Hypertension and Its Effects on the Economy of the Health System for Patients and Society: Suggestions for Developing Countries

Armando Arredondo¹ and Raúl Avilés¹

To the Editor: In light of the considerations made by Arno and Viola in their article, "Hypertension Treatment at the Crossroads: A Role for Economics?" on the economic burden of hypertension in the United States, there is no doubt that the economy and health economists should take a key role in the current challenges of this disease. In developing countries, 1 in 3 adults have hypertension, and at least half are unaware they have the disease. In the case of Mexico, according to the latest findings from the National Health Survey,² in 2012 there are 22.4 million hypertensive patients, of which only 11.2 million (50%) have a health diagnosis; 8.2 million are under medical treatment, and only 5.7 million have their hypertension under control.

The implications of this panorama of hypertension are enormous, not only because of the direct costs (diagnosis and treatment) but also because of the indirect costs (temporary disability, permanent disability, and premature mortality) and the impact of the disease in terms of the productivity and economy of any country. In the case of Mexico,³,⁴ there was a 24% increase in terms of the economic burden of hypertension, comparing 2010 vs. 2012. Taking 2011 as the cutoff, the overall cost for hypertension was US $5,733,350,291. This includes $2,718,280,941 in direct costs and $3,015,069,350 in indirect costs (Figure 1). Healthcare costs for hypertension hit the pockets of patients and their families, so that of every $100 spent on hypertension care in Mexico, $52 comes from patients’ pockets and $48 comes from the health institutions.

In this context, the economy and health economists should be part of the health team and take a more participatory role in the management of resources allocated to meet the challenges of hypertension. It is necessary to reduce the economic burden of direct costs in terms of catastrophic health system and patient spending. It is also necessary to address the effects of indirect costs on households and society as a whole in terms of economic competitiveness and labor productivity. In this sense we propose the following steps.

First, we urge the implementation of monitoring systems accompanied by cost-containment strategies for the cost of weight-by-cost items. For example, knowing that the cost of medicines is high, it will be necessary for each institution to review its agreements with the pharmaceutical industry on the consolidated buying of medicines for hypertension.

Second, development of economic indicators would enable the design of patterns of resource allocation based on efficiency criteria with regard to clinical, epidemiological, economic, and administrative aspects.

Third, companies must establish new partnerships and agreements with the health system and workers to cause a positive gain in economic competitiveness and labor productivity. This will require developing new health programs in the workplace for increased detection, prevention, treatment, and control of hypertension and its complications.

Fourth, knowledge of the relative weight of the management of hypertension based on the annual family income, as well as knowledge of the cost of complications to the users, should be made available through a bulletin sent to hypertensive patients and their relatives and to the community as a whole.

Finally, a list of recommendations is needed to promote greater self-care, monitoring of risk factors, and the benefits of carrying out these measures, helping patients to avoid falling into a catastrophic situation because of the cost of hypertension (avoid an impact >30% of the family income).

DISCLOSURE

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REFERENCES

Figure 1. Direct and indirect costs in US $ for hypertension in México (2011). Source: Arredondo et al.4