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

AC099

Adult Cardiology & Clinical Cardiovascular Medicine • Poster Presentation

SEX DIFFERENCES IN HYPERTENSION PREVALENCE, DIAGNOSIS,TREATMENT AND BLOOD PRESSURE CONTROL IN AFRICA'S LARGEST MEGA-CITY: A COMMUNITY-BASED SCREENING STUDY IN LAGOS, NIGERIA

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Stand: POSTER #AC099 | **Venue:** Poster Exhibition Hall & Gallery - Eko Convention Centre |**Online Ref:** https://nigeriancardiacsociety.com/abstracts/AC099

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Introduction: Sex disparities in the hypertension care continuum remain poorly characterised in Nigerian mega-cities, limiting targeted cardiovascular prevention.

Aim: To evaluate sex differences in hypertension prevalence, prior diagnosis, antihypertensive medication use and blood pressure control in Lagos, and to identify their independent predictors.

Methods: Cross-sectional analysis of 1?547 adults (773 women, 734 men; median age 47 years) in a community-based opportunistic blood pressure screening programme across Lagos (June–August 2023). Four prespecified multivariable logistic regression models identified independent predictors of each indicator.

Results: Measured hypertension was identified in 394 participants (25.5%) and more prevalent in men (28.5% vs 23.0%; p=0.016). Prior diagnosis (37.8% vs 31.7%) and antihypertensive medication use (42.3% vs 38.2%) were more frequently reported by women. Blood pressure was controlled in a greater proportion of treated women (66.8% vs 56.0%; p=0.012). Male sex independently predicted higher hypertension odds (AOR 1.39, 95%CI 1.05–1.85) but lower prior diagnosis (AOR 0.66, 95%CI 0.50–0.86) and medication use (AOR 0.75, 95%CI 0.56–0.99). Tobacco use was the only independent predictor of poor blood pressure control (AOR 0.16, 95%CI 0.04–0.67).

Conclusion: In Africa's largest mega-city, men carry a substantially higher hypertension burden yet are significantly less likely to be diagnosed or treated. Women demonstrate greater care engagement but persistently suboptimal blood pressure control. Sex-responsive strategies targeting early detection in men and treatment optimisation in women are urgently required across Nigerian cities.