between Guinea and Liberia, was severely affected by a civil conflict that lasted from 1991 to 2002. Previous studies of hypertension in Sierra Leone found a high prevalence of hypertension,1–5 but no studies have been conducted since the resolution of the war.

African and African diaspora populations are consistently reported to have concerning rates of hypertension.6–9 Hypertension is the leading risk factor for both ischemic and hemorrhagic stroke,10 and elevated blood pressure is also associated with an increased risk of many other health problems, including chronic kidney disease, coronary artery disease, congestive heart failure, and heart arrhythmias.11 Individuals with other cardiovascular diseases, diabetes, and kidney disease are particularly vulnerable to hypertension and the complications associated with hypertension,11 so management of hypertension is an important component of managing the other chronic diseases that are now recognized as significant and increasingly common problems in Sub-Saharan Africa.12

Early identification and treatment of hypertension is effective in saving lives and reducing costs to families and health systems,13,14 but diagnosis of and treatment for hypertension are often unavailable or under-available in low-income populations.6,8,10 The lack of health infrastructure is severe in Sierra Leone, where there are fewer than 500 hospitals and clinics, fewer than 200 physicians, and fewer than 1500 nurses serving a national population of about 5 million.15 In fact, these may be significant overestimates of the number of health professionals since a 2007 Ministry of Health workshop identified only 67 medical officers and 225 nurses working in the republic.16 The extreme shortage of physicians means that clinics are often staffed entirely by clinicians with less advanced training, and the limited number of total clinicians means that all of them must typically focus their attention on acute and critical care rather than on management of chronic diseases.

However, even with the inadequacy of health infrastructure in much of West Africa, effective interventions and policies for hypertension prevention and control have been successfully implemented in some areas within the region.14 Identifying the prevalence of hypertension in Sierra Leone, and in