NIGERIAN CARDIAC SOCIETY (NCS)
55th Annual General Meeting & Scientific Conference (NCS EKO 2026)
September 22–24, 2026 • Eko Hotel Convention Centre, Lagos, Nigeria

AC098

Adult Cardiology & Clinical Cardiovascular Medicine • Poster Presentation

RISK-CARE DISCORDANCE IN HYPERTENSION MANAGEMENT:MISALIGNMENT BETWEEN HYPERTENSION BURDEN AND CARE ENGAGEMENT IN A RAPIDLY URBANIZING AFRICAN MEGA-CITY

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Stand: POSTER #AC098 | **Venue:** Poster Exhibition Hall & Gallery - Eko Convention Centre |**Online Ref:** https://nigeriancardiacsociety.com/abstracts/AC098

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Background: Hypertension care cascades describe gaps in diagnosis and treatment but may not reveal whether care engagement corresponds to the distribution of burden. We examined this alignment in urban Nigeria.

Objectives: To determine whether predictors of hypertension burden were consistently associated with prior diagnosis and treatment, and to assess patterns consistent with risk-care discordance.

Methods: Cross-sectional analysis of 1,150 adults from an opportunistic cardiovascular screening programme across multiple community and clinical sites in Lagos, Nigeria (June–August 2023). Three prespecified multivariable logistic regression models, each adjusted for age group, sex, education, BMI category, tobacco use, and diabetes history, examined predictors of measured hypertension (n=1,150), prior diagnosis (n=304), and treatment (n=174).

Results: Measured hypertension was present in 304 participants (26.4%). Age and adiposity were independently associated with hypertension, with a graded BMI relationship (AOR overweight 1.65 [95% CI 1.09–2.49]; obese 1.87 [1.14–3.08]; morbidly obese 3.18 [1.66–6.11]). Neither age nor BMI was independently associated with prior diagnosis after adjustment. Age remained the only independent predictor of treatment, with lower odds among younger adults (AOR 0.23 [95% CI 0.06–0.86], 18–39 vs ?75 years); BMI showed no independent association with treatment.

Conclusions: Characteristics strongly predicting hypertension burden were not consistently associated with diagnosis or treatment, a pattern consistent with risk-care discordance. Because screening was opportunistic, findings require confirmation in representative samples, but risk-informed, proactive community screening may better align burden with care engagement in rapidly urbanising African cities.

Keywords: hypertension; care continuum; risk-care discordance; urban Africa; Lagos; Nigeria