

Chapter 3: Health Conditions

Introduction

A health condition is defined in this report as a doctor-diagnosed physical or mental illness that has lasted, or is expected to last, for more than six months. The symptoms may come and go or be present all the time.

The 2006/07 New Zealand Health Survey found that one out of every three children (36.5%, 34.5–38.5) and two out of every three adults (65.7%, 64.7–66.8) had been diagnosed by a doctor with a health condition that had lasted or was expected to last for six months or more.

Asking survey participants if a doctor had ever told them they had the selected condition may underestimate the true prevalence of some health conditions, because not everyone with the condition will have been diagnosed by a doctor and some people may not remember the diagnosis. The proportion of people who are not diagnosed or cannot remember diagnosis will vary by condition, depending on a number of factors, such as the presence and severity of symptoms.

New Zealand Health Survey participants who said they had been diagnosed with a particular health condition were also asked how old they were when the condition was first diagnosed, what treatments they now have for the condition, and, if applicable, whether they had ever had surgery for the condition.

Health conditions presented in this chapter in detail are those that align with the New Zealand Health Strategy, Health Targets or current policy. The prevalences of other health conditions are presented in tables at the end of the chapter.

Appendices 5 and 6 describe how to access data presented in this chapter, as well as additional results available online.

High blood pressure

Introduction

High blood pressure (hypertension) is an important risk factor for heart disease, as well as stroke and renal failure. Modifiable risk factors for high blood pressure include physical activity, salt intake, obesity and alcohol intake (Fisher and Williams 2005).

What were the survey questions?

In the 2006/07 New Zealand Health Survey adult participants were asked if they had ever been told by a doctor they have high blood pressure (other than during pregnancy) and whether they currently take any medication for this condition.

High blood pressure does not usually have any symptoms, so many people may not be aware they have the condition. Therefore, the best way to determine the true prevalence of high blood pressure in the community is to take actual blood pressure measurements. However, taking blood pressure measurements was beyond the scope of this survey.

The definition of high blood pressure in this report only includes people currently taking medication for high blood pressure. It is important to note that this definition will underestimate the true prevalence of high blood pressure because:

- not all people with high blood pressure will have been diagnosed, or will remember being diagnosed
- not all people diagnosed with high blood pressure will currently be taking medication.

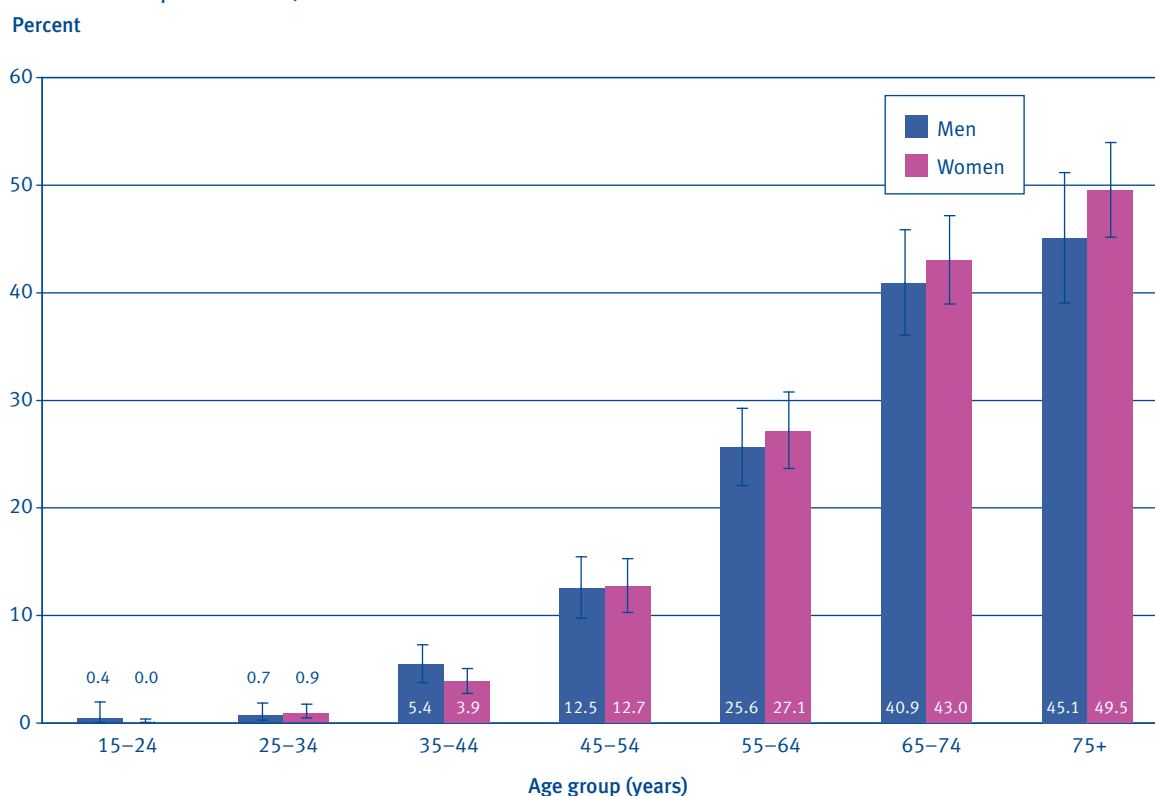
Medicated high blood pressure for adults

One in seven adults (13.6%, 13.0–14.3) reported that they were currently taking medication for high blood pressure. This equates to 425,500 adults. Overall, there was no difference in the age standardised prevalence of taking medication for high blood pressure between men (10.8%, 10.0–11.6) and women (10.9%, 10.3–11.6).

Medicated high blood pressure, by age group

In both men and women the prevalence of taking medication for high blood pressure increased as age increased. Nearly half of adults aged 75 years and over were currently taking medication for high blood pressure. There were no differences by gender for any age group in the prevalence of medicated high blood pressure (Figure 3.1).

Figure 3.1: Medicated high blood pressure for adults, by age group and gender (unadjusted prevalence)



Source: 2006/07 New Zealand Health Survey

Medicated high blood pressure, by ethnic group

Table 3.1 gives an indication of the burden of high blood pressure in New Zealand's main ethnic population groups.

Table 3.1: Medicated high blood pressure for adults, by ethnic group (unadjusted)

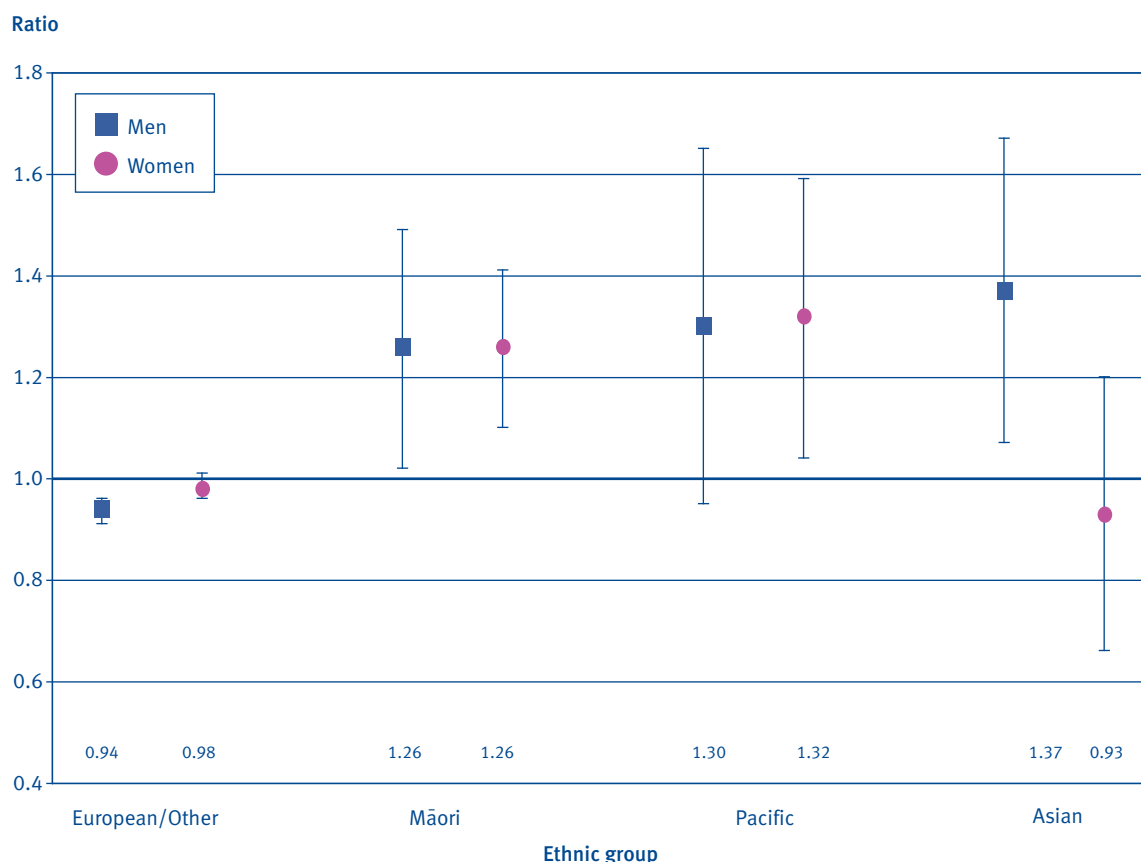
Ethnic group	Prevalence (95% CI)	Number of adults
European/ Other	14.3 (13.5–15.0)	363600
Māori	10.3 (9.2–11.4)	36600
Pacific	10.6 (8.6–12.6)	17400
Asian	9.0 (7.5–10.5)	25000

Source: 2006/07 New Zealand Health Survey

Note: Total response standard output for ethnic groups has been used.

After adjusting for age, Asian men were nearly 40% more likely to be taking medication for high blood pressure compared to men in the total population. Māori men and Māori and Pacific women also had an increased prevalence of treated high blood pressure (Figure 3.2).

Figure 3.2: Medicated high blood pressure for adults, by ethnic group and gender (age standardised rate ratio)



Source: 2006/07 New Zealand Health Survey

Notes: Age standardised to the WHO world population. Reference group, with a rate ratio of 1.00 (indicated by the bold line), is the rate for total male and female population aged 15 years and over. Total response standard output for ethnic groups has been used.

Medicated high blood pressure, by neighbourhood deprivation

In both men and women there was no significant difference in the prevalence of taking treatment for high blood pressure between NZDep2006 quintile 1 (least deprived) and quintile 5 (most deprived).

Medicated high blood pressure, by DHB area

There was no regional variation in high blood pressure for adults, with the exception of Auckland DHB, where significantly fewer adults had medicated for high blood pressure compared to the national rate (Table 3.2).

Table 3.2: Medicated high blood pressure for adults, by DHB area (unadjusted)

DHB area	Prevalence (95% CI)	Number of adults
Northland / Tairāwhiti / Hawke's Bay / Lakes / Whanganui	14.7 (12.9–16.6)	55400
Waitemata	14.3 (11.8–16.8)	54100
Auckland	9.7 (7.9–11.4) –	31200
Counties Manukau	13.4 (10.9–16.0)	43300
Waikato	12.8 (10.9–14.7)	33300
Bay of Plenty / Taranaki / MidCentral	15.4 (13.3–17.6)	54200
Wairarapa / Hutt Valley / Capital and Coast	13.7 (11.4–16.1)	47600
Canterbury	13.0 (10.7–15.2)	48100
Nelson Marlborough / West Coast / South Canterbury / Otago / Southland	14.9 (12.2–17.6)	58500
New Zealand total	13.6 (13.0–14.3)	425500

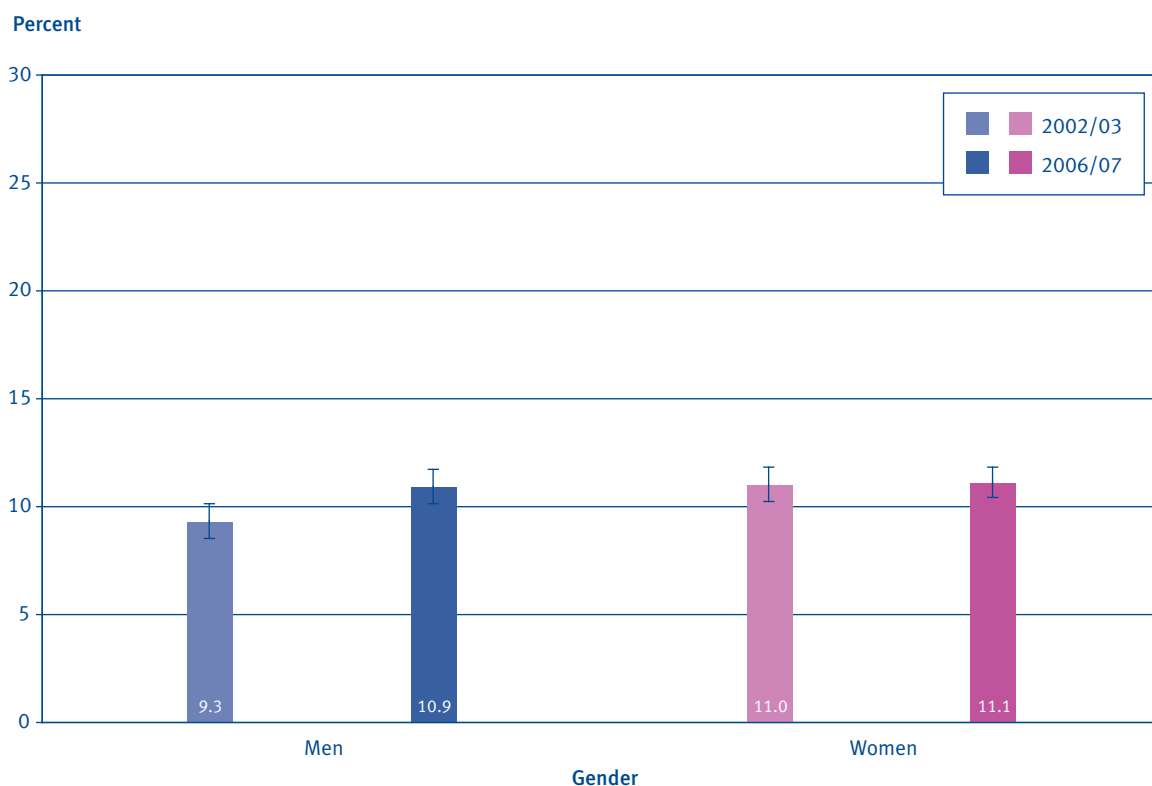
Source: 2006/07 New Zealand Health Survey

Notes: Estimates indicated with a + are significantly higher than the national rate, and estimates indicated with a – are significantly lower than the national rate. Data are based on direct survey estimates and could be confounded by different population characteristics in each DHB. Due to small sample size, some DHB areas have been combined. Survey population is the estimated resident population living in permanent private dwellings at 31 June 2007.

Time trend in prevalence of medicated high blood pressure

Between 2002/03 and 2006/07 there was an increase in the prevalence of men taking medication for high blood pressure, adjusted for age (Figure 3.3). There was no change in the proportion of Māori men or women taking medication for high blood pressure, adjusted for age (graph not shown).

Figure 3.3: Medicated high blood pressure for adults, by gender, 2002/03 and 2006/07 (age standardised prevalence)



Source: 2002/2003 and 2006/07 New Zealand Health Surveys

Note: Data from previous years have been reanalysed to allow for comparability.

High cholesterol

Introduction

High cholesterol is an important risk factor for cardiovascular disease, particularly ischaemic heart disease. Modifiable determinants of blood cholesterol include diet, body weight and physical activity levels. Dietary fat intake is an important modifiable determinant of raised blood cholesterol (Rader and Hobbs 2005).

What were the survey questions?

In the 2006/07 New Zealand Health Survey, adult participants were asked if they had ever been told by a doctor they have high cholesterol levels in their blood, whether they currently take any medication for this condition, and the name of that medication.

High cholesterol usually has no symptoms, and people may not be aware they have the condition unless they have had a blood test. Therefore, the best way to determine the true prevalence of high cholesterol in the community is to take blood samples and measure cholesterol (and other blood lipid and lipoprotein) levels. However, taking blood cholesterol levels was beyond the scope of this survey.