

## **Normal blood pressure reference values in Sudanese**

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### **Abstract**

**Introduction:** Blood pressure is one of the most often measured clinical parameters, and assessment of blood pressure has a considerable impact on diagnostic decisions.

**Objectives:** To establish blood pressure normal reference values in Sudanese.

**Methods:** A cross-sectional study was conducted from September 2016 to November 2018. Eight hundred eighty-eight healthy adult Sudanese between the ages of 20 and 60 (203 men and 685 women) were randomly selected from the states of Khartoum, Northern, Gezira, Red Sea, and North Darfur. Clinical, anthropometric, and blood pressure measurement data were collected.

**Results:** The mean for all volunteers was  $113.93 \pm 9.917$  mmHg, systolic blood pressure (SBP) and  $75.29 \pm 6.79$  mmHg, diastolic blood pressure (DBP). SBP in men was  $118.6 \pm 7.642$  mmHg compared to  $112.53 \pm 9.121$  mmHg in women, while DBP in men was  $77.51 \pm 5.984$  mmHg compared to  $74.63 \pm 6.844$  mmHg in women. Beside the gender variations, blood pressure values also showed geographical variability. There was a positive connection between blood pressures (SBP and DBP), BMI, and age. ( $P < 0.05$ ) was used for significance.

**Conclusion:** Blood pressure of Sudanese was found to be within the normal international range with gender and geographical variability. It showed positive correlation with age and BMI.

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Key words: Blood pressure, Sudanese, Normal reference values

### **Introduction:**

Blood pressure is the pressure within the major arterial system of the body and measured in millimeters of mercury. SBP is the maximum blood pressure during systole; DBP is the minimum pressure during diastole <sup>(1)</sup>. According to the National Health and Nutrition Examination Survey (NHANES), nearly one-third of the US adult population, have hypertension. <sup>(2)</sup> High blood pressure is a major risk of

cardiovascular and renal diseases. <sup>(3)</sup> Hypertension requires the heart to work harder than normal to circulate blood through the blood vessels. <sup>(4)</sup> Hypertension is defined when SBP is equal to or above 140 mm Hg and/or a DBP equal to or above 90 mm Hg. <sup>(5)</sup> Globally, the prevalence of adult hypertension was estimated to be over 40% in 2008; this number is expected to rise to above 60% by 2025. <sup>(6)</sup> The association of a high BMI with cardiovascular disease is at least partly explained by the association of BMI with hypertension and elevated serum cholesterol. <sup>(7)</sup> Numerous factors, such as advanced age, smoking, black race, low potassium and high sodium intake, inactivity, alcohol intake, stress, some chronic illnesses, overweight, and obesity, among others, have an impact on normal blood pressure. <sup>(8)</sup> Davy and Hall reported a linear relationship between adiposity and hypertension. <sup>(9)</sup> In developing countries, high blood pressure is one of the risk factors for cardiovascular diseases, and the estimated 7.1 million deaths especially among middle, and old-age adults is due to high BP. <sup>(10)</sup> To establish reference BP values for Sudanese and compare them to international values, a study was conducted on 1100 individuals in Wad Medani city, Sudan. The findings indicated that while the mean BP (SBP/DBP) for women was  $133 \pm 19/73 \pm 9$  mmHg, the mean for men was  $134 \pm 18/71 \pm 10$  mmHg. <sup>(11)</sup> According to a study done in Khartoum, Sudan, by Elnagi Y. Hago et al., the mean (SBP) is greater in men ( $120 \pm 8.8$ ) compared to women ( $113 \pm 9.7$ ) and the DBP of men ( $79.3 \pm 5.9$  mmHg) is higher than that of women ( $74.8 \pm 7.1$  mmHg). In all participants, BMI was significantly positively correlated with both SBP and DBP ( $P = 0.01$ ) <sup>(12)</sup>. The average blood pressure was within the international range, and men's blood pressure was noticeably higher than that of women.

### **Methods:**

A cross-sectional study done between 2016 and 2018 on 888 adult healthy Sudanese (685 females and 203 males), 20–60 years old, and the study covered the states of Khartoum (392 participants), Northern (130), Gezira (82), Red Sea (160), and North Darfur (124). All participants had no chronic diseases or acute illness at the time of data collection. All volunteers had completed a questionnaire covering personal, habitual, and health data. Then anthropometric blood pressure measurements were performed. The auscultation method was used for blood pressure measurements using the mercury sphygmomanometer and the stethoscope. Five minutes separated the two readings. A third reading was taken if there was a 10 mmHg or greater discrepancy between the first two values. The final reading was the average. Weight and height

were measured to determine the body mass index (BMI) as weight in kilograms divided by height in square meters. Statistical Package for the Social Sciences (SPSS) was used to analyze the collected data, which was then be displayed in tables and graphs.

**Ethical consideration:**

Ethical approval was issued from the Federal Ministry of Health in Sudan (FMOH). All study participants have received an explanation of the study's goals. Each participant had signed a written consent after being informed about the study.

**Results:**

**Table 1: Mean systolic and diastolic blood pressures in different states of Sudan.**

Parameter	SBP (Mean ± SD) in mmHg		DBP (Mean ± SD) in mmHg		N
	Males (n = 203)	Females (n = 685)	Males (n = 203)	Females (n = 685)	
Khartoum	118.88 ± 6.23	113.10 ± 8.93	79.45 ± 5.28	75.08 ± 6.97	392
Red sea	120.88 ± 7.75	109.50 ± 8.49	77.65 ± 4.37	72.78 ± 6.54	160
Gezira	114.63 ± 8.76	114.82 ± 8.92	74.89 ± 6.23	77.27 ± 6.30	82
Northern	120.00 ± 8.66	114.70 ± 10.05	79.03 ± 6.38	74.75 ± 7.16	130
North Darfur	118.63 ± 7.69	111.51 ± 8.73	75.10 ± 5.79	74.08 ± 6.40	124
Total	118.59 ± 7.61	112.52 ± 9.14	77.54 ± 5.96	74.62 ± 6.88	888

Table (1) showed variations in systolic and diastolic blood pressures between different states of Sudan. The mean SBP in male Sudanese was found to be 118.59 ± 7.61 mmHg while the mean DBP was found to be 77.54 ± 5.96 mmHg. The female mean SBP was found to be 112.52 ± 9.14 mmHg while the mean DBP was 74.62 ± 6.88 mmHg. Red sea and Northern states showed the highest mean systolic blood pressures in males (120.88 ± 7.75 and 120.00 ± 8.66 mmHg respectively) while the Red Sea state showed the least mean systolic blood pressure in females (109.50 ± 8.49 mmHg). Khartoum and Northern states showed the highest mean DBP values in males (79.45 ± 5.28 and 79.03 ± 6.38 mmHg respectively). The least DBP (72.78 ± 6.54) was obtained by Red Sea states' females.

**Table 2: Mean SBP and DBP in both sexes with the age group.**

Gender	Males	Females SBP
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Age group	SBP (Mean $\pm$ SD)	DBP (Mean $\pm$ SD)	SBP (Mean $\pm$ SD)	DBP (Mean $\pm$ SD)
20-29	118.26 $\pm$ 7.874	76.99 $\pm$ 5.977	111.74 $\pm$ 8.436	74.18 $\pm$ 6.710
30-39	119.64 $\pm$ 7.712	78.93 $\pm$ 7.641	114.32 $\pm$ 10.144	77.57 $\pm$ 8.140
40-49	119.36 $\pm$ 6.172	80.57 $\pm$ 3.715	118.77 $\pm$ 10.144	79.10 $\pm$ 6.228
50-60	121.36 $\pm$ 5.519	79.55 $\pm$ 4.719	127.81 $\pm$ 10.641	78.13 $\pm$ 5.737
Total	118.60 $\pm$ 7.642	77.51 $\pm$ 5.984	112.53 $\pm$ 9.121	74.63 $\pm$ 6.844

From table (2) it was clear that both total mean systolic (118.6  $\pm$  7.642) and diastolic (77.51  $\pm$  5.984) blood pressures in males were higher than in females (SBP of 112.53  $\pm$  9.121 and DBP of 74.63  $\pm$  6.844), but in the group age of 50-60 years old SBP was higher in females. Both SBP and DBP increased with age in both males and females. The positive correlation between age and blood pressure was more clear in females compared to males.

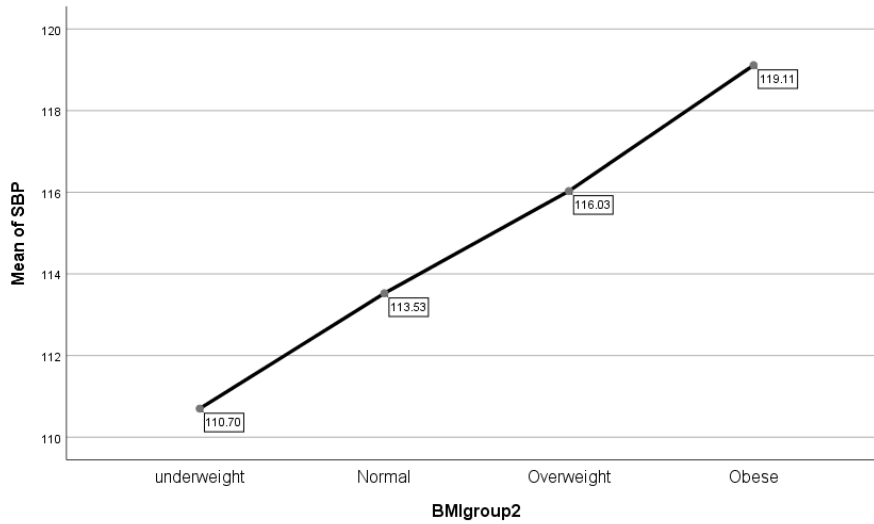
**Table 3: Correlation matrix between blood pressure, age, and BMI.**

Variables	SBP	DBP	Age	BMI
SBP	1.000	0.633**	0.270**	0.253**
DBP	0.633**	1.000	0.202**	0.214**
Age	0.270**	0.202**	1.000	0.307**
BMI	0.253**	0.214**	0.307**	1.000

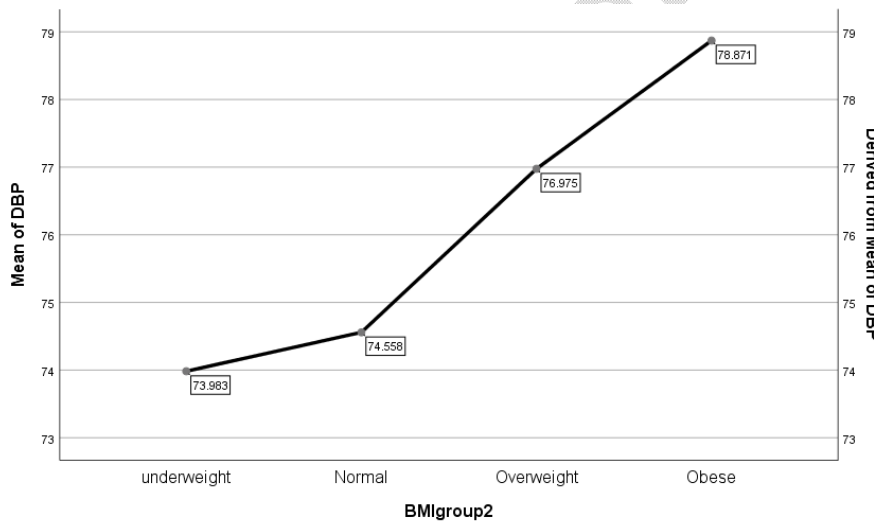
\*\* . Correlation is significant at the 0.01 level (2-tailed).

Table (3) Showed a statistically significant positive correlation between BMI and both systolic and diastolic blood pressure. This result showed that blood pressure increases along with BMI. The positive correlation between BMI and diastolic BP was less when compared to systolic BP. A strong and positive correlation between age and both systolic and diastolic blood pressure was also found.

**Figure 1: The correlation between SBP and BMI among Sudanese.**



**Figure 2: The correlation between DBP and BMI among Sudanese.**



From both of figures (1) and (2), it was clear that both SBP and DBP had positive

correlation with BMI, but the positive correlation of BMI was more linear with SBP compared to DBP.

(a= Age in years, b=BMI)

**Table 4: Prediction equations of blood pressure in adult Sudanese males**

Locations	Prediction for SBP males	Prediction for DBP males
Sudan	$111.322 + 0.042 a + 0.276 b$	$73.614 + 0.112 a + 0.042 b$
Khartoum state	$110.044 + 0.045 a + 0.349 b$	$74.040 + 0.030 a + 0.210 b$
Red sea state	$110.623 - 0.259 a + 0.735 b$	$70.946 + 0.181 a + 0.084 b$
Gezira state	$109.445 - 0.041 a + 0.293 b$	$70.180 + 0.070 a + 0.142 b$
North state	$118.127 + 0.056 a + 0.017 b$	$75.430 + 0.076 a + 0.110 b$
North Darfur state	$111.648 + 0.153 a + 0.138 b$	$72.276 + 0.123 a - 0.014 b$

**Table 5: Prediction equations of blood pressure in adult Sudanese females**

Locations	Prediction for SBP females	Prediction for DBP females
Sudan	$96.695 + 0.258 a + 0.429 b$	$64.906 + 0.090 a + 0.333 b$
Khartoum state	$96.882 + 0.319 a + 0.370b$	$65.383 + 0.125 a + 0.292 b$
Red sea state	$99.718 - 0.066 a + 0.491 b$	$60.660 + 0.101 a + 0.430 b$
Gezira state	$96.150 + 0.215 a + 0.548 b$	$67.911 - 0.110 a + 0.527 b$
North state	$100.866 + 0.051 a + 0.554 b$	$67.897 - 0.036 a + 0.335 b$
North Darfur state	$97.858 + 0.198 a + 0.415 b$	$62.708 + 0.208 a + 0.301 b$

Making use of the positive correlation between blood pressures and age, and blood pressures and BMI, predictive equations for adult males and females Sudanese from all over Sudan were derived using multiple regression.

#### **Discussion:**

The previous trials to establish blood pressure normal reference values for Sudanese had limitations because of the small sample size and the lack of coverage of the whole country, but these limitations had been managed in this study.

Our sample size was designed to be statistically representative of the entire Sudanese population, considering all regions. Our results showed that, Sudanese normal blood pressure values were like the international blood pressure norms. One of the limitations in our study was that males sample size was less than females, but the

overall sample was statistically representative. Also, there was mismatching of the sample size between the different states considering their population density. Great deal of the sample size was taken from Khartoum, since the researchers stayed more time there, but the positive point was that population of Khartoum were a mixture of all Sudan regions. The regional variability of blood pressure values was investigated by Kiefe CI et al. <sup>(13)</sup>.

Our result in tables (1) Shows that the mean of systolic blood pressure was differ from state to state the highest blood pressure was found in Northern state ( $115.96 \pm 9.96$  mmHg) while the lowest SBP was found in the Red sea state ( $110.71 \pm 9.10$  mmHg), also the mean of diastolic blood pressure was differs from state to state the highest diastolic blood pressure was found in Gezira state ( $76.49 \pm 6.34$  mmHg) while the lowest SBP was found in the Red sea state ( $73.29 \pm 6.51$  mmHg), this result was same as study done Kiefe CI and et al, that illustrate there was different result in different region of same country. <sup>(13)</sup> This variation in the blood pressure may be correlated with socioeconomic class and geographic location due to the emergence of new risk factors for hypertension. similar to prenatal malnutrition and psychological stress, may disproportionately impact the poor. <sup>(14,15)</sup> In our study in tables (2,3) we found there was relationship between blood pressure, sex and age. The males had high blood pressure than females, but at the age above the fifty females become had high systolic this result agree with Jane F. Reckelhoff, he proven that at similar ages, men have higher blood pressure than women. However, after menopause, women's blood pressure rises to levels that are much greater than in men. <sup>(16)</sup> Increases in androgens in people and animals may be the cause of the higher prevalence of hypertension in men than in women. Women with increased testosterone levels associated with polycystic ovarian syndrome or adrenal virilizing tumors have hypertension. <sup>(17-19)</sup> Nitric oxide (NO) generation has been demonstrated to be stimulated by estrogen. <sup>(20,21)</sup> As a result, the loss of estrogen associated with menopause may contribute to the rise in blood pressure in women and this explain why women high blood pressure than men.

BMI and both systolic and diastolic blood pressure were positively correlated with age. Systolic and diastolic blood pressures increased steadily with age, from the youngest to the oldest age groups, demonstrating the age dependence of BP. Previous research has also linked high blood pressure to age. <sup>(22-24)</sup> In my current study, the relationship between age and systolic and diastolic blood pressures was less strong

than the relationship between age and BMI. Thus, the relationship between systolic and diastolic blood pressure and age was less strong than the relationship between BMI and age.

Blood pressure was higher in the elderly strata of the sample with or without a corresponding increase in BMI, implying the presence of other contributory factors to hypertension besides fat accumulation alone. A significant correlation between BP and age was also reported in a study from North India. <sup>(25)</sup>

We found that systolic blood pressure and diastolic blood pressure were highest in overweight subjects, intermediate in normal weight subjects, and lowest in underweight subjects in both males and females and this result agree with other studies. <sup>(26,27)</sup> This result could be attributed to differences in sympathetic tone between underweight and overweight individuals. However, plus pressure was comparable. Assuming that arterial compliance did not differ between groups, this implies that stroke volume is also comparable. Heart rate was also comparable. As a result, we have indirect evidence that cardiac output does not differ significantly between the groups. Thus, variations in blood pressure may be largely due to variations in total peripheral resistance, which is heavily influenced by tonic sympathetic control of resistance vessels. <sup>(28)</sup>

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