



# Prevalence of Risk Factors for Hypertension Among Faculty at an Urban University in Uganda [Response to Letter]

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## Dear editor

We take this opportunity to appreciate Fikri for thoroughly reading our paper and congratulate him upon the publication of his letter in the *Journal of Integrated Blood Pressure Control*. We appreciate him as his letter<sup>1</sup> clearly highlights the strengths and contributions of our study particularly in the prevention and control of hypertension among a unique sub-population in Uganda. In addition to indicating a high burden of risk factors for hypertension,<sup>2</sup> our study elaborates that workplace-based screening for hypertension risk factors is achievable and provides a starting point towards office hypertension screening and monitoring.

As indicated in our publication and highlighted by Fikri, because of the study design, there could have been methodological implications. For instance, 1) the risk for response bias due to self-reported data on behavior, 2) limited coverage of biochemical indicators including cholesterol and diabetes status, 3) measurement of blood pressure on one day, and 4) the study population being more specific.<sup>2</sup>

We respond to these limitations in their respective order as follows; 1) Behavior and lifestyle are difficult to study by experimental methods given the associated ethical implications. Such approaches would also have higher cost implications, which limits their practical application in resource-constrained settings. The use of a standard assessment tool in our study as prescribed by WHO<sup>3</sup> minimized socially desirable responses and was found to be more appropriate in this context. 2) Financial and resource constraints limited the integration of several other cardiovascular risk indicators as it would require comprehensive laboratory evaluation. However, future studies should plan to incorporate these objective measures of cardiovascular risk factors. 3) our blood pressure measurement was done twice with a time interval of 5 minutes and was further enhanced by self-reported data on previous diagnosis of hypertension and/or use of antihypertensive medication. 4) For evaluating a specific group of individuals, the study allowed for the first-time assessment of a unique cohort. It has to be noted that no size fits all, and therefore this is a strength on its own. Different groups of individuals have different risk exposures, thus assessing sub-populations is a great addition to Uganda's epidemiologic surveillance and fight against Non-communicable Diseases, especially hypertension.

Being one of the first studies to be conducted among University faculty in Uganda, it paves the way for more studies, especially on hypertension prevention and risk modification. In the continued fight against hypertension, we agree that there is a strong need for more studies with modified and expanded methodological approaches to further add to this body of knowledge. However, it is without doubt that prior mobilization of adequate resources is considered to ensure sustainable routine assessments and the development of specific tools for both behavioral and biophysical measurements.

## Disclosure

The authors declare no conflicts of interest in this communication.

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