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Original Research Article

Body Mass Index and Its Relation to Blood Pressure in The Population of Jharkhand

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Abstract:

Being overweight has potential health risks. Body mass index (BMI) can predict whether you are overweight or have normal weight. Increase in BMI has impact on cardiovascular risks. This study was done to examine the relationship of BMI and hypertension in the population of Jharkhand. The participates visiting outpatient department for some other causes and not related to heart disease were included and were divided into 4 groups according to the age (41-50), (51-60), (61-70), (71-80). It was observed that BMI is increased in all the age groups and all the participants were found to be hypertensive and were unaware of their condition. Increased BMI shows that it's a risk factor for hypertension.

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Introduction

Body Mass Index is used for determining a person being overweight or obese and in turn predicts the morbidity and mortality for cardiovascular diseases (CVD). Countries like UK, USA and other developed countries the death rate is around 15%. [1-3] due to CVD. It has been found that South Asians, who migrated from rural to urban areas have greater prevalence of obesity and lower level of physical activity when compared to rural population. [4,5] The relationship between BMI and coronary heart disease (CHD) may differ in incidence as well as fatality. [6-8] There is unclear data stating any

relation between BMI and incident CHD whether varies by age [9,10] or by lifestyle risk factors hence large-scale prospective studies may be needed to provide for the incident CHD across a wide range of BMI in the population across important subgroups. [11] Obesity and CVD are mediated by hypertension, dyslipidemia, diabetes among other conditions. [12,13] Elevated BMI fluctuation may lead to changes in blood pressure (BP), heart rate imposing stress on the cardiovascular system. [14] According to WHO 46% of adults are unaware that they are having hypertension. [15]

Classification of Body Mass Index according to WHO [16,17]

Classification	BMI (kg/m²)
Underweight	≤18.5
Normal range	18.50 – 24.9
Overweight	25.00 – 29.9
Obese class 1	30-34.9
Obese class 2	35-39.9
Obese class 3	≥40

Classification of hypertension according to American Heart Association [18]

Blood pressure Category	Systolic BP (mm of Hg)	Diastolic BP (mm of Hg)
Normal	< 120	< 80
Elevated	120-129	< 80
Stage 1	130-139	80-89
Stage 2	140 or >140	>90
Hypertensive crisis	>180	>120

This study was done in order to see the relationship of BMI and hypertension in people of Jharkhand who accidentally became aware of their high BP during their visit to the outpatient department.

Method

Study participants: For this study patients aged between 30-60 years visiting for the first time diagnosed with HTN were included. Patients coming for follow-up for CVD and with serious physical ailments and also participants with family history with hypertension (HTN) were excluded from the study. Patients belonging to low socioeconomic classes were excluded. Thirty patients were included in each group (41-50 years,51-60 and 60-70 years). Written informed consent was taken from the patients before collecting the data. The data was collected over a period of two years.

Measurements taken for calculating BMI and Blood Pressure: Physical measurements weight expressed in kilograms (kg), and height expressed in metres (m) were taken. Weight was taken with a weighing scale with the shoes removed. Height was recorded from sole to the top of head with the participant standing erect and looking straight ahead with the help of stadiometer. Body Mass Index was calculated as weight÷height².

BP was measured using a digital automated BP monitor (Omron HEM 7120). Participants rested for at least 10 minutes and then two blood pressure readings were taken 5 minutes apart. Patients lifestyle including their physical activity was also recorded.

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Result

Body mass index categorizes individuals as being normal weight, overweight and obese. In the present study 80 patients were included to see relation between BMI and blood pressure. The patient had visited OPD for usual symptoms such as fatigue, weakness, headache, not able to sleep etc. All the patients had no hypertension previously or had any family history. The physical activity was found to be limited to daily chores. No patient had any physical exercise done routinely or occasionally. Each one of the participated showed some kind of stress in their life which included family and workplace stress.

The patients were divided into 4 groups with 20 in each group. Their BMI and blood pressure according to the age group has been summarised in the table number 1. In our study it was observed that people are of normal and overweight BMI. Each age group had increased blood pressure.

Table 1: Mean BMI and Blood pressure (BP) for each age group

Age group	BMI (kg/m2)	Category (BMI)	Systolic BP	Diastolic BP
41-50	24.88 (± 2)	Normal	149 (± 7)	91(± 6)
51-60	25.21(± 4)	Overweight	145 (± 20)	90 (± 9)
61-70	25.98 (± 4)	Overweight	154 (± 9)	91 (± 7)
71-80	25.54 (± 4)	Overweight	155 (± 11)	92 (±7)

Discussion

Hypertension is one of the serious health problems in the world. [19,20] It is a silent killer as in its early stages rarely symptoms appear and when severe medical crisis occurs, like heart attack, stroke, or chronic kidney disease it can only be diagnosed [21,22]. The number of adults with hypertension increased and the increase was observed mainly in the low-and middle-income countries. [21] Usually, people are unaware of high blood pressure. The only way to detect hypertension is by a health professional or it can be done through automated devices by oneself at home. In our present study the patients were unaware of their increased blood pressure when they had visited the out-patient department.

Prevalence of hypertension increases as the age increases. [23] Both being overweight and obese are associated with cardiovascular disease risk factors and also increased cardiovascular events [24,25]. In the present study it was observed that as age is advancing BMI is also increasing and with that the

people are having increase in their blood pressure which they themselves are unaware of.

In Europe an interventional study done in hypertensive population identified an increased risk of cardiovascular mortality in thin and moderate to-severely obese people having hypertension. [26]. BMI is being used widely to predict cardiovascular outcomes.

References

- Roger VL, Go AS, Lloyd-Jones DM, Benjamin EJ, Berry JD, Borden WB, Bravata DM, Dai S, Ford ES, Fox CS, Fullerton HJ, Gillespie C, Hailpern SM, Heit JA, Howard VJ, Kissela BM, Kittner SJ, Lackland DT, Lichtman JH, Lisabeth LD, Makuc DM, Marcus GM, Marelli A, Matchar DB, Moy CS, Mozaffarian D, Mussolino ME, Nichol G, Paynter NP, Soliman EZ, et al: Heart Disease and Stroke Statistics— 2012 Update: a report From the American Heart Association. Circulation 2012, 125:e2-e220.
- 2. Scarborough P, Wickramasinghe K, Bhatnagar P, Smolina K, Mitchell C,Rayner M: Coronary

- Heart Disease Statistics, 2010 edition London: British Heart Foundation; 2010.
- Lopez AD, Mathers CD, Ezzati M, Jamison DT, Murray CJL: Global Burden of Disease and Risk Factors New York: Oxford University Press; 2006.
- Logue J, Murray HM, Welsh P, Shepherd J, Packard C, Macfarlane P, Cobbe S, Ford I, Sattar N: Obesity is associated with fatal coronary heart disease independently of traditional risk factors and deprivation. Heart 2011, 97:564-568.
- Rosengren A, Wedel H, Wilhelmsen L: Body weight and weight gain during adult life in men in relation to coronary heart disease and mortality. A prospective population study. Eur Heart J 1999, 20:269-277.
- 6. Hotchkiss JW, Davies CA, Leyland AH: Adiposity has differing associations with incident coronary heart disease and mortality in the Scottish population: cross-sectional surveys with follow-up. Int J Obes (Lond), doi:10.1038/ijo.2012.102.
- Whitlock G, Lewington S, Sherliker P, Clarke R, Emberson J, Halsey J, Qizilbash N, Collins R, Peto R: Body-mass index and cause-specific mortality in 900 000 adults: collaborative analyses of 57 prospective studies. Lancet 2009, 373:1083-1096.
- 8. Wormser D, Kaptoge S, Di Angelantonio E, Wood AM, Pennells L, Thompson A, Sarwar N, Kizer JR, Lawlor DA, Nordestgaard BG, Ridker P, Salomaa V, Stevens J, Woodward M, Sattar N, Collins R, Thompson SG, Whitlock G, Danesh J: Separate and combined associations of body-mass index and abdominal adiposity with cardiovascular disease: collaborative analysis of 58 prospective studies. Lancet 2011, 377:1085-1095.
- 9. Dexter Canoy1, Benjamin J Cairns1, Angela Balkwill1, F Lucy Wright1, Jane Green1, Gillian Reeves1 and Valerie Beral, Body mass index and incident coronary heart disease in women: a population-based prospective study. BMC Medicine 2013, 11:87
- 10. Ebrahim S, Kinra S, Bowen L, Andersen E, Ben-Shlomo Y, Lyngdoh T, et al. The effect of rural-to-urban migration on obesity and diabetes in India: a cross-sectional study. PLoS Med 2010;7:e1000268.
- Sullivan R, Kinra S, Ekelund U, Bharathi AV, Vaz M, Kurpad A, et al. Socio-demographic patterning of physical activity across migrant groups in India: results from the Indian Migration Study. PLoS One 2011;6:e24898
- 12. Ndumele, C.E.; Matsushitam, K.; Lazo, M.; Bello, N.; Blumenthal, R.S.; Gerstenblith, G.; Nambi, V.; Ballantyne, C.M.; Solomon, S.D.; Selvin, E.; et al. Obesity and subtypes of

- incident cardiovascular disease. J. Am. Heart Assoc. **2016**, 5, e003921.
- Bela F. Asztalos , Giuseppina Russo , Lihong He and Margaret R. Diffenderfer. Body Mass Index and Cardiovascular Risk Markers: A Large Population Analysis. Nutrients 2025, 17: 740
- Zakaria Almuwaqqat, Qin Hui, Chang Liu, Jin J. Zhou, Benjamin F. Voight, Yuk-Lam Ho, Daniel C. Posner, Jason L. Vassy, J. Michael Gaziano, Kelly Cho, Peter W. F. Wilson, Yan V. Sun. Long-Term Body Mass Index Variability and Adverse Cardiovascular Outcomes. JAMA Network Open. 2024;7 (3):e243062. doi:10.1001/jamanetworkopen.2024.3062
- 15. Katta N, Loethen T, Lavie CJ, Alpert MA. Obesity and coronary heart disease: epidemiology, pathology, and coronary artery imaging. Curr Probl Cardiol. 2021;46(3): 100655.
- Pang J, Nguyen V, Rhodes D, Sullivan M, Braunschweig C, Fantuzzi G. Relationship of galectin-3 with obesity, IL-6, and CRP in women. J Endocrinol Invest. 2016;39(12):1435–43.
- 17. Kearney PM, Whelton M, Reynolds K, Muntner P, Whelton PK, He J. Global burden of hypertension: analysis of worldwide data. Lancet. 2005; 365:217–23.
- 18. Kearney PM, Whelton M, Reynolds K, Whelton PK, He J. Worldwide prevalence of hypertension: a systematic review. J Hypertens. 2004; 22:11–19.
- 19. WHO. Hypertension [Internet]. 2021 [cited 2023 Jan 5]. https://www.who.int/ newsroom/fact-sheets/detail/hypertension
- Chobanian AV, Bakris GL, Black HR, Cushman WC, Green LA, Izzo JL, et al. Seventh report of the Joint National Committee on Prevention, detection, evaluation, and treatment of high blood pressure. Hypertens Dallas Tex 1979. 2003;42(6):1206–52.
- 21. Mohammad R and Bansod W D. Hypertension in India: a gender-based study of prevalence and associated risk factors BMC Public Health (2024) 24:2681.
- 22. Jousilahti P, Tuomilehto J, Vartiainen E, Pekkanen J, Puska P. Body weight, cardiovascular risk factors, and coronary mortality. 15-year follow-up of middle-aged men and women in eastern Finland. Circulation. 1996; 93:1372–79.
- 23. Riaz H, Khan MS, Siddiqi TJ, Usman MS, Shah N, Goyal A, Khan SS, Mookadam F, Krasuski RA, Ahmed H. Association between obesity and cardiovascular outcomes: a systematic review and meta-analysis of mendelian randomization studies. JAMA Netw Open. 2018; 1:e183788.

- 24. de Simone G, Wachtell K, Palmieri V, Hille DA, Beevers G, Dahlöf B, de Faire U, Fyhrquist F, Ibsen H, Julius S, Kjeldsen SE, Lederballe-Pedersen O, Lindholm LH, et al. Body build and risk of cardiovascular events in hypertension and left ventricular hypertrophy: the LIFE (Losartan Intervention For Endpoint reduction
- in hypertension) study. Circulation. 2005; 111:1924-31
- 25. https://www.who.int/news-room/fact-sheets/detail/hypertension
- 26. https://www.heart.org/en/health-topics/high-blood-pressure