

Thoughts on “Prevalence of Risk Factors for Hypertension Among Faculty at an Urban University in Uganda” [Letter]

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Dear editor

As medical students in the UK with a keen interest in the development of public and global health, we commend the focus on hypertension awareness carried out by Alinaitwe et al¹ in Uganda through the study of hypertension risk factors among university faculty. This research has contributed further to pre-existing epidemiology findings on the prevalence of hypertension in Uganda.² The results have demonstrated the prevalence of modifiable risk factors for hypertension within the sample group of university staff. The use of WHO STEP-wise approach³ has ensured that the results can be reproduced within other sample groups, for future research. However, the methodology presents areas where enhancements could amplify the study's significance and applicability.

The sampling strategy may restrict the study's generalisability, as the selection of participants from a single institution can reflect the institutional culture and environment rather than broader national trends, in the context of risk factors. Additionally, a more inclusive approach, including more staff, could provide a more comprehensive view across the entire university staff population. In addition to this, folding paper to identify starting point could introduce a selection bias; a computer-generated random selection process could have ensured the process to be completely random.⁴

The analysis provides valuable insights into the correlation between lifestyle factors and hypertension risk. However, in collecting the response data, notably the non-anonymous nature of the questionnaire could introduce answer bias.⁴ This is especially pertinent considering the professional standing of participants who might alter their responses to avoid judgment or opt out.

When measuring the blood pressure, the white-coat phenomenon was not taken into consideration, meaning that participants' readings could have been more elevated due to the nature of the study.⁵ Also, there was limited indication of how outliers in blood pressure readings were identified and mitigated (e.g., a significant change between the two blood pressure readings) and inclusion of control variables such as measuring at the same time of day. The use of 24-hour ambulatory blood pressure monitoring provides a more accurate representation of blood pressure recording.

The questionnaire's self-reported data lacked quantification, as the participants were not provided the opportunity to specify the quantity and frequency (e.g., cigarettes per day, units of alcohol per week) of their habits. Implementing this could provide a more detailed understanding of these risk factors correlation with hypertension.

Incorporating these considerations and carrying out further WHO STEP-wise approach,³ such as blood and urine sampling, can increase the accuracy of its findings and provide more nuanced insights into hypertension risk factors among university faculty in Uganda. Moreover, future research could benefit from a multi-centre approach, incorporating more diverse academic environments to provide a greater understanding of the prevalence of hypertension. Additionally, building on this work, longitudinal studies could explore the temporal relationship between identified risk factors and the development of hypertension. Overall, we thank Alinaitwe et al¹ for providing insight and awareness into this topic.

Consequently, enhancing understanding, prevention and management of hypertension risk factors among university faculties in Uganda and nationally.

Disclosure

The authors report no conflicts of interest in this communication.

References

1. Alinaitwe B, Amany C, Muwanguzi P, Ngabirano T. Prevalence of risk factors for hypertension among faculty at an Urban University in Uganda. *Integrated Blood Pressure Control*. 2024;17:1–11. doi:10.2147/ibpc.s440972
2. Guwatudde D, Mutungi G, Wesonga R, et al. The epidemiology of hypertension in Uganda: findings from the National Non-communicable Diseases Risk Factor Survey. *PLoS One*. 2015;10(9):e0138991. doi:10.1371/journal.pone.0138991
3. Riley L, Guthold R, Cowan M, et al. The World Health Organization stepwise approach to noncommunicable disease risk-factor surveillance: methods, challenges, and opportunities. *Am J Public Health*. 2016;106(1):74–78. doi:10.2105/ajph.2015.302962
4. Pannucci CJ, Wilkins EG. Identifying and avoiding bias in research. *Plastic Reconst Surg*. 2010;126(2):619–625. doi:10.1097/prs.0b013e3181de24bc
5. Pioli MR, Ritter AM, de Faria AP, Modolo R. White coat syndrome and its variations: differences and clinical impact. *Integrated Blood Pressure Control*. 2018;11:73–79. doi:10.2147/ibpc.s152761

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