



High blood pressure

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Citation

AIHW

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High blood pressure—also known as hypertension—is a risk factor for chronic conditions, including stroke, coronary heart disease, heart failure and chronic kidney disease. This report focuses on the prevalence of high blood pressure by age, sex, socioeconomic status, remoteness area and presents international comparisons.

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Findings from this report:

- The proportion of adults in 2017–18 with measured (or uncontrolled) high blood pressure increased with increasing age.
- The prevalence of measured (or uncontrolled) high blood pressure has remained stable since 2011–12.
- 1 in 4 (25%) men had measured (or uncontrolled) high blood pressure compared with 1 in 5 (20%) women, in 2017–18
- In 2017–18, people in the lowest socioeconomic areas had the highest rate of high blood pressure (24%).

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Technical notes

About the ABS National Health Survey

This web report contains results from the Australian Bureau of Statistics (ABS) National Health Survey (NHS) 2017–18, collected between July 2017 to June 2018.

The 2017–18 NHS is the most recent in a series of Australia-wide health surveys conducted by the ABS. It was designed to collect a range of information about the health of Australians, including:

- prevalence of long-term health conditions
- health risk factors such as smoking, overweight and obesity, alcohol consumption and exercise
- use of health services such as consultations with health practitioners and actions people have recently taken for their health
- demographic and socioeconomic characteristics.

The 2017–18 NHS collected data on children and adults living in private dwellings but excluded persons living in non-private dwellings, very remote areas and discrete Aboriginal and Torres Strait Islander communities.

For further information, refer to the [ABS National Health Survey: First Results, 2017–18](#).

Primary Health Network data

This release includes the following indicator by Primary Health Network (PHN):

- Percentage of adults who have high blood pressure (and uncontrolled high blood pressure)

Proportions have been age standardised to the 2001 Australian population to account for differences in the age structure of the population for different areas.

Results are presented as both crude and age-standardised rates.

Total high blood pressure includes all persons with a high, very high or severe (from 140/90 mmHg) measured or imputed blood pressure (regardless of whether taking hypertension medication) as well as persons with normal/low (<140/90 mmHg) measured or imputed blood pressure who reported they were taking hypertension medication. Hypertension medication includes Antihypertensives (C02), Diuretics (C03), Beta blocking agents (C07), Calcium channel blockers (C08) and Agents acting on the renin-angiotensin system (C09).

Uncontrolled high blood pressure includes all persons with measured high blood pressure (systolic ≥ 140 and/or diastolic ≥ 90) regardless of whether they were taking high blood pressure medication. Measured high blood pressure excludes self-reported hypertension prevalence rates.

In 2017-18, 31.6% of respondents aged 18 years and over did not have their blood pressure measured. For these respondents, imputation was used to obtain blood pressure. For more information see Appendix 2: Physical measurements in the 2017–18 National Health Survey (ABS 2018a).

About the data

Primary Health Networks (PHNs) are local organisations that connect health services across a specific geographic area, with the boundaries defined by the Australian Government Department of Health.

The quality of estimates from the NHS can vary across PHN areas, as the survey was not specifically designed to produce estimates at this level of geography.

As an indication of the accuracy of proportions, 95% confidence intervals were produced. These were calculated by the ABS using relative standard error (RSE) estimates of the proportion.

To ensure robust reporting of these data by PHN areas, suppression or interpret with caution rules were developed and applied by the Australian Institute of Health and Welfare.

Estimates of a percentage or its complement that had a relative standard error greater than 50% were suppressed. These estimates were considered unreliable for most practical purposes.

Data for PHN areas were suppressed if there was the likelihood of a non-representative sample, that is, where the survey sample count in the PHN area was less than 20% of the expected number of adults.

The 'interpret with caution' flag was applied to the data if the relative standard error associated with the percentage or its complement

was greater than 25%. This indicates the proportion derived is subject to high sampling error and should be used with caution.

Data for Northern Territory should be interpreted with caution as the NHS excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 28% of the estimated resident population of the Northern Territory.

Data quality statement

For more information about the ABS 2017–18 National Health Survey see:

[4324.0.55.001 - Microdata: National Health Survey, 2017-18](#)

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Data

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