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Contemporary Baseline Clinical Profile of Chronic Hypertensive Heart Failure in Ibadan, Nigeria

Profil Clinique de Base Contemporain de l'insuffisance Cardiaque Hypertensive Chronique à Ibadan, Nigeria

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ABSTRACT

INTRODUCTION: Cardiovascular disease (CVD) has become the major cause of morbidity and mortality in Sub-Saharan Africa (SSA). Despite this, there is still very little data on the pattern of hypertensive heart disease in SSA.

OBJECTIVE: This study described the characteristics of heart failure caused by hypertensive heart disease in Ibadan, Nigeria.

METHODS: This was a hospital-based cross-sectional study conducted in the cardiology unit of the Department of Medicine, University College Hospital, Ibadan, Nigeria. Eligible patients were those presenting with chronic hypertensive heart failure to the cardiology unit or referred to the unit for the same purpose. Data collection started from August 1, 2016, to July 31, 2021. Analysis was done with the SPSS statistical package. A 2-tailed p-value of <0.05 was assumed to be statistically significant.

RESULTS: A total of 753 subjects met the inclusion criteria for the study. The mean age of the population was 60.3 (range, 18-98 years). The most common co-morbidity was diabetes mellitus (13.9%). About 54% of the subjects had a previous history of heart failure. Serum sodium ($p = 0.022$), creatinine ($p = 0.001$), and total cholesterol ($p = 0.004$) were significantly higher in females. Men are more likely to have left-axis deviation ($p=0.016$) and left atrial abnormality ($p=0.016$). Heart failure with reduced ejection fraction was common in males.

CONCLUSION: HHF in Ibadan, Nigeria, affects a relatively younger population compared to their counterparts in high-income countries. Our findings are similar to data from other parts of sub-Saharan Africa. Preventive programmes should be utilised at all levels to stem the menace of hypertension.

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KEYWORD: Hypertension, High blood pressure, Heart failure, Cardiac Failure, Systolic dysfunction, Nigeria

RÉSUMÉ

INTRODUCTION: Les maladies cardiovasculaires (MCV) sont devenues la principale cause de morbidité et de mortalité en Afrique subsaharienne (ASS). Malgré cela, les données sur le profil de la cardiopathie hypertensive dans cette région restent très limitées.

OBJECTIF: Cette étude décrit les caractéristiques de l'insuffisance cardiaque causée par la cardiopathie hypertensive à Ibadan, Nigeria.

MÉTHODES: Il s'agit d'une étude transversale hospitalière menée dans l'unité de cardiologie du Département de Médecine du University College Hospital, Ibadan, Nigeria. Les patients éligibles étaient ceux présentant une insuffisance cardiaque hypertensive chronique ou référés à l'unité pour cette raison. La collecte des données s'est déroulée du 1er août 2016 au 31 juillet 2021. L'analyse a été effectuée à l'aide du logiciel statistique SPSS. Une valeur de p bilatérale < 0,05 a été considérée comme statistiquement significative.

RÉSULTATS: Au total, 753 sujets ont satisfait aux critères d'inclusion. L'âge moyen de la population était de 60,3 ans (intervalle : 18 à 98 ans). La comorbidité la plus fréquente était le diabète sucré (13,9 %). Environ 54 % des sujets avaient des antécédents d'insuffisance cardiaque. Le sodium sérique ($p = 0,022$), la créatinine ($p = 0,001$) et le cholestérol total ($p = 0,004$) étaient significativement plus élevés chez les femmes. Les hommes étaient plus susceptibles de présenter une déviation axiale gauche ($p = 0,016$) et une anomalie de l'oreillette gauche ($p = 0,016$). L'insuffisance cardiaque avec fraction d'éjection réduite était plus fréquente chez les hommes.

CONCLUSION: L'insuffisance cardiaque hypertensive à Ibadan, Nigeria, touche une population relativement plus jeune comparée à celle des pays à revenu élevé. Nos résultats sont similaires aux données provenant d'autres régions de l'Afrique subsaharienne. Des programmes de prévention devraient être mis en œuvre à tous les niveaux pour freiner le fléau de l'hypertension. WAJM 2025; 42 (4): 276-283

MOTS-CLÉS: Hypertension, Pression artérielle élevée, Insuffisance cardiaque, Défaillance cardiaque, Dysfonction systolique, Nigeria

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