**Conclusions**

Quality of life among unstable angina patients in Tangalle was moderate, with low activity levels and significant comorbidity burden. Broader socioeconomic and psychosocial factors appear more influential than physical activity alone, highlighting the need for integrated interventions combining medical care, lifestyle modification, and social support.

**PP 7**

## BURDEN AND PREDICTORS OF UNDIAGNOSED HYPERTENSION IN SRI LANKA: MAY MEASUREMENT MONTH 2024

Rathnayake N[1], Mettananda C[2], Jayaweerabandara D[3], Kumanan T[4], Ralapanawa U[5], Thangarajah B[4], Manchanayake M[1], Jeyapragasam H[1], Ranasinghe P[1]

[1]*Department of Pharmacology, Faculty of Medicine, University of Colombo, Sri Lanka*
[2]*Department of Pharmacology, Faculty of Medicine, University of Kelaniya, Sri Lanka*
[3]*National Hospital Galle, Sri Lanka*
[4]*Department of Medicine, University of Jaffna, Sri Lanka*
[5]*Department of Medicine, Faculty of Medicine, University of Peradeniya, Sri Lanka*

**Introduction and Objectives**

Undiagnosed hypertension remains a major contributor to cardiovascular morbidity and mortality, particularly in low- and middle-income countries like Sri Lanka. This study presents the key findings from Sri Lanka's inaugural May Measurement Month public screening campaign(2024), on previously unrecognized hypertension.

**Methods**

Adults ≥18 years were recruited opportunistically at multiple community-based sites from all nine provinces of Sri Lanka in May-July 2024. They underwent standardized blood pressure(BP) measurements and an interviewer-administered questionnaire collecting sociodemographic, lifestyle(frequency of alcohol/tobacco/e-cigarette use, meeting ≥150 minutes moderate/≥75 minutes vigorous physical activity weekly), and clinical data. Undiagnosed hypertension was defined as average BP≥140/90 mmHg in individuals without a prior diagnosis of hypertension. Univariate analyses were performed to identify its potential predictors.

**Results**

Among the 6238 individuals screened, 723 participants had undiagnosed hypertension, with a mean age of 54.5±12.4 years. Majority(56.4%) were female. One-quarter(23.9%) had never had a blood pressure measurement, while 22.5%(n=163) had not done so within the last year. Most were not adequately physically active(71.9%,n=520). While 13.9%(n=100) were current smokers, 20.2%(n=146) reported alcohol consumption and 13.3%(n=96) had

diabetes. Hypertension among males(OR:1.5, p<0.001), age <50 years(p<0.001), those with higher education(OR:1.4,p=0.003), alcohol consumption >1–3 times/month(OR:1.8, p<0.01) and current smokers(OR:1.9, p<0.001), was more likely to be undiagnosed. Co-morbidities like diabetes mellitus, myocardial infarction, stroke, renal failure and irregular heartbeat showed significant negative associations with undiagnosed hypertension, reflecting increased healthcare contact and prior detection.

**Conclusions**

Undiagnosed hypertension remains common in Sri Lanka, particularly among physically inactive males and individuals consuming alcohol occasionally. Opportunistic community-based screening programmes may improve early detection and awareness.