5. Abstract
Hypertension is quantitatively the largest risk factor for cardiovascular diseases, which have recently become the main cause of death also in developing countries. The main subject of this thesis was the prevalence, awareness, treatment and control of hypertension. For that, we aimed first to obtain current worldwide estimates regarding distribution and differences between genders and developing and developed countries; second, to estimate their proportions and determinants in Portugal, using a community sample.

We did an updated systematic review searching in Medline (prevalence AND awareness AND treatment AND control AND (hypertension OR high blood pressure)) for population-based surveys, from 2001. The Portuguese estimates and determinants of hypertension were obtained using a cross-sectional evaluation of 2310 community participants aged ≥18 years and randomly selected from the urban population of Porto, between 1999 and 2003.

We identified 248 articles in the systematic review, of which 204 did not fulfil inclusion criteria and were excluded. The remaining articles reported data from 35 countries. The median prevalence of hypertension ranged from 28% in women from developing countries to 41% in men from developed countries. Awareness and treatment were 1.7-fold higher in men from developing countries compared to women from developed countries. The proportion of control among all hypertensives doubled from 7% in men from developing to 14% in women from developed countries.

In the Portuguese sample, the prevalence (95% confidence interval) of HT was 42.7% (40.0-45.3) in women and 46.7% (43.0-50.3) in men. Among the 707 women and 477 men with HT, the prevalence of awareness, drug treatment and control was, respectively, 58.9% (54.2-61.7), 51.2% (47.4-55.0) and 11.8% (9.3-14.2) among women and, 41.3% (36.6-46.0), 34.6% (30.1-39.1) and 7.9% (5.3-10.5) among men. In multivariate analysis, awareness of HT was positively associated with age in both genders, with diabetes among women, and with body mass index (BMI) among men. Among women, users of private practices as the main source of health care were less likely to be aware of HT. Single, widower and divorced men were less likely to be aware of their HT, in comparison with married/civil union men. In both genders, treatment was positively associated with age and diabetes and inversely with physical activity. BMI was positively associated with treatment only among men. Ethanol intake was associated with a lower likelihood of BP control in both genders. In men, control of HT was observed more often among diabetics and decreased with BMI.