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Understanding hypertension in Indian physicians: A cross-sectional study of blood pressure

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Abstract

Background: Hypertension is recognized as the pre-eminent worldwide risk factor for cardiovascular morbidity and mortality. This study aims to determine the prevalence of hypertension among Indian physicians, characterize their systolic blood-pressure (SBP) and diastolic blood-pressure (DBP) distributions in a larger population.

Method: This cross-sectional observational study was conducted as part of the "Know Your Number" initiative, designed to raise awareness among physicians about the importance of monitoring their own blood pressure. Physicians' demographics, SBP, DBP, and electrocardiographic (ECG) evaluation status were collected during the study.

Results: A total of 5,428 physicians were included in the study. The mean age of the physicians was 51.1 years. The majority of the physicians were in the age group range >40 - ≤50 years (22.6%), with the majority being male physicians (91.8%). The average SBP and DBP were 130.2 mmHg and 83.7 mmHg, respectively. In the west region, physicians aged ≤40 years were higher compared to the other age groups (46.1% vs. 39.7% vs. 38.6% vs. 32.0%). Existing hypertension was significantly higher among physicians aged >60 years (44.4%). Existing hypertension was more common among the physicians from the East (25%) and North regions (19.5%), while the West had a higher proportion of non-hypertensive individuals (43.7%). Tachycardia was most common in physicians with SBP ≥140 mmHg (45.1%), followed by AF (26.3%) and bradycardia (40.0%). Weak positive correlation was observed between SBP ($r=0.286$; $P<0.001$), DBP ($r=0.150$; $P<0.001$), and age.

Conclusion: The study highlights significant age and hypertension-related differences among physicians. Older age and existing hypertension were strongly linked to higher BP, and increased prevalence of ECG abnormalities. These findings underscore the importance of prioritizing physician health and implementing proactive strategies to mitigate CV risk.

Keywords: DBP; Hypertension; SBP; Physicians

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1. Introduction

Hypertension is recognized as the pre-eminent worldwide risk factor for cardiovascular (CV) morbidity and mortality, affecting 30-40% of the global adult population [1,2] and a leading modifiable risk factor for cardiovascular disease (CVD) in India, affecting nearly one-third of adults and contributing to an estimated 1.6 million deaths each year through ischemic heart disease and stroke. Despite this heavy burden, awareness, treatment and control are markedly low, approximately a quarter of rural and urban individuals know they have hypertension, and merely 10-20 % achieve adequate blood pressure (BP) control [3,4].

Hypertension and high-normal BP are one of the major risk factors to increase the CVD [5]. The rapid demographic transition toward an aging population, combined with sedentary lifestyles, high dietary salt intake, obesity, tobacco, and alcohol use, further amplifies the progression of hypertension [3]. Identification of adequate intervention against hypertension in the early phase of the disease aids in the drastic reduction of CV and other hypertension-related co-morbidities [6]. Additionally, the 2025 HA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGIM guideline emphasizes that individualized management is crucial, especially given that age-related factors, such as increased arterial stiffness, are common in older adults [1]. Health workers are essential to a nation's well-being as they serve as the first line of defense against health threats, from pandemics to local disease outbreaks [7]. Physicians, as primary aid of hypertension prevention and management, get exposed to occupational stressors, irregular work hours, and lifestyle, which ultimately results in elevated BP levels [6]. This study aims to determine the prevalence of hypertension among Indian physicians and to characterize their systolic and diastolic blood-pressure distributions in a larger population. These findings will inform targeted interventions to improve physician health and the quality of hypertension care delivered to the broader Indian population.

2. Method

This cross-sectional observational study was conducted as part of the "Know Your Number" initiative across clinics located in diverse regions of India, covering both urban and rural settings to ensure broad representation, designed to raise awareness among physicians about the importance of monitoring their own BP and recognizing early indicators of hypertension.

The primary objective was to assess BP levels among physicians in India and highlight the need for regular self-monitoring as a preventive strategy. Clinics were selected to capture a comprehensive picture of BP status among practicing physicians. The target population included physicians from all specialties who were actively practicing at the time of the study. Eligibility criteria required participants to be currently practicing and willing to provide informed consent. Physicians' demographics, including age, sex, and region, along with systolic blood pressure (SBP), diastolic blood pressure (DBP), and electrocardiographic (ECG) evaluation status, were collected during the study.

Data were analyzed using Statistical Package for the Social Sciences (SPSS) version 22.0. Descriptive statistics were used to describe categorical variables and continuous variables in the form of frequency (percentage) and mean (standard deviation [SD]), respectively. A comparison of qualitative data between the two groups was done using 2 independent sample t-tests depending on the normality distribution. A comparison of qualitative data with more than two groups was done using ANOVA. The variables were correlated with the age using Spearman's correlation analysis. A P value of <0.05 was considered statistically significant.

3. Results

A total of 5,428 physicians from the west (41.1%), south (24.7%), north (19.1%), and east (15%) regions of India were included in the study. The mean age of the physicians was 51.1 years. The majority of the physicians were in the age group range >40 - ≤50 years (22.6%), followed by >50 - ≤60 years (20.9%), >60 years (16.3%), and ≤40 years (15.3%), with male physician predominance (91.8%) [Table 1]. Age data was unavailable for some participants.

Table 1 Demographic parameters

Parameters	Number of physicians (N=5428)
Age (years), mean (SD), (n=4082)	51.1 (11.2)
Age groups (n=4082)	

≤40 years	831 (15.3)
>40 - ≤50 years	1229 (22.6)
>50 - ≤60 years	1137 (20.9)
>60 years	885 (16.3)
Gender (n=5423)	
Male	4982 (91.8)
Female	441 (8.1)
Region	
East	815 (15.0)
West	2232 (41.1)
North	1039 (19.1)
South	1342 (24.7)
Existing hypertension	
Yes	1215 (22.4)
No	4213 (77.6)
SBP (mmHg), mean (SD)	130.2 (10.7)
SBP	
≤120 mmHg	1141 (21.0)
>120 - ≤130 mmHg	2300 (42.4)
>130 - ≤140 mmHg	1291 (23.8)
>140 mmHg	696 (12.8)
DBP (mmHg), mean (SD)	83.7 (80.0)
DBP	
≤80 mmHg	2154 (39.7)
>80 - ≤85 mmHg	1472 (27.1)
>85 - ≤90 mmHg	1167 (21.5)
>90 mmHg	635 (11.7)
ECG status	
Normal	4861 (89.6)
Atrial fibrillation	19 (0.4)
Tachycardia	286 (5.3)
Bradycardia	10 (0.2)
Data presented as n (%), unless otherwise specified. DBP, diastolic blood pressure; ECG, electrocardiogram; SBP, systolic blood pressure; SD, standard deviation.	

Of all, only 22.4% has history of hypertension. The average SBP and DBP were 130.2 mmHg and 83.7 mmHg, respectively. Most physicians had elevated SBP (42.4%), followed by stage 1 hypertension (23.8%), and stage 2 hypertension (12.8%), while 21% physicians had normal SBP. However, 39.7% participants had normal DBP, followed by elevated DBP (27.1%), stage 1 hypertension (21.5%), and stage 2 hypertension (11.7%). Most of the physicians had a normal ECG (89.6%), while a small proportion showed atrial fibrillation (AF) (0.4%), 5.3% had tachycardia, and 0.2% had bradycardia [Table 2].

Table 2 Association of age with demographic parameters

Parameters	Age groups				P value
	≤40 years (n*=831)	>40 - ≤50 years (n#=1229)	>50 - ≤60 years (n**=1137)	>60 years (n##=885)	
Gender		[n=1227]	[n=1134]		<0.001
Male	740 (89.0)	1102 (89.8)	1053 (92.9)	844 (95.4)	
Female	91 (11.0)	125 (10.2)	81 (7.1)	41 (4.6)	
Region					<0.001
East	70 (8.4)	160 (13.0)	197 (17.3)	215 (24.3)	
West	383 (46.1)	488 (39.7)	439 (38.6)	283 (32.0)	
North	118 (14.2)	236 (19.2)	236 (20.8)	177 (20.0)	
South	260 (31.3)	345 (28.1)	265 (23.3)	210 (23.7)	
Existing hypertension					<0.001
Yes	72 (8.7)	165 (13.4)	311 (27.4)	393 (44.4)	
No	759 (91.3)	1064 (86.6)	826 (72.6)	492 (55.6)	
SBP (mmHg), mean (SD)	127.4 (10.0)	128.6 (9.4)	132.1 (11.2)	134.9 (11.5)	<0.001
SBP					<0.001
≤120 mmHg	252 (30.3)	283 (23.0)	172 (15.1)	88 (9.9)	
>120 - ≤130 mmHg	374 (45.0)	586 (47.7)	478 (42.0)	291 (32.9)	
>130 - <140 mmHg	157 (18.9)	266 (21.6)	282 (24.8)	299 (33.8)	
≥140 mmHg	48 (5.8)	94 (7.6)	205 (18.0)	207 (23.4)	
DBP (mmHg), mean (SD)	83.0 (7.6)	83.0 (6.9)	84.1 (7.0)	85.4 (7.4)	<0.001
DBP					<0.001
≤80 mmHg	410 (49.3)	525 (42.7)	374 (32.9)	251 (28.4)	
>80 - ≤85 mmHg	205 (24.7)	371 (30.2)	332 (29.2)	218 (24.6)	
>85 - <90 mmHg	132 (15.9)	230 (18.7)	286 (25.2)	249 (28.1)	
≥90 mmHg	84 (10.1)	103 (8.4)	145 (12.8)	167 (18.9)	
ECG status	[n=805]	[n=1180]	[n=1090]	[n=842]	<0.001
Normal	781 (97.0)	1128 (95.6)	1011 (92.8)	760 (90.3)	
Atrial fibrillation	1 (0.1)	5 (0.4)	2 (0.2)	6 (0.7)	
Tachycardia	23 (2.9)	47 (4.0)	73 (6.7)	72 (8.6)	
Bradycardia	-	-	4 (0.4)	4 (0.5)	

Data presented as n (%), unless otherwise specified.

For physicians aged ≤40 years, n*=831, unless otherwise specified.

For physicians aged >40 - ≤50 years, n#=1229, unless otherwise specified.

For physicians aged >50 - ≤60 years, n**=1137, unless otherwise specified.

For physicians aged >60 years, n##=885, unless otherwise specified.

DBP, diastolic blood pressure; ECG, electrocardiogram; SBP, systolic blood pressure; SD, standard deviation.

The male predominance was significantly higher among the physicians aged >60 years than among physicians aged >50 - ≤60 years, >40 - ≤50 years, and ≤40 years (95.4% vs 92.9% vs 89.8% vs 89%, respectively) (P<0.001). In the west region, physicians aged ≤40 years were higher than those in the other age groups (46.1% vs. 39.7% vs. 38.6% vs. 32.0%). Existing hypertension was significantly higher among physicians aged >60 years (44.4%) than among those aged >50 -

≤60 years (27.4%), >40 - ≤50 years (13.4%), and ≤40 years (8.7%) (P<0.001). The average SBP was significantly higher in physicians aged >60 years (134.9 mmHg) compared to physicians aged >50 - ≤60 years (132.1 mmHg), >40 - ≤50 years (128.6 mmHg), and ≤40 years (127.4 mmHg) (P<0.001). While mean DBP was similar in physicians aged ≤40 years and >40 - ≤50 years (83 mmHg, each) than physician aged >60 years (85.4 mmHg) and >50 - ≤60 years (85.4 mmHg) (P<0.001). Tachycardia was present mostly among physicians aged >60 years (8.6%), followed by physicians aged >50 - ≤60 years (6.7%), >40 - ≤50 years (4%), and ≤40 years (2.9%) [Table 2].

Physicians with existing hypertension were generally older than those without hypertension (57.6 years vs. 49.3 years, P<0.001), with most physicians aged >60 years (41.8%). Hypertension was more common among the physicians from the East (25%) and North region (19.5%), while the West had a higher proportion of non-hypertensive individuals (43.7%). Hypertensive physicians had higher SBP than non-hypertensive physicians (140.2 mmHg vs. 127.4 mmHg) and higher DBP than non-hypertensive physicians (88 mmHg vs. 82.4 mmHg). Most hypertensive physicians had ≥140 mmHg SBP than without hypertension physicians (41.3% vs. 4.6%) and ≥90 mmHg DBP than without hypertension physicians (27.2% vs. 7.2%) [Table 3].

Table 3 Association of existing hypertension with demographic parameters

Parameters	**Existing hypertension**		**P value**
	Yes (n*=1215)	**No (n**=4213)**	
Age (years), mean (SD)	[n=1201] 57.6 (10.8)	[n=4122] 49.3 (10.6)	<0.001
Age groups ≤40 years >40 - ≤50 years >50 - ≤60 years >60 years	[n=941] 72 (7.7) 165 (17.5) 311 (33.0) 393 (41.8)	[n=3141] 759 (24.2) 1064 (33.9) 826 (26.3) 492 (15.7)	<0.001
Gender Male Female	[n=1214] 1143 (94.2) 71 (5.8)	[n=4209] 3839 (91.2) 370 (8.8)	<0.001
Region East West North South	 304 (25.0) 392 (32.3) 237 (19.5) 282 (23.2)	 511 (12.1) 184 (43.7) 802 (19.0) 1060 (25.2)	<0.001
SBP (mmHg), mean (SD)	140.2 (11.4)	127.4 (8.6)	<0.001
SBP ≤120 mmHg >120 - ≤130 mmHg >130 - <140 mmHg ≥140 mmHg	 50 (4.1) 238 (19.6) 425 (35.0) 502 (41.3)	 1091 (25.9) 2062 (48.9) 866 (20.6) 194 (4.6)	<0.001
DBP (mmHg), mean (SD)	88.0 (7.2)	82.4 (6.5)	<0.001
DBP ≤80 mmHg >80 - ≤85 mmHg >85 - <90 mmHg ≥90 mmHg	 192 (15.8) 239 (19.7) 454 (37.4) 330 (27.2)	 1962 (46.6) 1233 (29.3) 713 (16.9) 305 (7.2)	<0.001
ECG status	[n=1190]	[n=3986]	<0.001

Normal	971 (81.6)	3890 (97.6)	
Atrial fibrillation	12 (1.0)	7 (0.2)	
Tachycardia	198 (16.6)	88 (2.2)	
Bradycardia	9 (0.8)	1 (0.1)	

Data presented as n (%), unless otherwise specified.

For physicians with existing hypertension, n*=1215, unless otherwise specified.

For physicians without existing hypertension, n**=4213, unless otherwise specified.

DBP, diastolic blood pressure; ECG, electrocardiogram; SBP, systolic blood pressure; SD, standard deviation.

Compared with non-hypertensive physicians, hypertensive physicians had lower rates of normal ECGs (81.6% vs. 97.6%) and higher rates of tachycardia (16.6% vs. 2.2%), AF (1.0% vs. 0.2%), and bradycardia (0.8% vs. 0.1%) (P<0.001, each) [Table 3]. Tachycardia was most common in physicians with SBP ≥140 mmHg (45.1%), followed by AF (26.3%) and bradycardia (40.0%). Among the physicians with SBP ≤120 mmHg, bradycardia occurred in 20.0% of physicians, followed by AF (5.3%) and tachycardia (3.8%). For DBP, tachycardia was most prevalent in physicians with DBP 85–90 mmHg (36.7%), followed by bradycardia (50.0%) and AF (31.6%). In those with DBP ≤80 mmHg, tachycardia occurred in 15.0%, AF in 21.1%, and no bradycardia was reported [Table 4].

Table 4 Systolic and diastolic BP wise ECG status

Parameters	**Normal (n=4861)**	**AF (n=19)**	**Tachycardia (n=286)**	**Bradycardia (n=10)**
SBP groups (mmHg)				
≤120	1084 (22.3)	1 (5.3)	11 (3.8)	2 (20.0)
>120 - ≤130	2144 (44.1)	3 (15.8)	49 (17.1)	1 (10.0)
>130 - <140	1097 (22.6)	10 (52.6)	97 (33.9)	3 (30.0)
≥140	536 (11.0)	5 (26.3)	129 (45.1)	4 (40.0)
DBP groups (mmHg)				
≤80	2029 (41.7)	4 (21.1)	43 (15.0)	-
>80 - ≤85	1339 (27.5)	6 (31.6)	53 (18.5)	-
>85 - <90	974 (20.0)	6 (31.6)	105 (36.7)	5 (50.0)
≥90	519 (10.7)	3 (15.8)	85 (29.7)	5 (50.0)

Data will be presented as n (%).

AF, atrial fibrillation; DBP, diastolic blood pressure; SBP, systolic blood pressure.

A weak positive correlation was observed between SBP (r=0.286; P<0.001), DBP (r=0.150; P<0.001), and age [Figure 1].

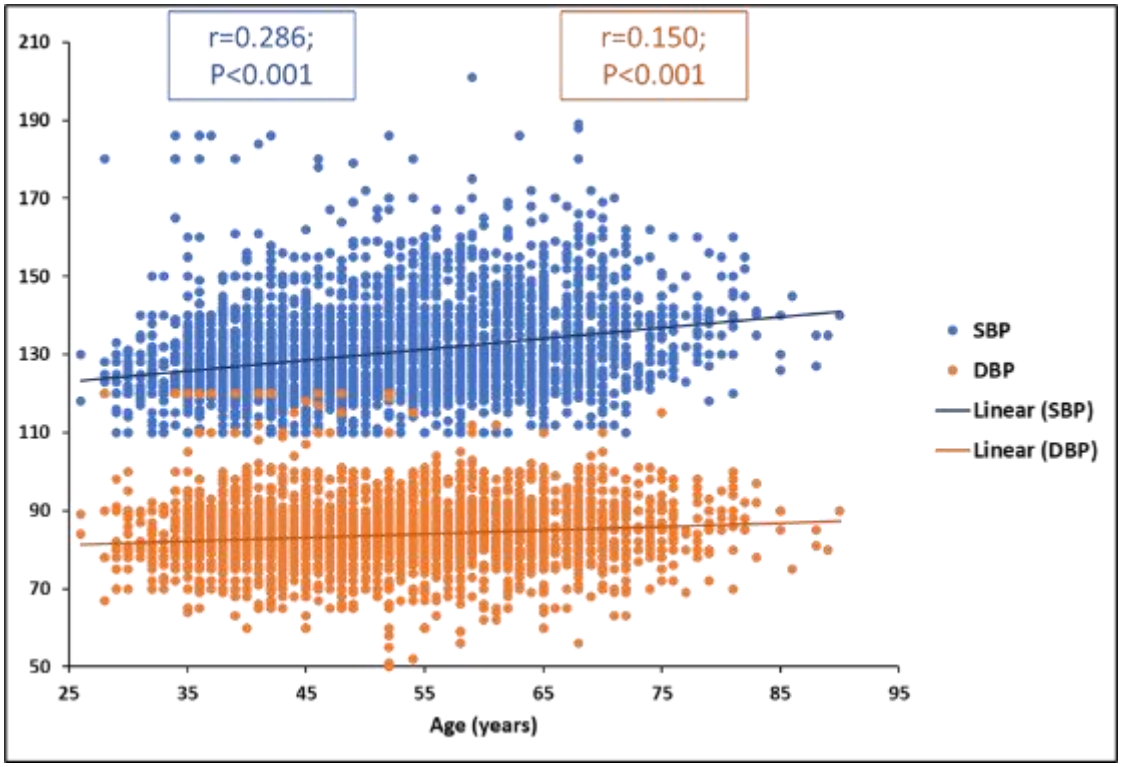

Figure 1 Correlation of age with SBP and DBP

4. Discussion

The present study provides comprehensive insights into the demographic and clinical characteristics of 5428 physicians and highlights significant associations between age, hypertension status, and CV parameters, including BP and ECG abnormalities. Healthcare providers have a higher incidence of hypertension compared to the general population [8]. In the present study majority of the physicians aged ranges from >50 years to ≤60 years. The prevalence of hypertension varies with increased age and existing hypertension was most prevalent with increased age. A clear age-associated increase in both systolic and diastolic BP was observed in the current study. Younger physicians (≤40 years) had the lowest mean SBP and DBP values, while those >60 years demonstrated the highest levels. The prevalence of hypertension increased markedly across age groups, rising from 8.7% in the ≤40-year group to 44.4% in those >60 years. Similar to these findings a study by Nigudgi SR, et al. reports that the prevalence of hypertension increased steadily with age and family history of elevated BP is one of the strongest risks factors for the development of hypertension in physicians [9]. Another study by JCS Guti, et al., reported that, altered levels of BP (BP>140/90 mmHg) were lower in <40 years male physicians, (12.7% vs. 17.7%, P=0.02) and as well as 40 years (35.1% vs. 42.2%, P=0.02) than in the rest of the working population, respectively [10]. This highlights the cumulative CV burden with advancing age and underscores the need for targeted BP screening and management strategies even in medically knowledgeable populations such as physicians.

Despite decades of intense public health efforts and the widescale availability of inexpensive medications, only about 1 in 5 adults with hypertension worldwide has their BP controlled (<140/90 mm Hg), while nearly half remain unaware of their condition [11]. Majority of the physicians in the present study were male (91.8%), while 8.1% physicians were female. Additionally, the proportion of male physicians was higher among those with existing hypertension (94.2%). Align with these outcome of the present study, a gender-based study of hypertension prevalence demonstrated the overall prevalence of hypertension in India to be 22.6%, with men (24.1%) having a higher prevalence than women (21.2%) and the prevalence of hypertension increased with age, reaching 48.4% in individuals aged 60 and above [12]. This trend may reflect gender-specific susceptibility to hypertension and demographic patterns within the physician workforce.

In the current study, hypertensive physicians differed significantly from non-hypertensive physician in across all demographic and clinical variables. Hypertensive physicians were older, predominantly male, and had markedly higher mean SBP and DBP. The categorical BP analysis further confirmed that a majority of hypertensive participants fell into

the higher SBP and DBP. Similarly, a cross-sectional study by Jilani MSA et al. reported that increasing age, and BP, especially diastolic and stage 1 hypertension, particularly among males, are mainly due to stress and lifestyle changes, underscoring the need for early lifestyle-focused interventions [13]. The prevalence of AF among the hypertensive population is an important risk factor for stroke [14]. In this study, ECG abnormalities were substantially more common in the hypertensive group. Tachycardia was present in 16.6% physicians with existing hypertension compared with only 2.2% of physicians without existing hypertension, and AF was also more predominant among physicians with existing hypertension.

A study by Prabha C, et al. reported the regional variations of hypertension in India. The study reported the highest prevalence in the north zone (33.0%), followed by the east zone (32%), the south zone (24%), the central zone (29%), and the western zone (25%) [15]. In the present study, the east region had a higher proportion of older (>60 years) and hypertensive physicians (24.3%), whereas the north region had a lower hypertension prevalence (20%), which may be due to regional disparities in lifestyle, work patterns, or access to preventive healthcare. The high prevalence of elevated BP, hypertension, and ECG abnormalities in this physician cohort is particularly concerning. Physicians often experience high occupational stress, long working hours, and irregular sleep patterns, which may contribute to the observed CV risks [16]. In this study, higher SBP and DBP levels were associated with rates of tachycardia and AF. The AF was most common among physicians with SBP >130 - <140 mmHg (52.6%) and DBP >80 - ≤85 mmHg (31.6%) and >85 - <90 mmHg (31.6%). Similarly, physicians with tachycardia had SBP ≥140 mmHg (45.1%), and DBP >85-<90 mmHg (36.7%). These findings support the role of elevated BP as a significant contributor to ECG abnormalities and overall CV risk.

5. Conclusion

The study highlights significant differences in age and hypertension among physicians. Older age and existing hypertension were strongly linked to higher BP and increased prevalence of ECG abnormalities. These findings underscore the importance of prioritizing physician health and implementing proactive strategies to mitigate CV risk.

Compliance with ethical standards

Disclosure of conflict of interest

Dr Aushili M and Dr Amit Gupta are employees of USV Private Limited, Mumbai. All other authors declare no conflict of interest.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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