**ORIGINAL RESEARCH** 

# Prevalence of hypertension among pharmaceutical sales team members: A cross-sectional study

Rajeev Garg<sup>1</sup>, Nirmal Kumar<sup>2</sup>, Amit Gupta<sup>3</sup>, Shweta Ghatge<sup>4</sup>, Sagar Patil<sup>5</sup>

<sup>1</sup>Department of Cardiology, Gleneagles Global Hospitals, Hyderabad, India
 <sup>2</sup>Department of Cardiology, Renova Century Hospital, Hyderabad, India
 <sup>3</sup>Assistant General Manager, Scientific Services, USV Pvt Ltd, Mumbai, India
 <sup>4</sup>Deputy Manager, Scientific Services, USV Pvt Ltd, Mumbai, India
 <sup>5</sup>General Manager, Marketing, USV Pvt Ltd, Mumbai, India

Corresponding author Shweta Ghatge Deputy Manager, Scientific Services, USV Pvt Ltd, Mumbai, India Email: ghatgeshweta.15@gmail.com

Received Date: 22 September, 2024

Accepted Date: 26 October, 2024

## ABSTRACT

**Background:** Hypertension is a major public health concern, and it is essential to investigate whether the work patterns of pharmaceutical sales teams contribute to a higher risk of high blood pressure. Therefore, the present study aimed to assess the prevalence of hypertension among pharmaceutical sales team members. **Methods:** This cross-sectional study was conducted at multiple sites across India, focusing on pharmaceutical sales team members in the pharmaceutical industry. Data on demographic and clinical characteristics were collected from the participants. **Results:** A total of 2819 participants were included in this study. The mean (SD) age of participants was 32.2 (7.3) years. Majority of participants (51.0%) were in the age group of >30 years, while 49.0% of participants were in the age group of ≤30 years. The mean systolic blood pressure (SBP) and diastolic blood pressure (DBP) of the participants were 128.1 mmHg and 82.6 mmHg, respectively. Participants with SBP >140 mmHg and DBP ≤80 mmHg were comparable in all the regions. Participants with DBP ≤80 mmHg was significantly higher in the age group of ≤30 years compared to the age group of >30 years (P<0.001). The mean SBP and DBP were comparable between male and female participants. **Conclusion:** The study finds a significant prevalence of hypertension among pharmaceutical sales team members, influenced by age and region. Targeted health interventions are essential to improve awareness and management of hypertension in this workforce.

Keywords: Hypertension, pharmaceutical sales team, blood pressure.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

## **INTRODUCTION**

Hypertension is characterized by a sustained increase in systolic blood pressure (SBP) to 140 mmHg or higher, and/or diastolic blood pressure (DBP) to 90 mmHg or above [1]. It is a key modifiable risk factor for cardiovascular disease (CVD), and one of the major contributors to premature death and morbidity [2]. In India, over 1 in 4 individuals suffer from hypertension, and more than 90% of adults with the condition are either unaware of it, not receiving treatment, or undergoing treatment but still have uncontrolled hypertension [3].

Hypertension is becoming more common worldwide, driven by an aging population and increased exposure to lifestyle risk factors, including unhealthy diets with high sodium and low potassium levels [4]. Workrelated stress has been identified as an independent risk factor in the development of coronary heart disease and elevated hypertension risk across various occupations. High job strain may account for 21% to 32% of hypertension cases [5]. Variations in the prevalence of hypertension across different occupations are likely influenced by differences in risk factors such as lifestyle habits, lack of physical activity, and obesity [4].

A substantial portion of the pharmaceutical workforce consists of peripatetic sales staff, who make up 5 to 20% of employees in individual companies. Their key responsibility is to promote and market both new and existing products successfully. However, offering occupational health support for these workers poses a challenge, as they often work in isolation and spend much time driving [6].

Online ISSN: 2250-3137 Print ISSN: 2977-0122

DOI: 10.69605/ijlbpr\_13.11.2024.117

The study conducted by Goyal P et al. identified several factors independently associated with hypertension among pharmaceutical sales team professionals, including the age, smoking or alcohol consumption, longer employment duration, abnormal levels of total cholesterol, triglycerides, or lowdensity lipoprotein cholesterol (LDL-C), as well as the presence of diabetes or obesity [7].

Studying the prevalence and contributing factors of hypertension among pharmaceutical sales team members is crucial, as it can significantly affect their well-being and job performance. Furthermore, identifying the health issues related to these professionals is vital, as it enables occupational health professionals to devise and implement strategies to effectively address these concerns [6]. Therefore, the present study aimed to assess the prevalence of hypertension among pharmaceutical sales team members.

#### **METHODS**

This cross-sectional study was conducted at multiple sites across India, focusing on pharmaceutical sales team members in the pharmaceutical industry. Data on demographic and clinical characteristics were collected from the participants.

#### Statistical analysis

Data were analyzed using Statistical Package for the Social Sciences (SPSS), version 23. Descriptive statistics was used to describe categorical variables (frequency and percentages) and continuous variables (mean and standard deviation [SD]). Comparison of qualitative data between the groups was done using Kruskal–Wallis test and 2 Independent Sample t-Test. Comparison of quantitative data between the groups was done using Chi-square test. A P value of <0.05 was considered statistically significant.

## RESULTS

The mean age was significantly higher in the east region compared to the south, north and west region (34.3 years vs. 32.9 years vs. 31.9 years vs. 31.1

**Table 1: Demographics characteristics** 

years; P<0.001). Participants aged >30 years were
significantly higher in the east region compared to the
south, north and west region (60.2% vs. 53.2% vs.
50.5% vs. 44.5%; P<0.001). The mean SBP and DBP
were comparable between all the regions. Participants
with SBP >140 mmHg and DBP ≤80 mmHg were
comparable in all the regions (Table 2).

Male participants were significantly higher in the age group of  $\leq 30$  years compared to the age group of > 30years (98.3% vs. 97.0%; P=0.020). Participants from the north region were significantly higher in age group of  $\leq 30$  years compared to the age group of  $\geq 30$ vears (40.7% vs. 39.8%; P<0.001). The mean weight of the participants aged >30 years was significantly higher compared to the participants aged  $\leq 30$  years (76.3 kg vs. 72.3 kg; P<0.001). The mean SBP and DBP were significantly higher in the participants aged >30 years compared to the participants aged  $\leq 30$  years (128.7 mmHg vs. 127.5 mmHg and 83.8 mmHg vs. 81.5 mmHg; P=0.036 and P<0.001, respectively). The proportion of participants with SBP >140 mmHg was higher in the age group of >30 years. Participants with DBP  $\leq 80$  mmHg was significantly higher in the age group of  $\leq 30$  years compared to the age group of > 30years (48.6% vs. 40.7%; P<0.001) (Table 3). The pulse rate was comparable between both the groups (Table 3).

Female participants had significantly higher mean age compared to the male participants (35.0 years vs. 32.2 years; P=0.002). The female participants were significantly higher in the age group of >30 years compared to the male participants (65.2% vs. 50.7%; P=0.020). Majority of female participants were from the north region (42.4%). The mean height and weight of the male participants were significantly higher compared to the female participants (P=0.003 and P=0.029, respectively). The mean SBP and DBP were comparable between male and female participants. The participants with SBP >140 mmHg and DBP  $\leq$ 80 mmHg were comparable between male and female participants. The pulse rate was comparable between both the groups (Table 4).

Parameters	Number of participants (N=2819)
Age (years)	32.2 (7.3)
Age groups, n (%)	
$\leq 30$ years	1380 (49.0)
>30 years	1439 (51.0)
Sex, n (%)	
Male	2753 (97.7)
Female	66 (2.3)
Region, n (%)	
East	384 (13.6)
West	665 (23.6)
North	1134 (40.2)
South	636 (22.6)
Height (cm) (n=1570)	170.2 (9.9)

Weight (kg) (n=1575)	74.4 (11.9)	
SBP (mmHg) (n=2817)	128.1 (30.1)	
<b>SBP, n (%)</b>		
≤120 mmHg	890 (31.6)	
>120 - ≤130 mmHg	816 (29.0)	
>130 - ≤140 mmHg	704 (25.0)	
>140 mmHg	407 (14.4)	
DBP (mmHg) (n=2817)	82.6 (10.6)	
<b>DBP, n (%)</b>		
≤80 mmHg	1255 (44.6)	
>80 - ≤85 mmHg	583 (20.7)	
>85 - ≤90 mmHg	459 (16.3)	
>90 mmHg	520 (18.5)	
Pulse (bpm)	81.9 (11.4)	
Data presented as mean (SD), unless otherwise specified.		
DBP, diastolic blood pressure; SBP, systolic blood pressure.		

## Table 2: Region wise comparison of demographic parameters

Parameters	East (n=384)	West (n=665)	North (n=1134)	South (n=636)	P value
Age (years)	34.3 (7.9)	31.1 (6.9)	31.9 (6.8)	32.9 (7.9)	< 0.001
Age groups, n (%)					
$\leq 30$ years	153 (39.8)	369 (55.5)	561 (49.5)	297 (46.7)	<0.001
>30 years	231 (60.2)	296 (44.5)	573 (50.5)	339 (53.2)	<0.001
Sex, n (%)					
Male	378 (98.4)	649 (97.6)	1106 (97.5)	620 (97.5)	0.754
Female	6 (1.6)	16 (2.4)	28 (2.5)	16 (2.5)	
Height (am)	[n=307]	[n=394]	[n=470]	[n=399]	<0.001
Height (Chi)	168.8 (8.4)	171.5 (10.4)	170.2 (11.2)	169.8 (8.6)	<0.001
Weight (lig)	[n=308]	[n=395]	[n=471]	[n=401]	0.091
weight (kg)	75.2 (11.7)	73.1 (11.6)	74.5 (11.4)	74.9 (12.8)	0.081
SDD (mmIIa)	127 1 (12.6)	[n=664]	[n=1133]	128.6(14.0)	0.210
SDP (iiiiiirig)	127.1(12.0)	128.2 (12.7)	128.1 (12.8)	128.0 (14.0)	0.310
<b>SBP, n (%)</b>					
≤120 mmHg	140 (36.5)	205 (30.9)	364 (32.1)	181 (28.5)	
>120 - ≤130 mmHg	108 (28.1)	193 (29.1)	331 (29.2)	184 (28.9)	0.339
>130 - ≤140 mmHg	88 (22.9)	166 (25.0)	271 (23.9)	179 (28.1)	
>140 mmHg	48 (12.5)	100 (15.1)	167 (14.7)	92 (14.5)	
	925(10.9)	[n=664]	[n=1133]	92.7(11.1)	0.528
DDI (iiiiiig)	82.3 (10.8)	83.3 (10.8)	82.3 (10.1)	82.7 (11.1)	0.528
<b>DBP, n</b> (%)					
≤80 mmHg	185 (48.2)	294 (44.3)	503 (44.4)	273 (42.9)	
>80 - ≤85 mmHg	73 (19.0)	127 (19.1)	243 (21.4)	140 (22.0)	0.753
>85 - ≤90 mmHg	57 (14.8)	109 (16.4)	184 (16.2)	109 (17.1)	
>90 mmHg	69 (18.0)	134 (20.2)	203 (17.9)	114 (17.9)	
Pulse (bpm)	83.2 (11.3)	82.5 (11.6)	81.5 (10.7)	81.4 (12.2)	0.017
Data presented as mean (SD), unless otherwise specified.					
DBP, diastolic blood pressure; SBP, systolic blood pressure.					

# Table 3: Association of age with demographic parameters

Donomotona	Age g	Dualua	
Parameters	≤30 years (n=1380)	>30 years (n=1439)	r value
Sex, n (%)			
Male	1357 (98.3)	1396 (97.0)	0.020
Female	23 (1.7)	43 (3.0)	0.020
Region, n (%)			
East	153 (11.1)	231 (16.1)	
West	369 (26.7)	296 (20.6)	< 0.001
North	561 (40.7)	573 (39.8)	
South	297 (21.5)	339 (23.6)	

Height (cm)	[n=744]	[n=826]	0.282	
g ()	170.1 (10.9)	170.2 (8.9)		
Woight (kg)	[n=741]	[n=834]	<0.001	
weight (kg)	72.3 (12.2)	76.3 (11.3)	<0.001	
	[n=1379]	[n=1438]	0.026	
SDP (limitig)	127.5 (12.5)	128.7 (13.6)	0.030	
<b>SBP, n (%)</b>				
≤120 mmHg	444 (32.2)	446 (31.0)		
>120 - ≤130 mmHg	421 (30.5)	395 (27.5)	0.117	
>130 - ≤140 mmHg	328 (23.8)	376 (26.1)		
>140 mmHg	186 (13.5)	221 (15.4)		
DRD (mmHa)	[n=1379]	[n=1438]	<0.001	
DDP (hunng)	81.5 (10.3)	83.8 (10.8)	<0.001	
<b>DBP</b> , n (%)				
≤80 mmHg	670 (48.6)	585 (40.7)		
>80 - ≤85 mmHg	294 (21.3)	289 (20.1)	< 0.001	
>85 - ≤90 mmHg	206 (14.9)	253 (17.6)		
>90 mmHg	209 (15.2)	311 (21.6)		
Pulse (bpm)	82.2 (11.4)	81.7 (11.3)	0.476	
Data presented as mean (SD), unless otherwise specified.				
DBP, diastolic blood pressure; SBP, systolic blood pressure.				

Table 4: Association of gender with demographic parameters

Doromotors	S	D voluo	
1 al ameters	Male (n=2753)	Female (n=66)	I value
Age (years)	32.2 (7.3)	35.0 (8.3)	0.002
Age groups, n (%)			
≤30 years	1357 (49.3)	23 (34.8)	0.020
>30 years	1396 (50.7)	43 (65.2)	0.020
Region, n (%)			
East	338 (13.7)	6 (1.6)	
West	649 (23.6)	16 (24.2)	0.754
North	1106 (40.2)	28 (42.4)	
South	620 (22.5)	16 (24.2)	
Haight (am)	[n=1560]	[n=10]	0.002
Height (cm)	170.2 (9.9)	160.8 (9.1)	0.005
Waight (kg)	[n=1565]	[n=10]	0.020
weight (kg)	74.4 (11.8)	66.2 (16.9)	0.029
	[n=2751]		0.421
SBP (mmHg)	128.1 (13.1)	129.4 (11.2)	0.421
<b>SBP, n</b> (%)			
≤120 mmHg	877 (31.9)	13 (19.7)	
>120 - ≤130 mmHg	792 (28.8)	24 (36.4)	0.076
>130 - ≤140 mmHg	682 (24.8)	22 (33.3)	
>140 mmHg	400 (14.5)	7 (10.6)	
	[n=2751]		
DDP (IIIIIng)	82.6 (10.6)	82.8 (9.7)	0.877
<b>DBP, n (%)</b>			
≤80 mmHg	1229 (44.7)	26 (39.4)	
>80 - ≤85 mmHg	566 (20.6)	17 (25.8)	0.717
>85 - ≤90 mmHg	449 (16.3)	10 (15.2)	
>90 mmHg	507 (18.4)	13 (19.7)	
Pulse (bpm)	81.9 (11.3)	81.2 (12.1)	0.596
Data presented as mean (SD), unless otherwise specified.			
DBP, diastolic blood pressure; SBP, systolic blood pressure.			

# DISCUSSION

The pharmaceutical sales team makes up a notable portion of the industry's workforce and faces distinct

occupational health challenges due to the specific nature of their roles and organizational setup. These employees frequently work in isolation, engage in

itinerant work routines, and spend significant time traveling. These working conditions expose them to psychosocial and ergonomic risks, potentially impacting their overall health [6]. A key concern is hypertension, as irregular work hours, which are common in this sector, are linked to a heightened risk of high blood pressure [8].

In the present study, the mean age of participants was 32.2 years, and the majority of participants were in the age group of >30 years, with most being male. Similarly, in a study conducted by Ofori SN et al., the mean age of participants was 43.34 years, and the majority were in the age group of 41 to 50 years, with most participants being male [1]. In the current study, the majority of participants were from the northern region, whereas in a previous study, most participants were from the western region [9]. In the present study, 14.4% of participants had an SBP >140 mmHg, and 18.5% of participants had a DBP >90 mmHg. A study conducted by Sirinara P et al. reported that 39.3% of participants had an SBP ≥140 mmHg or a DBP ≥90 mmHg [8]. In a previous study, the mean SBP was 129.13 mmHg and the DBP was 79.31 mmHg [1]. In alignment with the previous study, the mean SBP and DBP in the current study were 128.1 mmHg and 82.6 mmHg, respectively.

In the present study, the prevalence of SBP >140 mmHg and DBP >90 mmHg was higher in the western region compared to the eastern, northern, and southern regions. This finding highlight a concerning disparity in hypertension awareness and personal health management among the pharmaceutical sales team. Given that high blood pressure is directly responsible for approximately 40% of the CVD burden, addressing this regional imbalance is crucial to improving overall cardiovascular health outcomes [10]. A study conducted by Anchala R et al. reported similar trends, noting that the urban western region of India showed a higher prevalence of hypertension compared to the urban northern, eastern, and southern regions [9].

In the current study, the male participants were significantly higher in the age group of  $\leq 30$  years compared to the age group of >30 years. In contrast, the previous study found that the majority of participants were female in the age group of 20 to 39 years[11]. Furthermore, in the present study, the mean SBP and DBP were significantly elevated in participants over 30 years old. This finding aligns with previous research that indicated the highest prevalence of hypertension was observed in the age group of 35-40 years, while the lowest prevalence was found among individuals aged 20-24 years [12]. These observations suggest that blood pressure is significantly influenced by age, underscoring the importance of monitoring hypertension in older individuals [13]. Additionally, another study found an age-related trend in absolute BP, showing a linear rise in SBP with age after 30 to 40 years [13].

In the present study, female participants were significantly higher in the age group of >30 years. A study done by Varghese JS et al., reported that the majority of female participants were in the age group of 18 to 39 years [3]. Previous studies have demonstrated that men are more likely to experience hypertension and are less aware of their condition compared to women [11, 14]. A study conducted by Geevar Z et al. reported that among young adults, the prevalence of hypertension was nearly three times higher in male participants compared to female participants [11]. In contrast, in the current study, the mean SBP and DBP were comparable between males and females.

## Limitations

This study has several limitations, such as a small sample size, which could affect the applicability of the findings to a larger population. Additionally, being a real-world study, it may be subject to inherent variability and confounding factors that could influence the accuracy of the results. Moreover, further research is necessary to validate and expand upon the current findings.

## CONCLUSION

The study highlights a significant prevalence of hypertension among pharmaceutical sales team members, with demographic factors such as age and region influencing blood pressure levels. While the overall mean SBP and DBP were within normal ranges, variations were noted, particularly among older participants. The findings underscore the need for targeted health interventions within this workforce to improve awareness and management of hypertension.

**Funding:** This study was funded by USV Private Limited, Mumbai, India.

**Conflict of interest:** Amit Gupta, Shweta Ghatge, and Sagar Patilare employees of USV Private Limited. All other authors have no conflict of interest to declare.

Acknowledgements: The medical writing support was provided by Sneha Badgujar (Sqarona Medical Communications LLP, Pune).

#### REFERENCES

- 1. Ofori SN, Obosi J. Prevalence of hypertension among office workers in a multi-national company in the Niger-Delta with the 2017 American College of Cardiology/American Heart Association Blood Pressure Guidelines. Preventive Med Reports. 2019;15:100899.
- Koya SF, Pilakkadavath Z, Chandran P, Wilson T, Kuriakose S, Akbar SK, et al. Hypertension control rate in India: systematic review and meta-analysis of population-level non-interventional studies, 2001– 2022. The Lancet Reg Health-Southeast Asia. 2023;9:100113.
- 3. Varghese JS, Venkateshmurthy NS, Sudharsanan N, Jeemon P, Patel SA, Thirumurthy H, et al.

Hypertension diagnosis, treatment, and control in India. JAMA Network Open. 2023;6(10):e2339098.

- 4. Mills KT, Stefanescu A, He J. The global epidemiology of hypertension. Nat Rev Nephrol. 2020;16(4):223-237.
- Owolabi AO, Owolabi MO, OlaOlorun AD, Olofin A. Work-related stress perception and hypertension amongst health workers of a mission hospital in Oyo State, south-western Nigeria. Afr J Prim Health Care Fam Med. 2012;4(1):307.
- 6. Harris G, Mayho G, Page L. Occupational health issues affecting the pharmaceutical sales force. Occup Med (Lond). 2003;53(6):378-83.
- Goyal P, Goyal GK, Yadav K, Bhatt A, Nassa K, Raushan SK, et al. Attributes of hypertension among industrial workers in Northern India - An alarming signal. J Family Med Prim Care. 2024;13(1):330-335.
- Sirinara P, Hanprathet N, Jiamjarasrangsi W. Prevalence of hypertension and associated factors among healthcare workers: A cross-sectional study. Chulalongkorn Medical Journal. 2019;63(3):193-9.
- 9. Anchala R, Kannuri NK, Pant H, Khan H, Franco OH, Di Angelantonio E, et al. Hypertension in India: a systematic review and meta-analysis of prevalence,

awareness, and control of hypertension. J Hypertens. 2014;32(6):1170-7.

- Gupta R, Sharma AK, Gupta VP, Bhatnagar S, Rastogi S, Deedwania PC. Increased variance in blood pressure distribution and changing hypertension prevalence in an urban Indian population. Journal of human hypertension. 2003;17(8):535-40.
- Geevar Z, Krishnan MN, Venugopal K, Sanjay G, Harikrishnan S, Mohanan PP, et al. Prevalence, Awareness, Treatment, and Control of Hypertension in Young Adults (20-39 Years) in Kerala, South India. Front Cardiovasc Med. 2022;9:765442.
- Sidenur B, Shankar G. A Cross-Sectional Study of Hypertension among 20-40 Years Old Residing in an Urban Area of Bagalkot City, North Karnataka. Indian J Community Med. 2023;48(1):98-102.
- 13. Cheng W, Du Y, Zhang Q, Wang X, He C, He J, et al. Age-related changes in the risk of high blood pressure. Front Cardiovasc Med. 2022;9:939103.
- Everett B, Zajacova A. Gender differences in hypertension and hypertension awareness among young adults. Biodemography Soc Biol. 2015;61(1):1-17.