

Hypertension Control Rate at Lowest Level in Decades, Millions of Canadians at Increased Risk for Stroke & Heart Disease

Hypertension Canada calls for urgent action as post-pandemic data reveals rising hypertension rates and a 13-percentage-point drop in control.

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/EINPresswire.com/ -- Canada was once a global leader in prevention and control of cardiovascular disease and hypertension. That distinction is gone.

A study published in the [Canadian Journal of Cardiology](#) reveals a sharp decline in Canada's hypertension control rate since the COVID-19 pandemic, dropping to near the global average even as other high-income countries continue to improve. The change will cause a large increase in stroke and heart disease in Canada.



Hypertension
CANADA

Our Vision: Healthy Blood Pressure. Better Lives.
Every Person.

“

Canada once led the world in blood pressure control, but we are watching that erode in real time. The study findings demand action from governments, health systems, and primary care providers.”

*Laurel Taylor, President,
Hypertension Canada*

The findings, drawn from the Canadian Health Measures Survey (CHMS) Cycle 7 data (2022-2024), represent a significant and preventable public health setback. [Hypertension Canada](#) is calling on governments and health systems to act.

What the Research Shows

Hypertension prevalence in Canada increased from 22.0% in 2018–2019 to 27.7% in 2022–2024, and over 6 million people were diagnosed with hypertension by 2022. The study estimates that between 4.4 and 5 million Canadian adults are living with hypertension based on CMHS data,

which excludes institutionalized and remote populations and underestimates true disease burden.

Additionally, the study shows a significant collapse in control. The proportion of adults with

treated and controlled hypertension fell by 13 percentage points, from 55.7% in 2018–2019 to 42.7% in 2022–2024. That means approximately 2.7 to 2.8 million Canadians with hypertension do not have adequately controlled blood pressure.

The decline is not uniform. Men saw a larger absolute rise in prevalence (from 24.2% to 31.7%). Among younger adults aged 20–39 years, hypertension prevalence more than tripled: from 2.6% to 8.0%, a relative increase of 207.7% in approximately four years. This represents the potential for an entire generation to be impacted by hypertension and associated cardiovascular, kidney, and metabolic diseases. Control rates are particularly low in women (35.0%) and adults under 60 (35.5%), suggesting the decline is hitting those groups hardest.

How Did We Get Here?

Canada once led the prevention and control of cardiovascular disease, with some of the lowest rates of heart attack and stroke in the world, but now sits near the global average (40% control). Hypertension control is improving across most high-income countries; in Canada, it is declining. The COVID-19 pandemic accelerated a troubling reversal. Disruptions to primary care access, combined with changes in lifestyle — increased obesity, diabetes, worsening diets higher in sodium and lower potassium intake, and greater alcohol consumption — contributed to both the rise in prevalence and drop in control.

Canada's health system now faces the consequences: a growing population of people with inadequately controlled high blood pressure and increasing risk of serious cardiovascular events. Without rapid action, these trends will translate into a substantial and avoidable increase in heart disease, stroke, disability, hospitalization, and premature death.

Hypertension Canada's Response

High blood pressure is the leading modifiable risk factor for death in Canada and globally. Our mission to prevent, detect, and control high blood pressure and its complications, to improve cardiovascular health for all — requires that this trend be reversed.

The science is clear, the tools exist, and best practices are in place. Hypertension Canada is calling on governments and health systems to take three concrete steps:

1. Expand blood pressure screening

Regular blood pressure measurement is the essential first step toward diagnosis and control. Screening must go beyond opportunistic measurement at primary care visits. Targeted, proactive screening in community and workplace settings will reach the millions of Canadians, especially younger adults, who are unaware they have high blood pressure. Canadians must know their numbers.

2. Implement proven global best practices for hypertension control

The World Health Organization's HEARTS technical package outlines global best practices in cardiovascular disease prevention starting in primary care. Evidence shows that programs

aligned with WHO HEARTS return up to eighteen dollars in health system savings for every dollar invested. Canada's health systems and primary care organizations must fully implement and resource these proven, global best practices for hypertension control without delay.

3. Invest in interdisciplinary care models to expand capacity

The evidence for interdisciplinary care in hypertension management is overwhelming.

Pharmacists, nurses, and nurse practitioners all have a demonstrated role. With 20-25% of Canadians currently unattached to a primary care provider, task-sharing is essential.

These actions must be backed by a coordinated voice. Hypertension Canada is leading a Task Force to build the response this crisis demands.

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Canadian Hypertension Task Force

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