

## National Hypertension Taskforce of Australia: a roadmap to achieve 70% blood pressure control in Australia by 2030

TO THE EDITOR: It was most welcome to see hypertension receive due attention in the timely roadmap of the National Hypertension Taskforce of Australia.<sup>1</sup> The authors described the pillars of “prevent”, “detect” and “treat effectively” and listed the appropriate high risk groups. However, one group, women with hypertensive disorders of pregnancy (HDP), was curiously omitted.


All women are screened for hypertension in pregnancy, and each year 5–10% are diagnosed with HDP. These women have a lifelong increased risk of cardiovascular disease (CVD). It is not merely a concern for older age groups. Disturbingly, there is a doubling in risk of cardiovascular events in the first ten years following pregnancy. The risk is multiplied by five times if the HDP was early onset.<sup>2</sup> The ramifications are often unrecognised as blood pressure usually normalises within weeks of delivery and the needs of the newborn quickly supersede those of the mother.

An additional concern is that many women are not aware of the elevated risks of HDP. A New South Wales survey of 105 women with prior HDP found that only 18 (17%) knew of their increased cardiovascular risk.<sup>3</sup> General practitioners need to be informed of their patient’s HDP diagnosis to manage their long term cardiovascular risks. Lack of patient awareness and inaccurate or incomplete discharge summaries can hamper the general practitioner’s awareness and subsequent treatment.

Women are already disadvantaged when it comes to cardiovascular health: appraisal of their risk factors is less likely, and prescription of evidence-based therapies is less common in young women (aged 35–54 years) compared with their male counterparts with the same risk of CVD.<sup>4</sup> It was heartening to see relevant information on HDP added to the Australian CVD Risk Calculator<sup>5</sup> in 2023, but there is a long way to go.

Pregnancy is an opportunity to detect, treat and educate women of childbearing age regarding hypertension. All women with HDP and their respective general practitioners should be informed of their diagnosis and increased CVD risk. In

line with current national guidelines,<sup>6</sup> all women with HDP should have an annual review of blood pressure and cardiovascular risk factors to facilitate early detection and treatment of hypertension — Pillars B and C of the roadmap. For the National Hypertension Taskforce of Australia roadmap to achieve its goal, this at-risk group should be included in the roadmap.

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Competing interests: No relevant disclosures. ■

doi: [10.5694/mja2.52553](https://doi.org/10.5694/mja2.52553)

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