



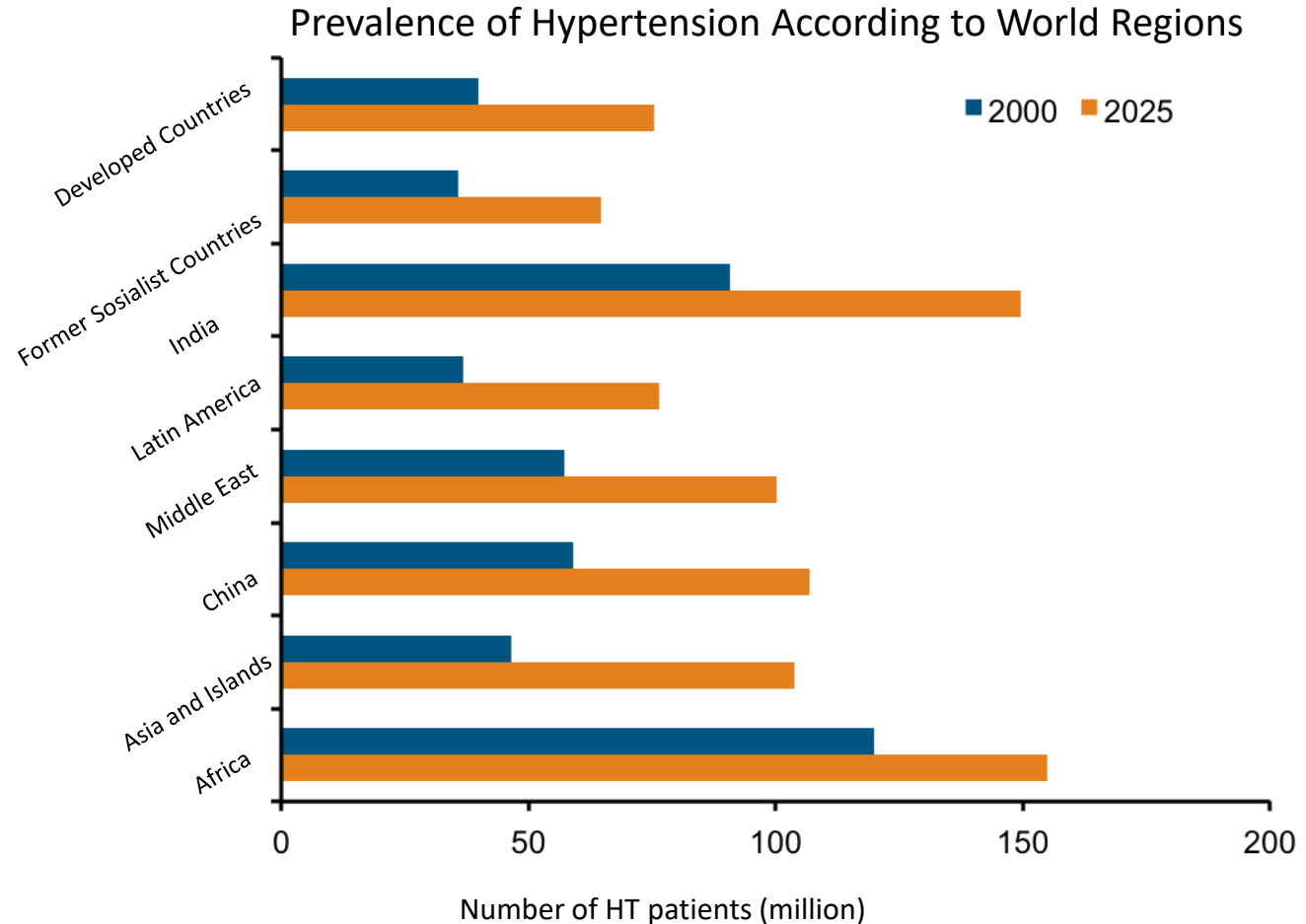
TARGET 130/80

TAKE CONTROL
OF YOUR FUTURE

Project Presentation

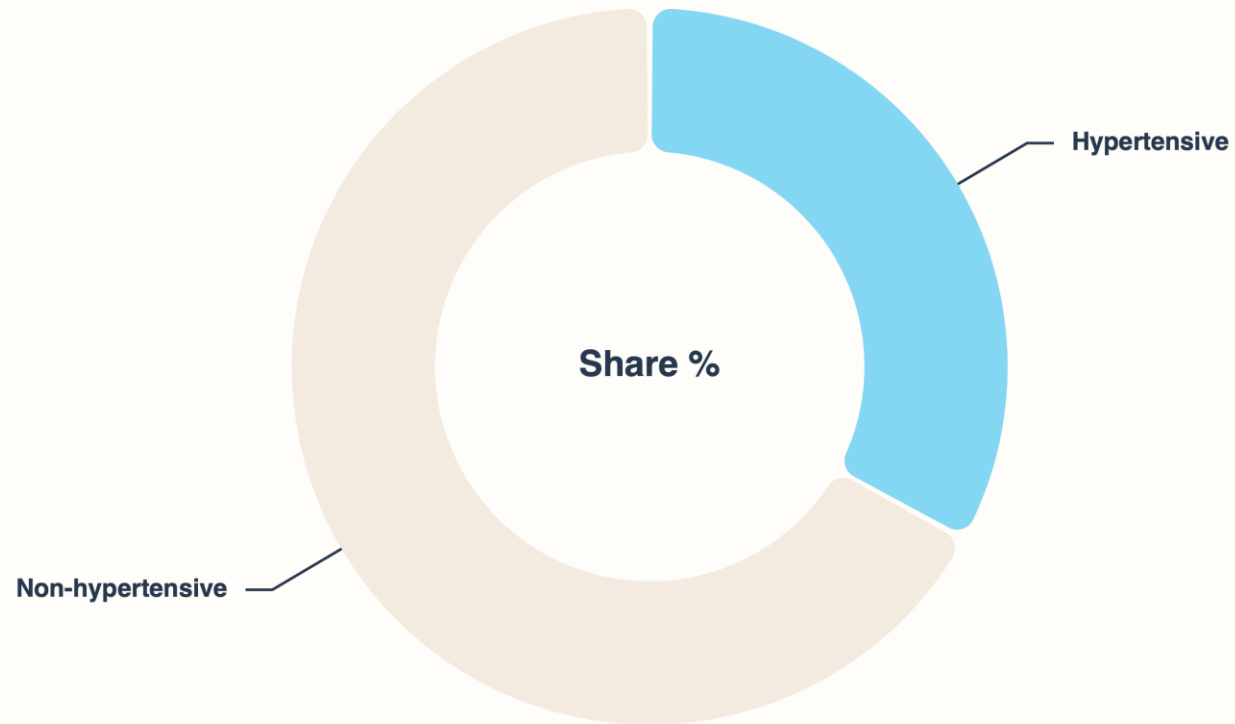
Arterial Hipertenziyanın Görülmə Nisbəti Artmaqdadır

- In the year 2000, 972 million adults (26% of the world population) had arterial hypertension
- By 2025, arterial hypertension is expected to affect 1.56 billion people (29% of the population)
- The expected increase is higher in economically developed countries



Global Hypertension Share

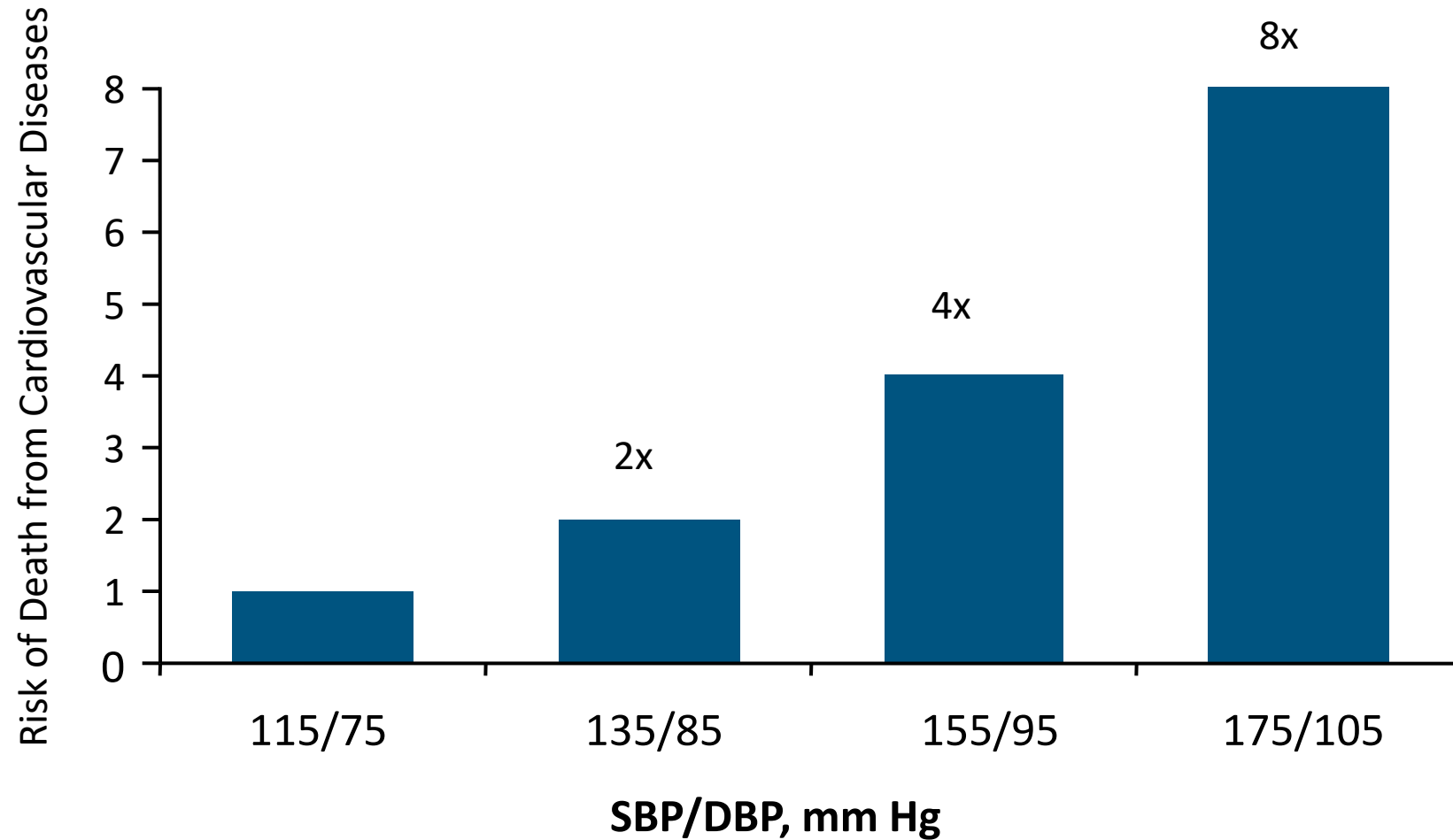
About one-third of adults 30–79 live with hypertension in 2024.



WHO Estimate

1. Share % = group ÷ total adults
2. Values are approximate and may not be exact.

Each 20/10 mm Hg Increase in BP Doubles the Risk of Cardiovascular Death



* SBP = systolic arterial pressure.
DBP = diastolic arterial pressure.
10-year follow-up results in individuals aged 40–69.
Lewington S, et al. *Lancet*. 2002;360:1903–1913..

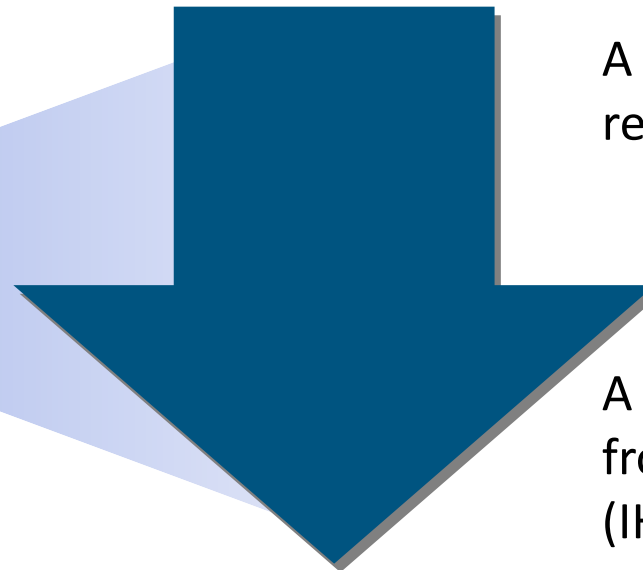
Even small reductions in blood pressure can reduce cardiovascular mortality

- Meta-analysis of 61 prospective observational studies
- 1 million people (aged 40–89; 70% from Europe, 20% from North America or Australia, 10% from Japan or China)

An average reduction in systolic blood pressure of 2 mmHg



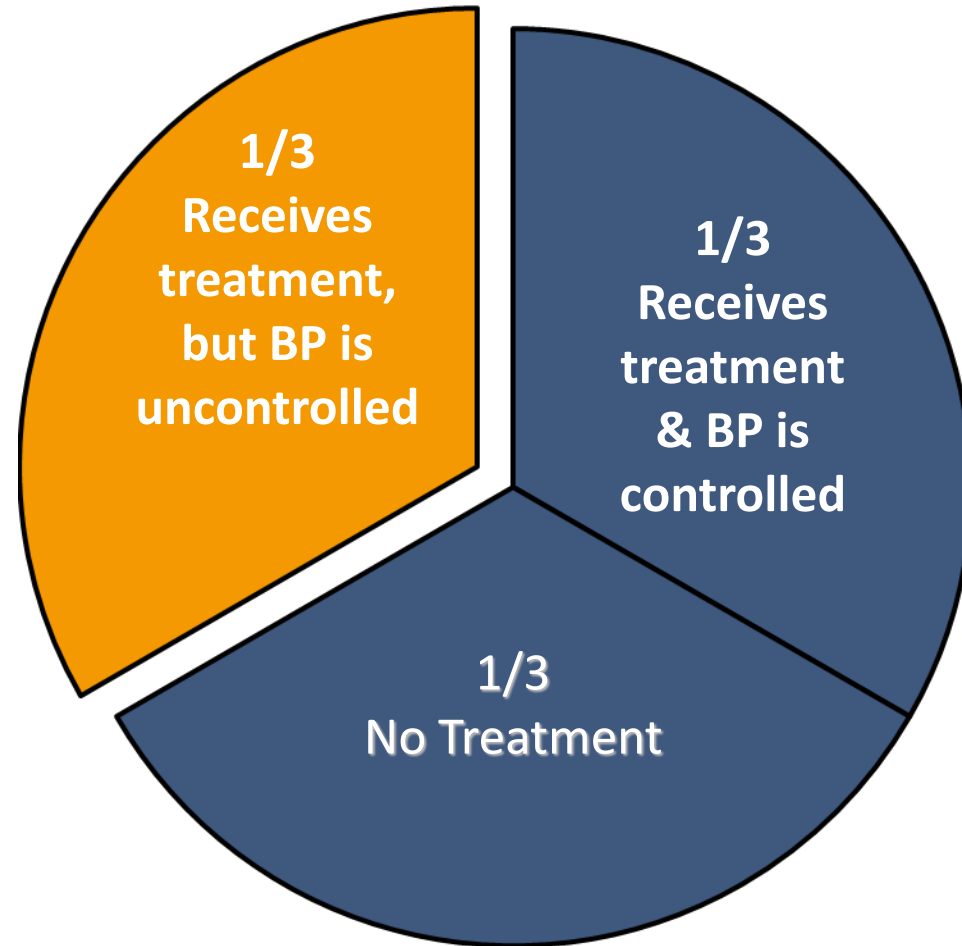
A 10% decrease in stroke-related death rates



A 7% reduction in mortality from ischemic heart disease (IHD)

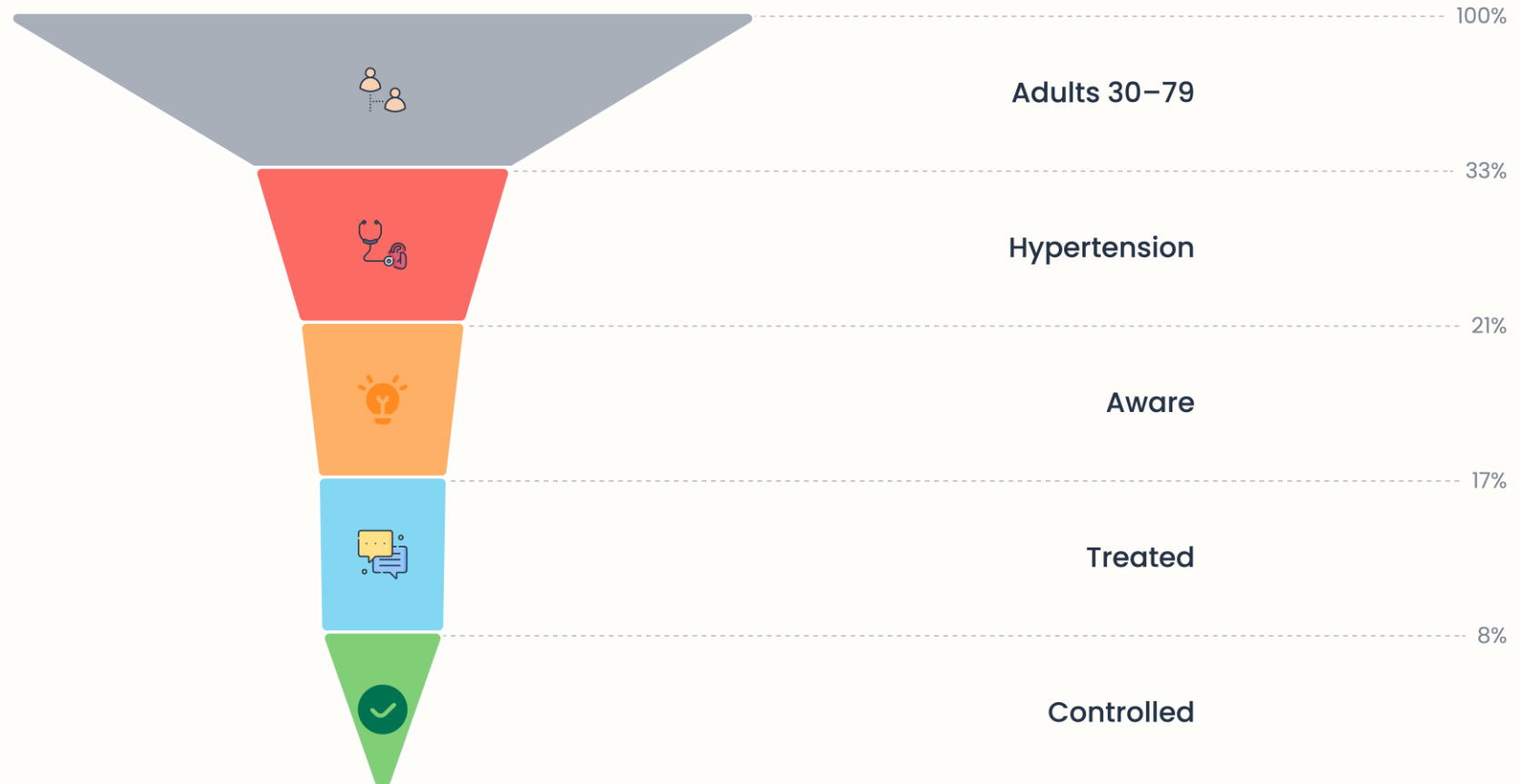
Hypertension: A Major Public Health Problem

- 1 in 3 adults has hypertension
- There are 230 million people with hypertension in Europe, the USA, and Japan
- 1.5 billion people globally
- Each 20/10 mmHg increase in blood pressure doubles the risk of death from cardiovascular diseases



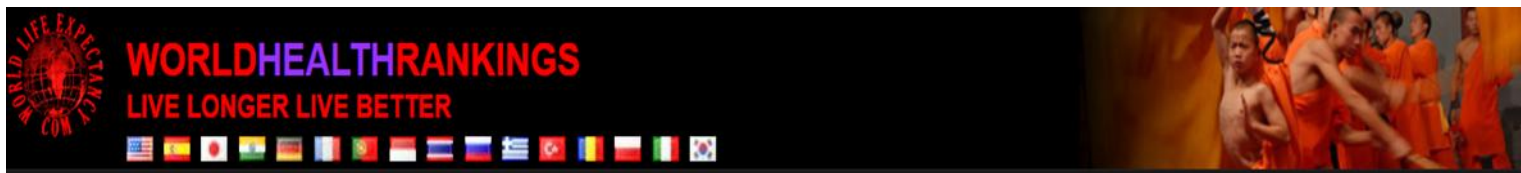
Global Hypertension Cascade

Most adults with hypertension remain untreated or uncontrolled despite high awareness.



1. Hypertension = high blood pressure diagnosis
2. Values are approximate and may not be exact.

Where Are We Today?



CORONARY HEART DISEASE Coronary Heart Disease

Death Rate Per 100,000
Age Standardized

SELECT CAUSE

Rank	Country	Rate	Rank	Country	Rate	Rank	Country	Rate
1	AZERBAIJAN	465.72	62	ARAB EMIRATES	163.65	123	BANGLADESH	106.70
2	TAJKISTAN	454.30	63	GUINEA-BISSAU	163.44	124	SOUTH AFRICA	106.42
3	BELARUS	425.59	64	POLAND	162.97	125	EL SALVADOR	105.24
4	UZBEKISTAN	420.18	65	LAOS	161.84	126	ARGENTINA	102.82
5	UKRAINE	419.41	66	IRAN	159.62	127	TANZANIA	101.75
6	MONGOLIA	391.96	67	MOZAMBIQUE	158.66	128	MALI	101.62
7	VANUATU	364.11	68	CAPE VERDE	156.80	129	UGANDA	101.50
8	SOLOMON ISL.	364.07	69	CZECH REPUBLIC	154.80	130	NIGERIA	100.64
9	MICRONESIA	351.04	70	NICARAGUA	152.53	131	SAINT VINCENT	99.41
10	TURKMENISTAN	335.63	71	INDONESIA	150.71	132	GUATEMALA	98.16

HYPERTENSION Hypertension

Death Rate Per 100,000
Age Standardized

SELECT CAUSE

44	RWANDA	30.17	105	LITHUANIA	15.85	166	NEW ZEALAND	3.04
45	HUNGARY	29.84	106	KUWAIT	15.74	167	UNITED KINGDOM	2.97
46	ETHIOPIA	29.73	107	CUBA	15.63	168	ICELAND	2.87
47	KENYA	28.53	108	BRUNEI	15.15	169	CANADA	2.79
48	AZERBAIJAN	27.98	109	ECUADOR	14.49	170	FRANCE	2.64
49	GUINEA	27.96	110	MEXICO	14.30	171	MALTA	2.61
50	INDONESIA	27.73	111	UZBEKISTAN	13.87	172	AUSTRALIA	2.60
51	FIJI	27.17	112	HONDURAS	13.62	173	MALAYSIA	2.45

[RETURN WORLD HEALTH MENU](#) **STROKE (MALE)** Stroke

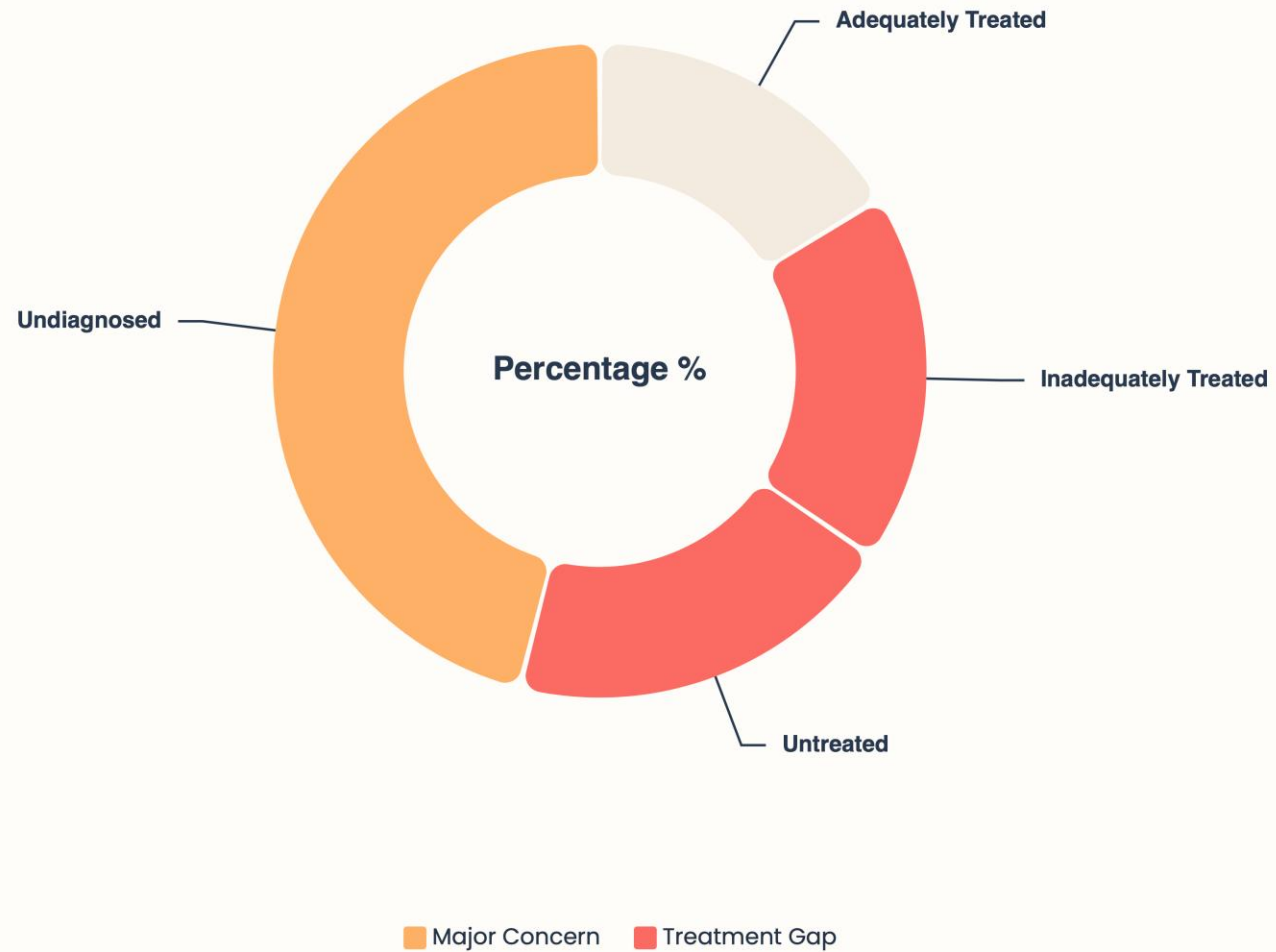
Death Rate Per 100,000
Age Standardized

SELECT CAUSE

18	GEORGIA	159.62	79	GABON	94.08	140	KUWAIT	37.49
19	ZAMBIA	156.50	80	ZIMBABWE	93.42	141	POLAND	37.09
20	VIET NAM	155.75	81	KENYA	92.66	142	ARGENTINA	36.50
21	LAOS	152.50	82	KYRGYZSTAN	92.52	143	SLOVAKIA	35.90
22	AZERBAIJAN	151.52	83	TANZANIA	91.34	144	GREECE	35.72
23	SOMALIA	150.17	84	HONDURAS	91.09	145	PORTUGAL	34.68
24	GUYANA	149.26	85	UKRAINE	89.52	146	ECUADOR	32.47

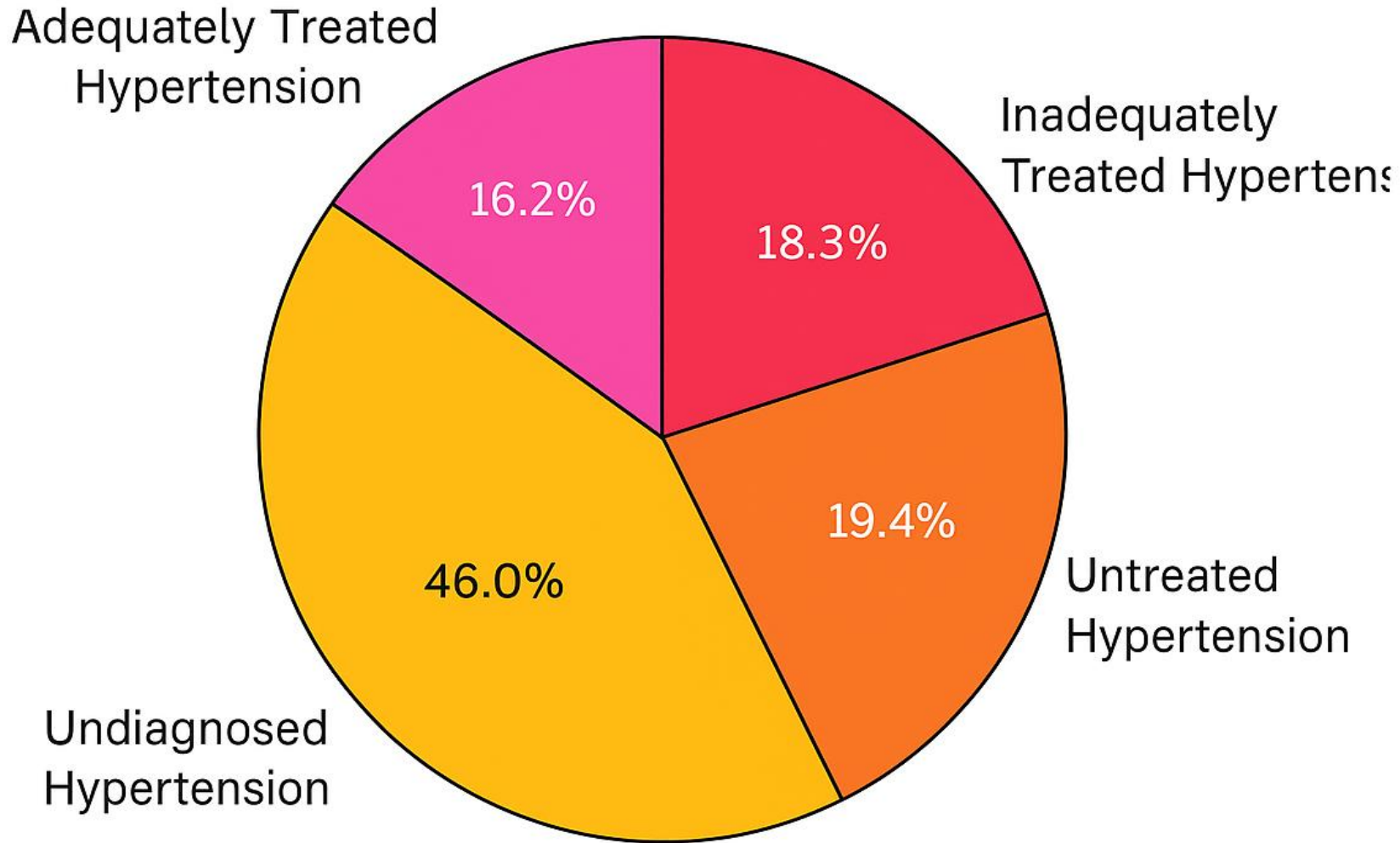
Hypertension in Azerbaijan: Status

A significant portion of hypertension cases in Azerbaijan remain undiagnosed or inadequately managed.



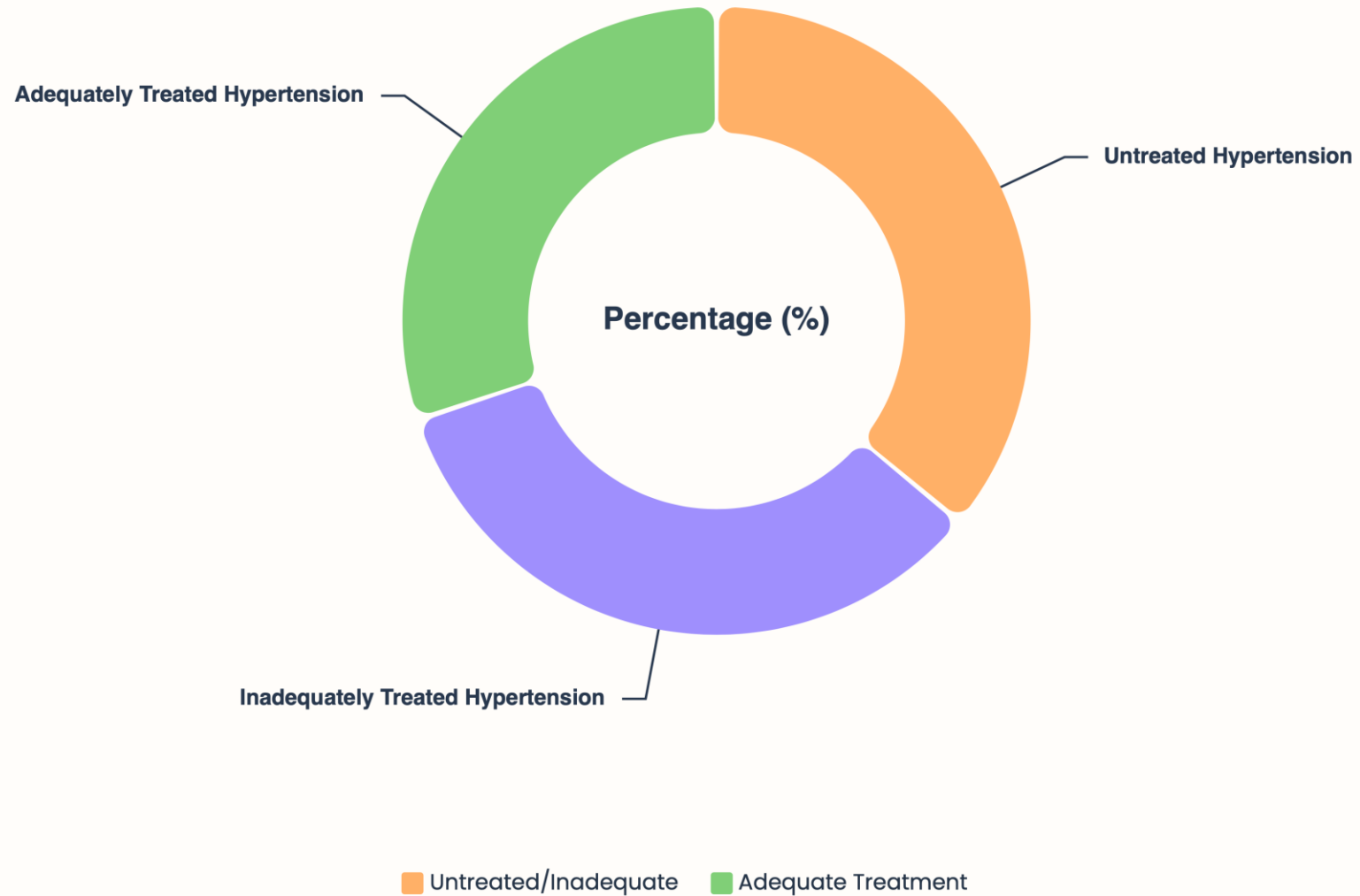
1. Values are approximate and may not be exact.

Hypertension in Azerbaijan: Diagnosis and Treatment Status



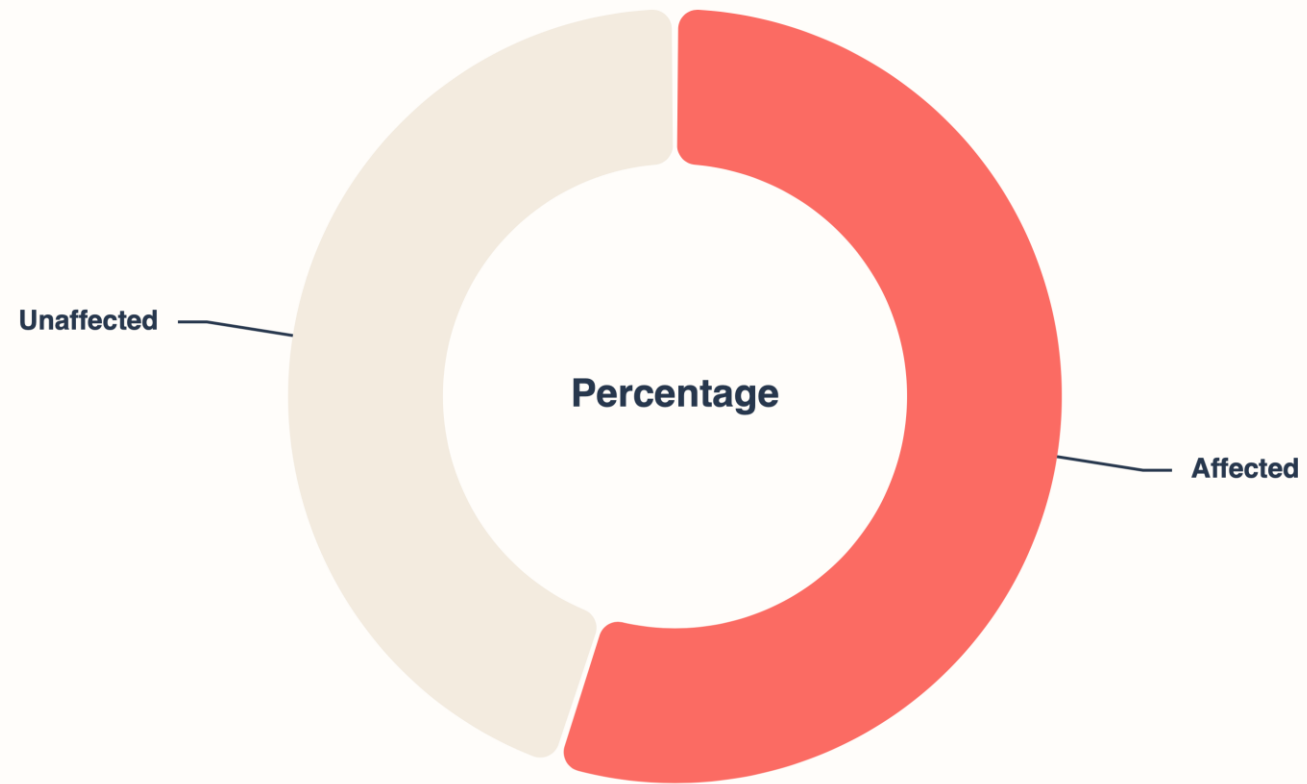
Hypertension Treatment Status

The majority of individuals diagnosed with hypertension are either untreated or inadequately treated.



Hypertension Prevalence in Azerbaijan Adults

Over half of adults aged 30–79 in Azerbaijan are projected to be affected by hypertension.



■ Affected

Economic Burden of Hypertension Patients

Hypertension imposes major annual costs through medication, visits, and services.













1. Int\$ = International dollars.
2. Total cost includes all patient expenses.

Hypertension Cost Component Breakdown

Medications and health services are the largest cost drivers for hypertension patients.

Cost Details

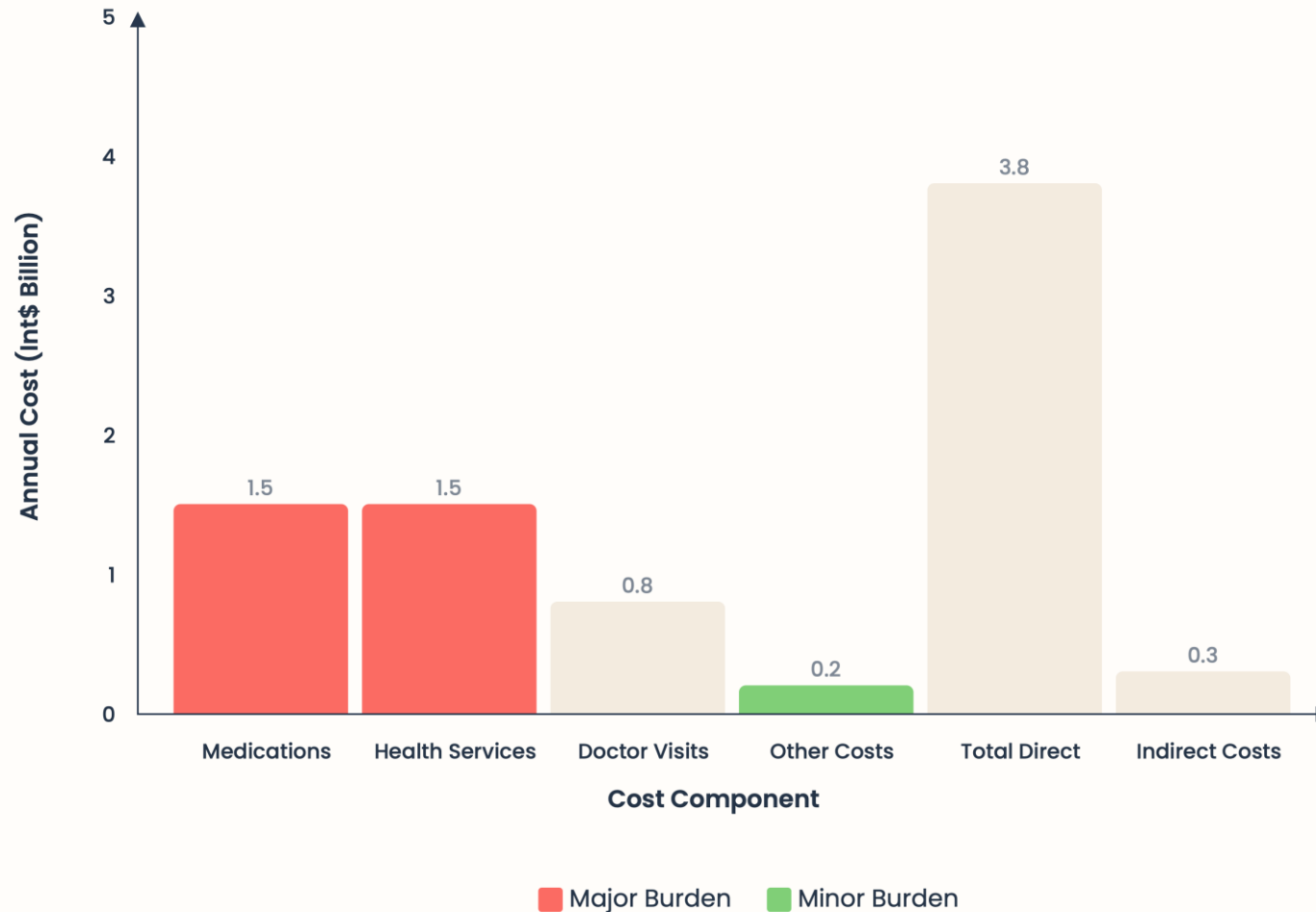
 Component	 Annual Cost (Int\$)	 Cost Share	 Description	 Essential Expense	 Typical Payer
Medications	1.5 Billion	High	Prescription antihypertensive dru...		Patient/Insurance
Doctor Visits	0.8 Billion	Medium	Routine check-ups and follow-up...		Patient/Insurance
Health Services	1.5 Billion	High	Lab tests, emergency care, and...		Patient/Insurance
Other Costs	0.2 Billion	Low	Transportation, lost wages, and indirect...		Patient

1. Int\$ = International dollars

2. Essential = Required for disease control

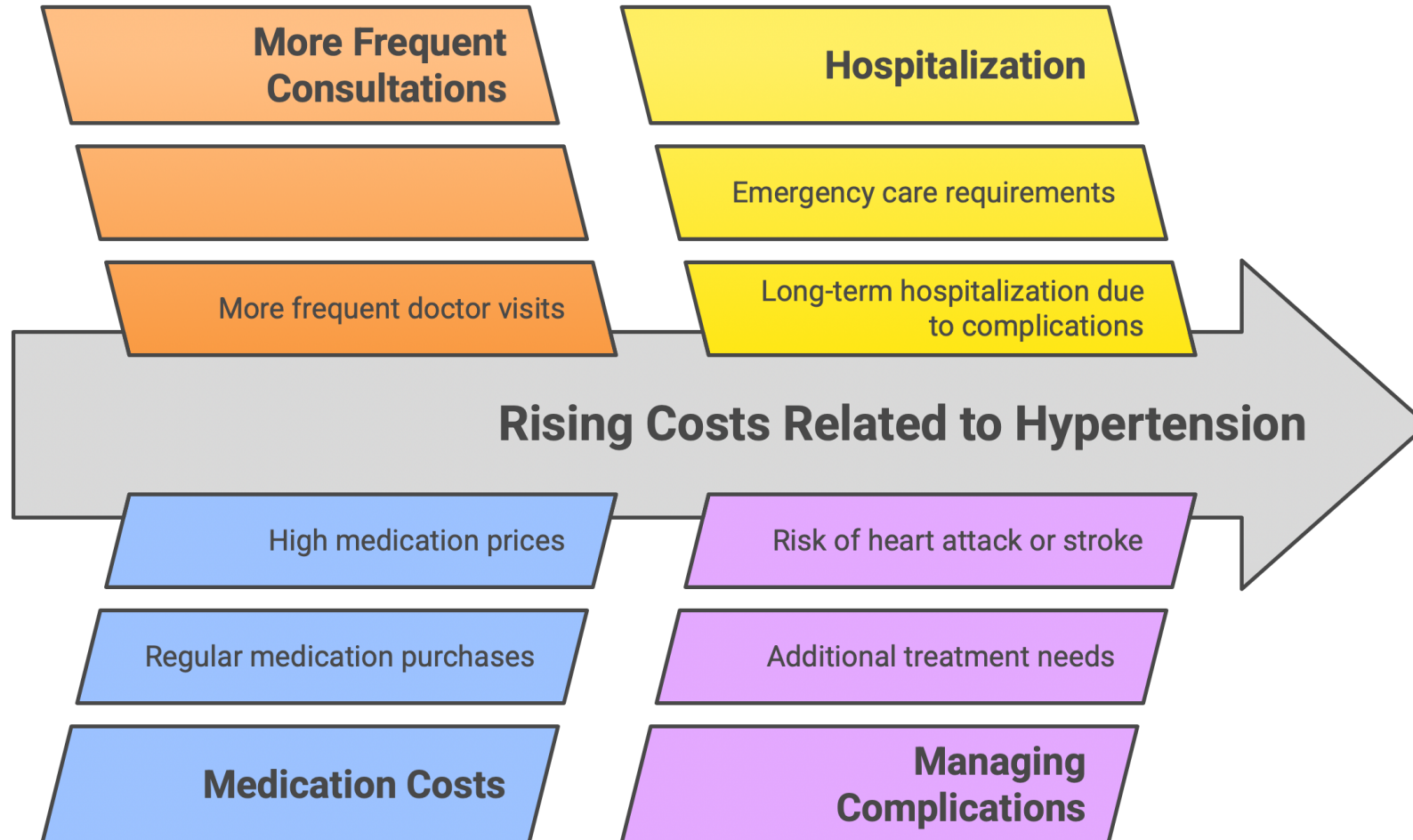
Annual Cost Comparison: Hypertension

Medications and health services are the largest annual financial burdens for hypertension patients.



1. Int\$ = International dollars
2. Values are approximate and may not be exact.

Increasing Costs in Arterial Hypertension





Objectives

Target 130/80

01

Increase public awareness about hypertension

02

Increase adherence to treatment recommendations among patients

03

Improve the quality of services provided by healthcare workers

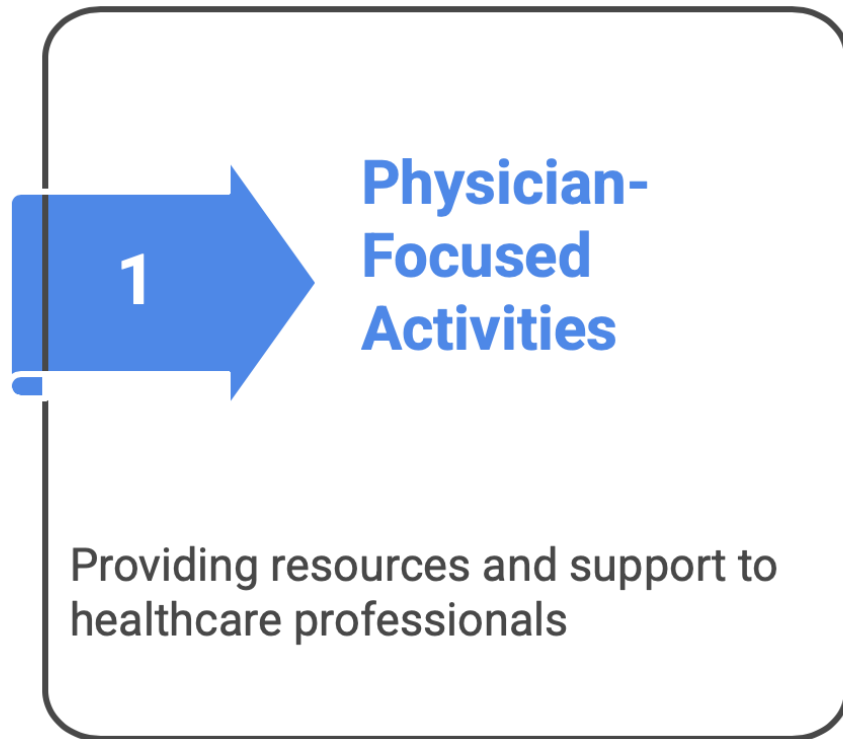
04

Detect hypertension in more patients

05

Ensure correct treatment according to guideline recommendations

TARGET 130/80 Initiative Directions



TARGET 130/80 Initiative Directions

TARGET 130/80 drives physician excellence and public empowerment for better blood pressure control.



Physician training

Specialized workshops and materials help doctors implement best practices for blood pressure management.



Clinical guidelines

Updated protocols guide physicians in diagnosing and treating hypertension to reach target levels.



Peer support networks

Doctors connect through forums and mentorship programs to share strategies and success stories.



Performance feedback

Regular reports help physicians track patient outcomes and improve hypertension control rates.



Public education campaigns

Community outreach raises awareness about blood pressure risks and healthy lifestyle choices.



Screening events

Free blood pressure checks offered at public venues encourage early detection and intervention.



Lifestyle workshops

Interactive sessions teach nutrition, exercise, and stress management for better blood pressure health.



Digital engagement

Online resources and social media motivate the public to monitor and improve their blood pressure.

1. Physician = healthcare professional
2. Public = general population

SMART Goals

Specific

Refine HT (hypertension) treatment by adhering to guideline recommendations and engaging specialists through training

Measurable

Achieve a 10% increase in population blood pressure control within one year from baseline

Achievable

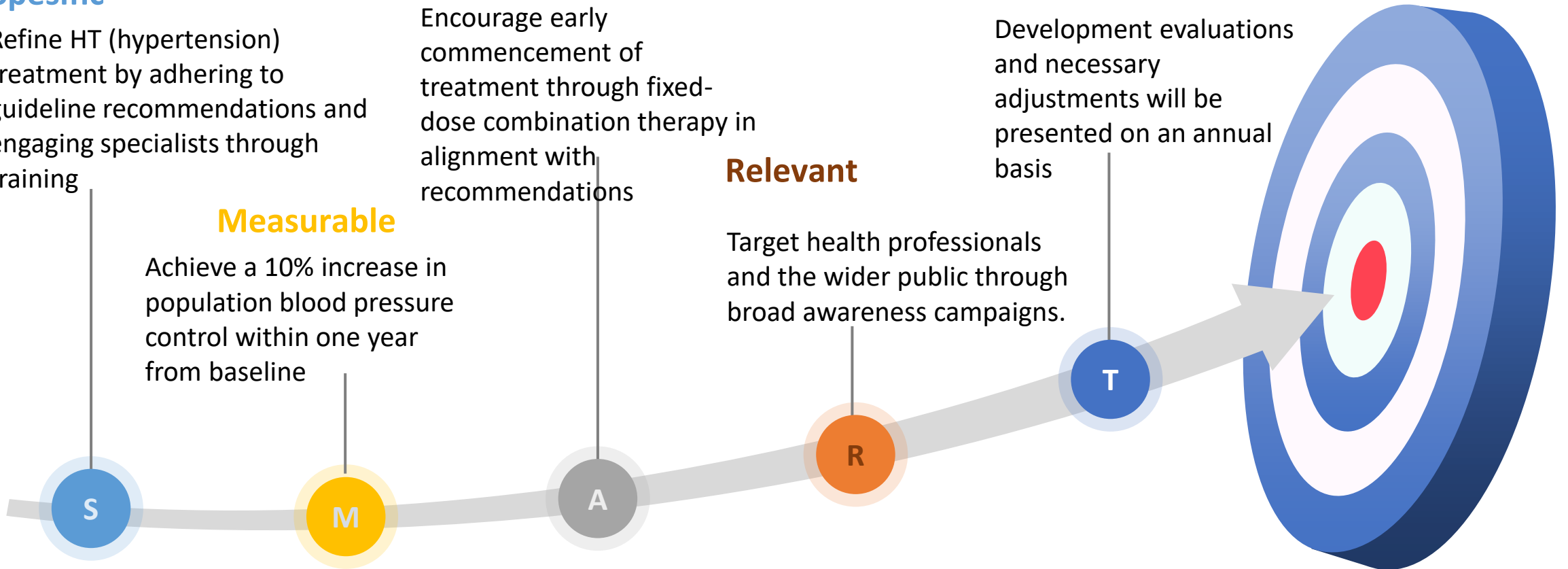
Encourage early commencement of treatment through fixed-dose combination therapy in alignment with recommendations

Relevant

Target health professionals and the wider public through broad awareness campaigns.

Time-Bound

Development evaluations and necessary adjustments will be presented on an annual basis



S

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A

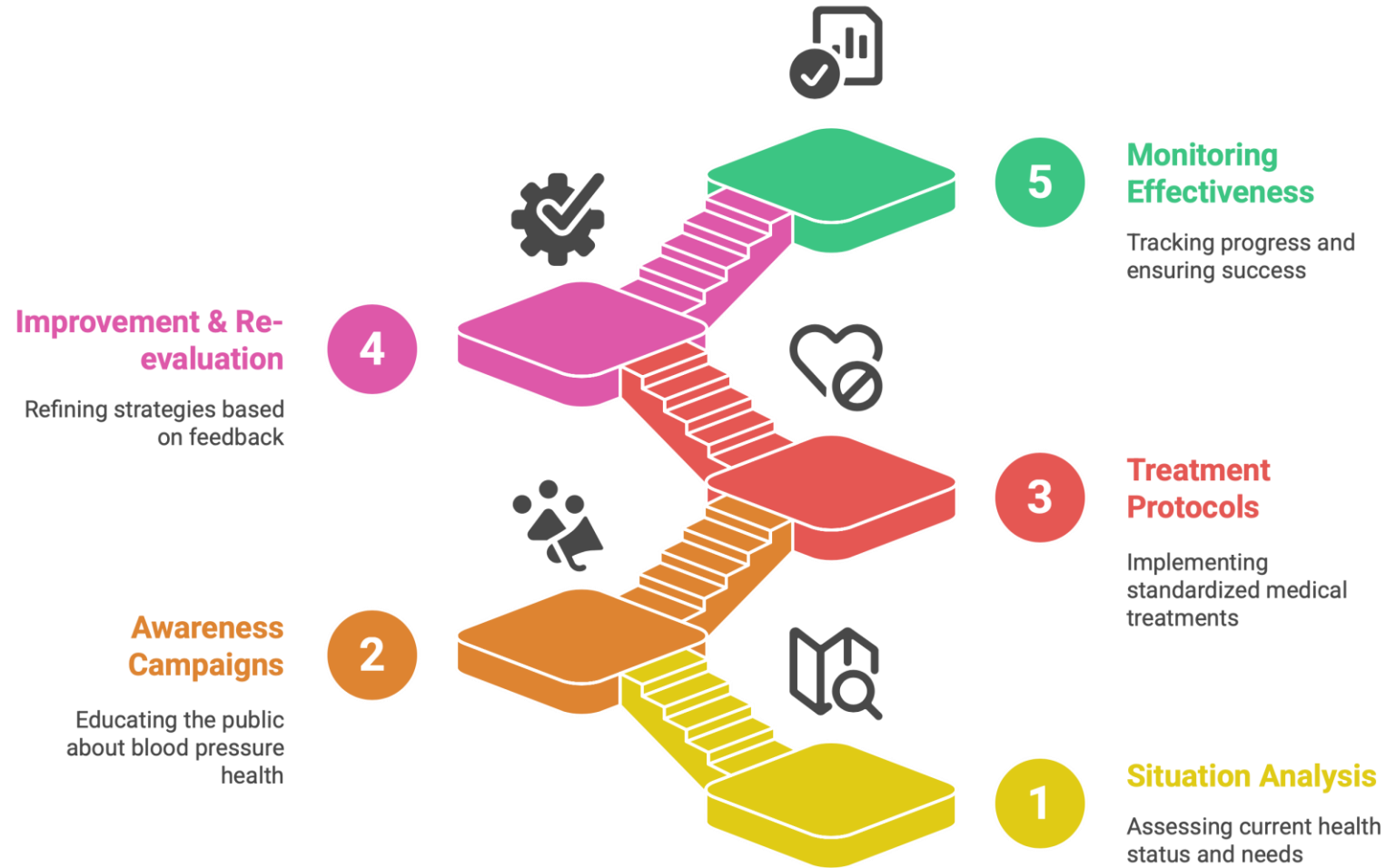
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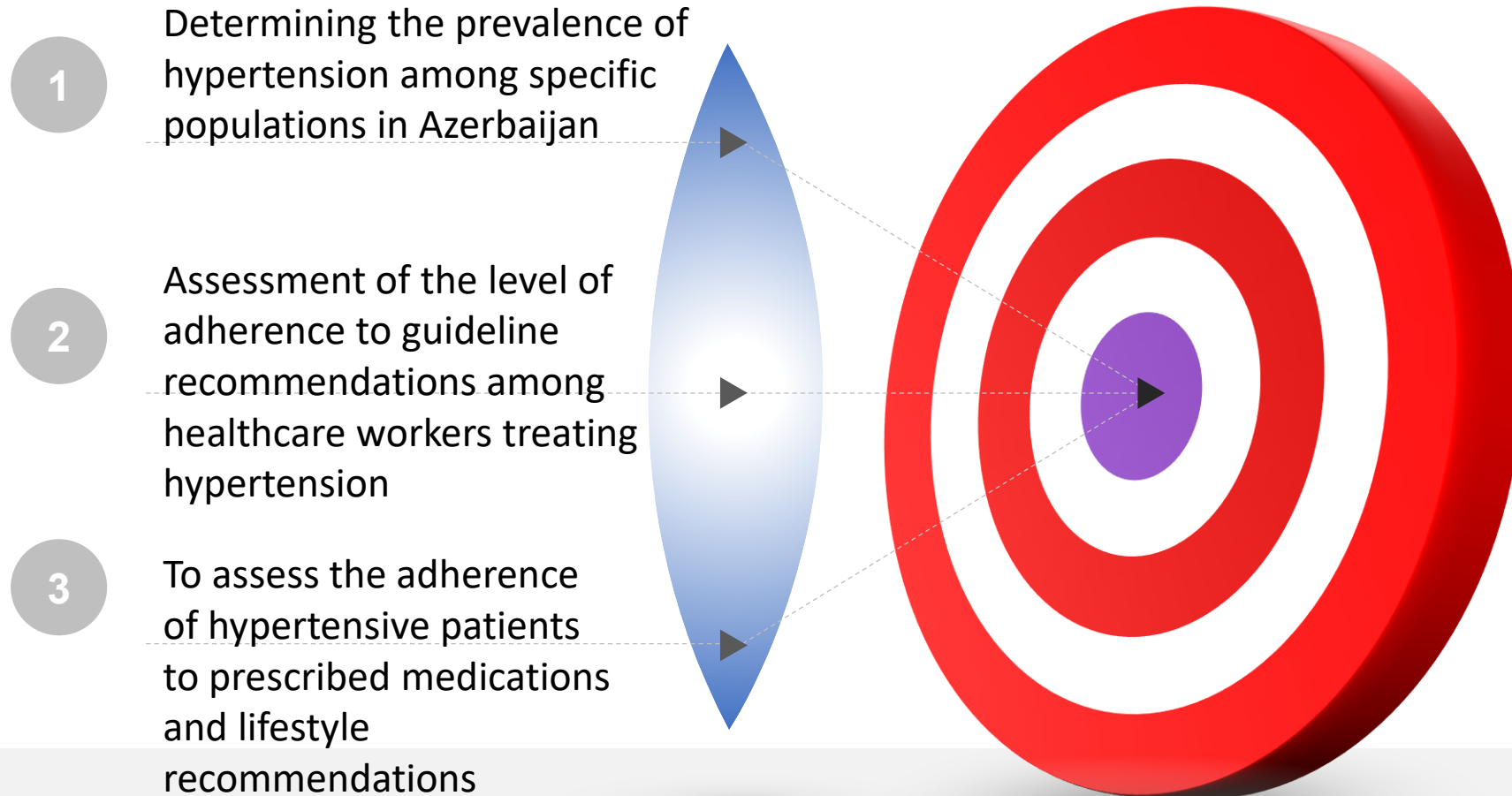
Measurable

Achieve a 10% increase in population blood pressure control within one year from baseline.

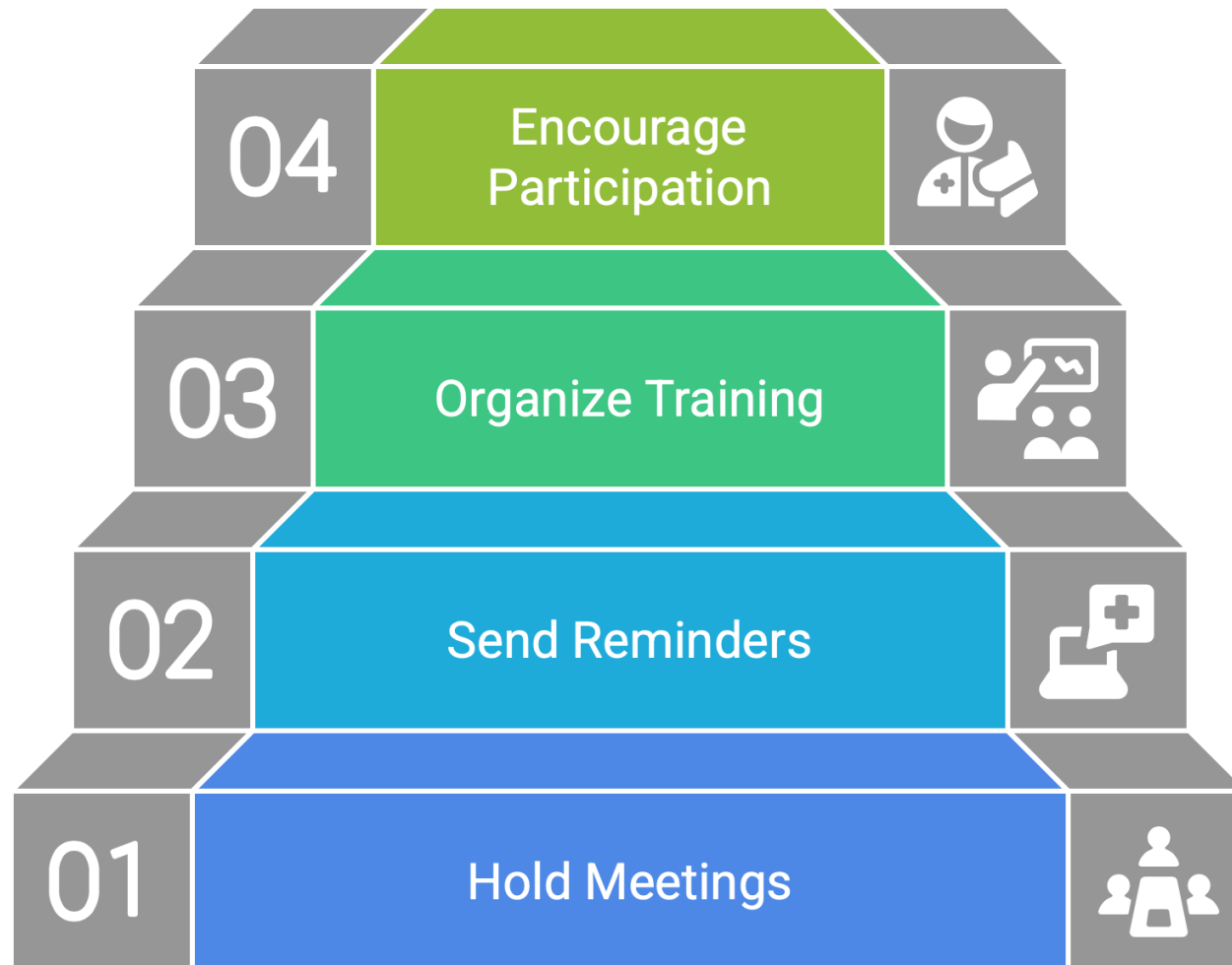
Phases of the Target 130/80 Initiative

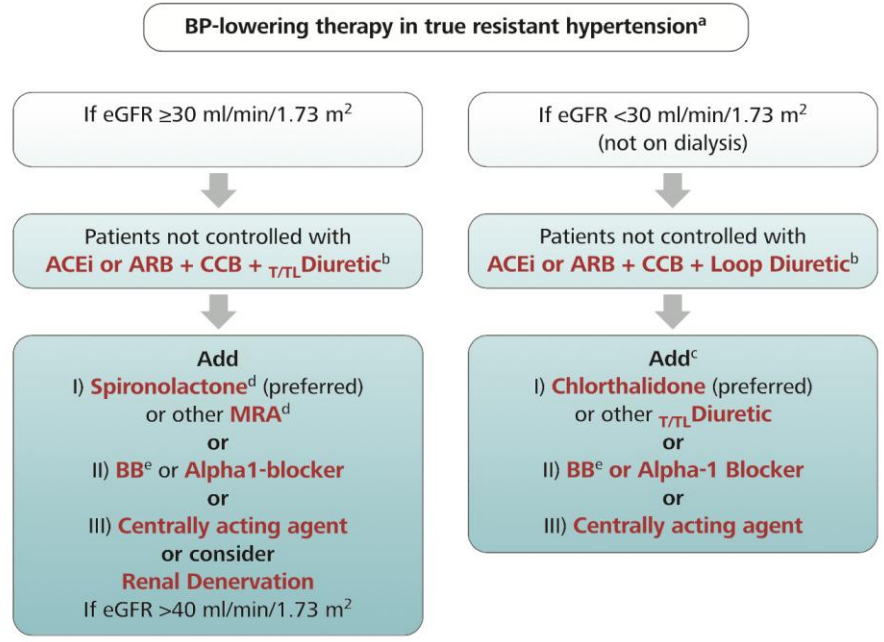
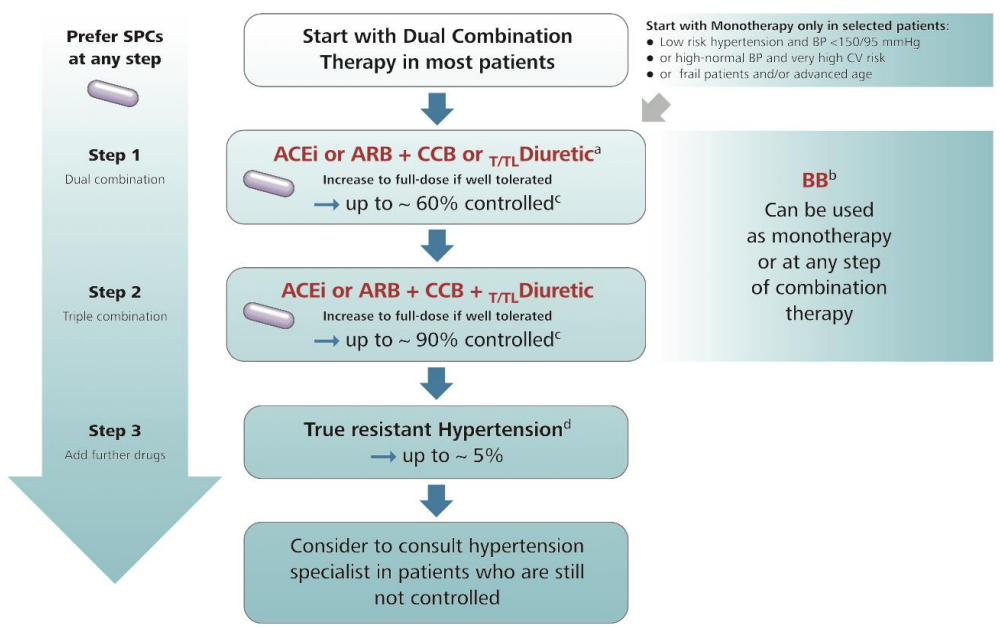
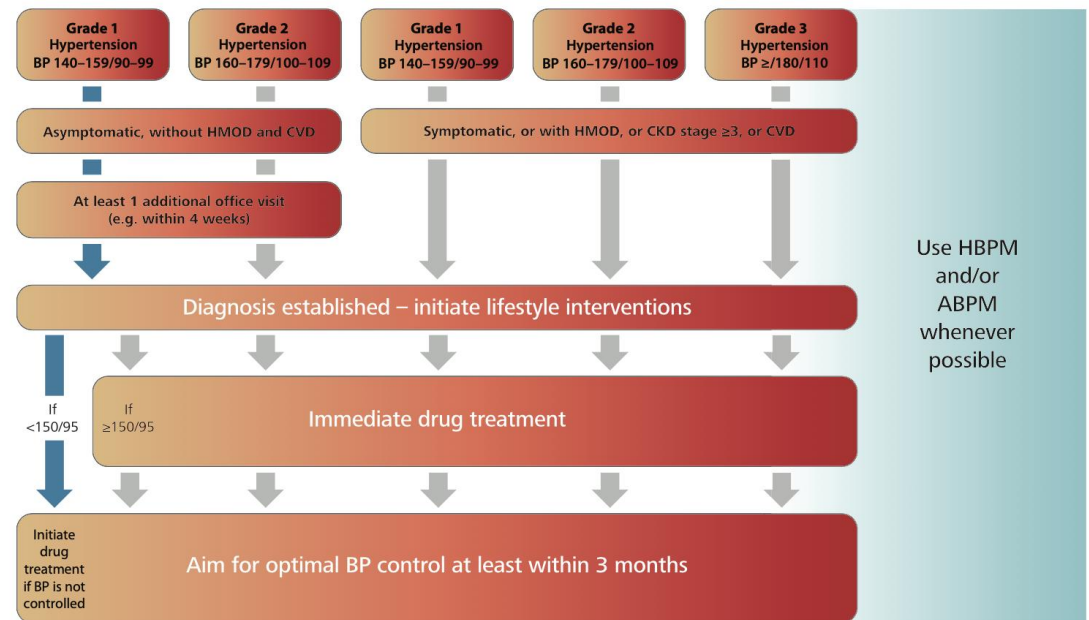
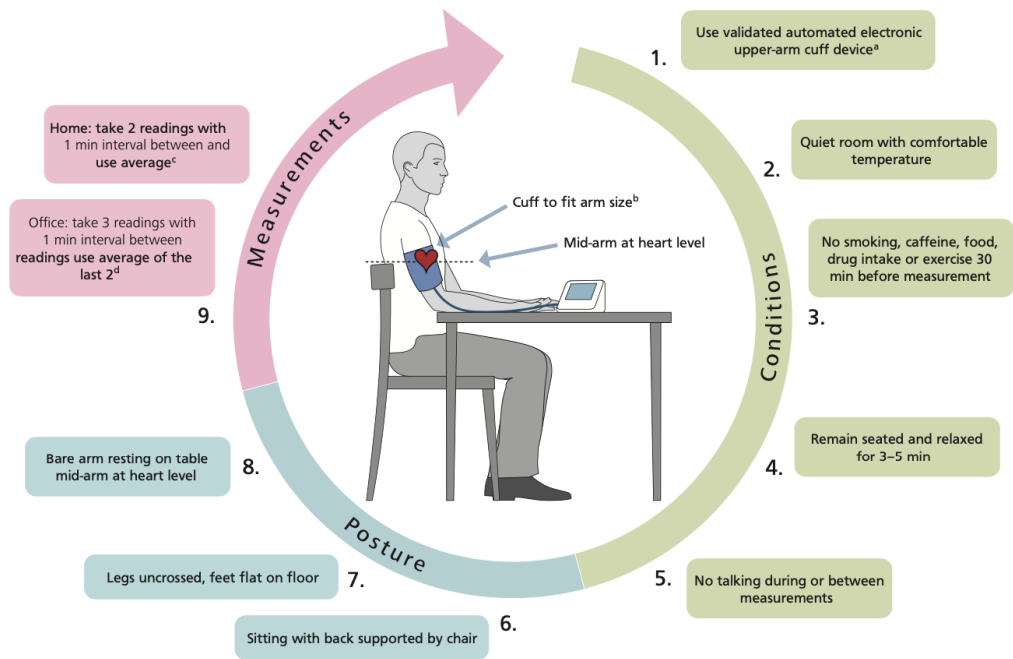


Objectives of The Epidemiological Study



Engaging Doctors in the Campaign







Conduct a **SURVEY** among the **POPULATION** by involving **TV channels**

TV & Radio Campaigns



Conduct Awareness Campaigns on TV, Radio, Social Media, and other Channels

In medical programs, show the importance of measuring blood pressure (BP) with the participation of specialists.

On the radio – Broadcast short audio messages (for example, Q&A-style audios).

On social media – Actively promote the campaign among both doctors and patients.

Engage popular bloggers – Use their pages to disseminate the campaign.

In public institutions – Place promotional and awareness posters in locations such as ASAN service centers, ASAN communal centers, DOST centers, schools, banks, and large supermarkets.

Engage beloved and well-known artists and public figures – Involve them in the campaign to raise public awareness about the importance of regular BP measurement.





BREAKING

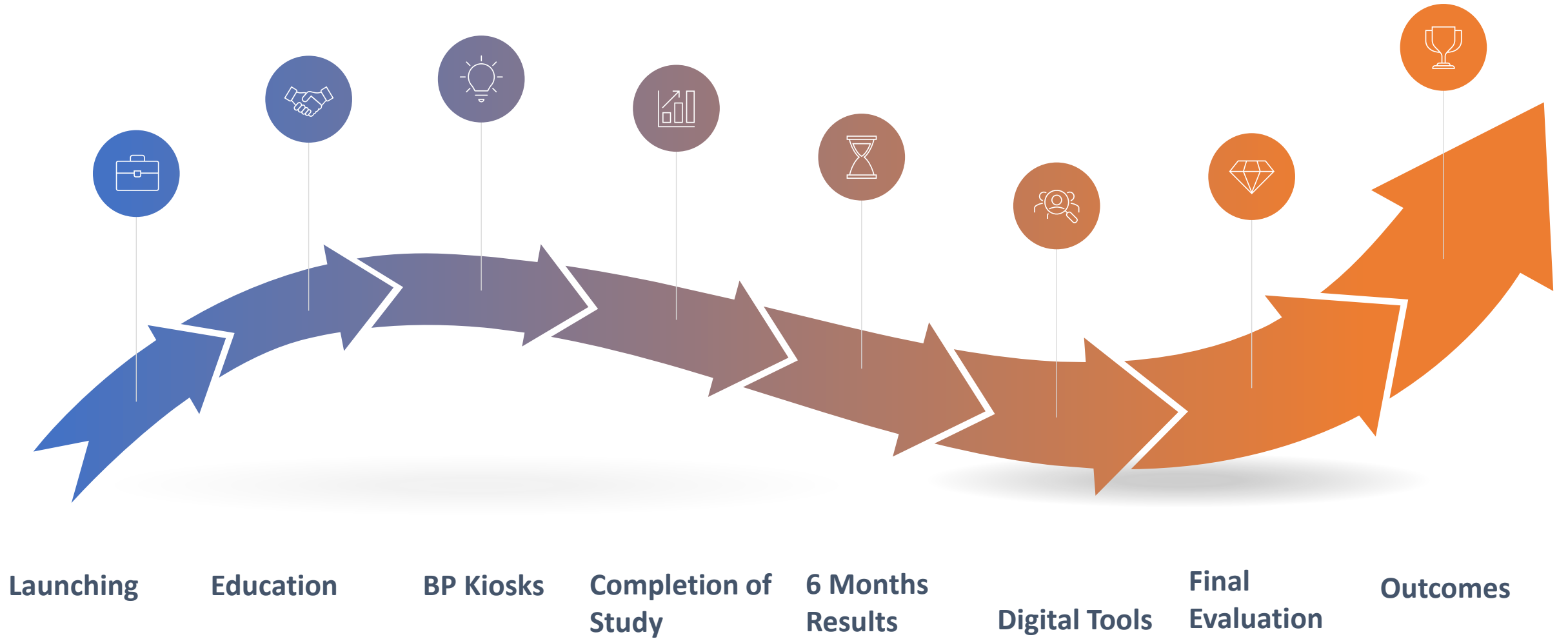
NEWS

BREAKING NEWS

Take Control Over Your BP!

Adhere to Treatment Recommendations!

Stages



RACI Matrix for Target 130/80 Project

The RACI matrix clarifies stakeholder roles, ensuring accountability and efficient task execution.

Stakeholder Responsibilities

Task/Initiative	MoH	SAMHI	TABIB	Hospitals	Industry Partners	Patient Orgs	Heydar Aliyev Foundation
1.1 Project Planning	Accountable	Responsible	Consulted	Consulted	Consulted	Consulted	Responsible
2.2 Public Events	Consulted	Responsible	Accountable	Informed	Consulted	Responsible	Accountable
3.1 Training Seminars	Consulted	Consulted	Accountable	Responsible	Informed	Informed	Responsible
4.1 Blood Pressure Points	Informed	Responsible	Accountable	Responsible	Consulted	Consulted	Responsible
5.1 Medical Equipment	Consulted	Accountable	Informed	Responsible	Responsible	Informed	Consulted
6.3 Reporting	Accountable	Responsible	Consulted	Consulted	Informed	Informed	Responsible
7.1 Public Campaigns	Responsible	Accountable	Responsible	Informed	Responsible	Accountable	Accountable
8.1 Digital Health Initiatives	Informed	Consulted	Responsible	Accountable	Accountable	Consulted	Responsible
9.1 Public Health Programs	Responsible	Responsible	Accountable	Accountable	Consulted	Responsible	Consulted
10.1 Policy Lobbying	Accountable	Accountable	Responsible	Consulted	Responsible	Consulted	Responsible
11.1 Research & Data Analysis	Consulted	Consulted	Responsible	Responsible	Informed	Informed	Accountable

1. R=Responsible, A=Accountable, C=Consulted, I=Informed
2. MoH = Ministry of Health



Hypertension Awareness

Physician Recommendations

- **KPI:** Percentage of healthcare providers familiar with hypertension management guidelines and recommendations.

Patient Awareness

- **KPI:** Level of patient knowledge regarding the causes and risk factors of hypertension.

Self-Monitoring

- **KPI:** Proportion of patients who regularly monitor their blood pressure.

Preventive Knowledge

- **KPI:** Awareness level of healthy lifestyle choices related to hypertension prevention.

Media Impact

- **KPI:** Impact of media channels in raising public awareness about hypertension.
-

Treatment Adherence KPIs

■ Discontinuation Due to Side Effects

- Side Effects
- Stopping the Therapy

■ Rehospitalization

- Hospital Visits
- Emergency Medical Assistance

● Early Treatment Discontinuation

- Initiating Treatment
- Not Continuing Treatment

💖 Full Adherence to Medication

- Taking Medication on Time
- Taking Medication Correctly

☰ Trust in Treatment Indicator

- Trust in Physicians' Treatment
- Trust in Medication Effectiveness

● Use of Alternative Methods

- Herbal Methods
- Non-Scientific Methods



Physician-Related KPIs

Percentage of Trained Physicians

Proportion of physicians trained in hypertension management within the last 12 months.

Evidence-Based Decisions

Proportion of physicians applying evidence-based approaches.

Adherence to Hypertension Treatment Guidelines

Proportion of physicians adhering to treatment recommendations.

Compliance with International Guidelines

Proportion of physicians complying with international protocols.

Proper Blood Pressure Measurement Technique

Proportion of physicians following correct blood pressure measurement techniques.

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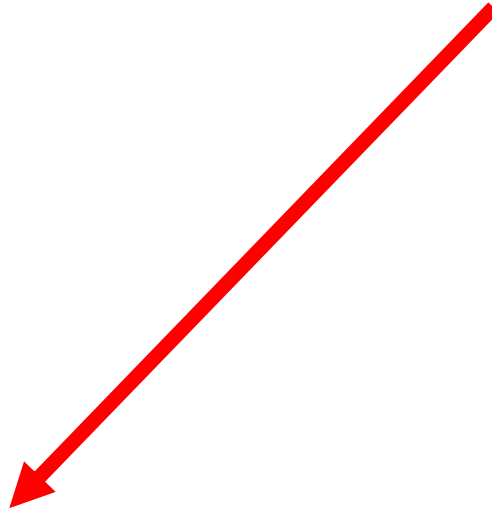
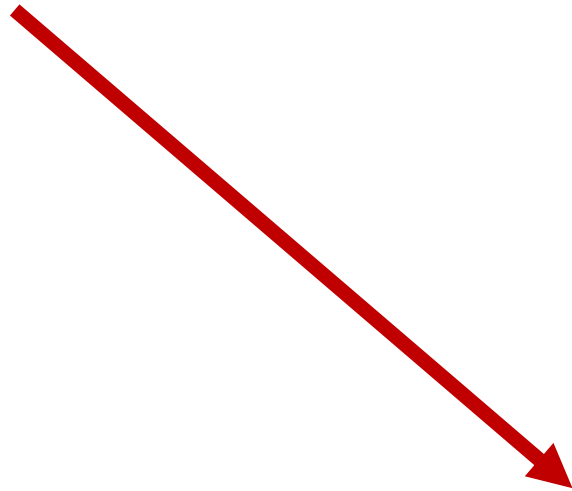
Proper Blood Pressure Measurement Technique

Proportion of physicians following correct blood pressure measurement techniques.

HT DIAGNOSIS ↑



HT CONTROL ↑



CARDIOVASCULAR EVENTS & DEATH ↓




ECONOMIC EFFECT



Global Spotlights

Target 130/80: a future-focused initiative for hypertension management in Azerbaijan

Ulvi Mirzoyev *

Cardiology, Hospital of the Ministry of Emergency Situations, Tbilisi pr 57, Baku 1122, Azerbaijan

The Azerbaijan Society of Cardiology (ASC) is not only dedicated to providing continuing education for physicians and healthcare professionals, but it also plays an active role in decision-making processes related to cardiovascular science in Azerbaijan. The ASC undertakes several quality improvement initiatives to address key cardiovascular conditions, including acute coronary syndromes, heart failure, and hypertension. One of the most significant is the quality improvement initiative focused on hypertension, known as 'Target 130/80'.

Hypertension remains a significant public health challenge worldwide, contributing to increased morbidity and mortality due to cardiovascular diseases. In Azerbaijan, the burden of hypertension continues to rise, prompting the ASC to plan a proactive strategy to address this issue through a structured and comprehensive approach. I am pleased to introduce our upcoming 'Target 130/80' project, a quality improvement initiative to enhance hypertension management across the healthcare spectrum. This project aims to engage medical professionals, patients, and the broader public in a coordinated effort to confront hypertension with a focus on awareness, guideline adherence, and patient-centric care.

The rationale behind 'Target 130/80'

The goal of our project, 'Target 130/80', is to ensure that hypertension patients in Azerbaijan achieve optimal blood pressure control, in line with the international guidelines.

As everywhere in the world, despite advances in hypertension treatment, there is a substantial gap between clinical guidelines and current practice also in Azerbaijan. In many patients, hypertension remains undetected, and for those who are diagnosed, adequate treatment and blood pressure control are not consistently achieved.¹ Furthermore, there is a low public awareness of the risks associated with uncontrolled hypertension. These issues emphasize the need for a national

strategy to improve both clinical management and public understanding of hypertension.

Evaluating the current situation: planning through data

Although 'Target 130/80' is still in the planning stage, the ASC has laid the groundwork by conducting an evaluation of the current state of hypertension management in Azerbaijan (Figure 1). This evaluation includes a review of national health statistics, consultations with healthcare providers, and a preliminary cross-sectional study on hypertension prevalence and management.

Our planned study will provide critical insights into hypertension management by collecting data from multiple regions, with a focus on both urban and rural populations. The sample will consist of ~5000 adults aged 18–75, representing diverse geographic and socioeconomic groups. The study will involve the following:

- (1) Sampling and data collection
 - We will use a stratified random sampling method to ensure representation across various age groups, genders, and regions.
 - Data will be collected through questionnaires, clinical examinations, and standardized blood pressure measurements, conducted by trained professionals.²
- (2) Key variables
 - Blood pressure measurements will be taken following international protocols, using validated automatic devices.^{3,4}
 - Other data collected will include demographic information, lifestyle factors (diet, exercise, and smoking), medical history, and treatment adherence.
- (3) Expected findings
 - The expectation is to identify a significant prevalence of undiagnosed hypertension, particularly in rural areas.

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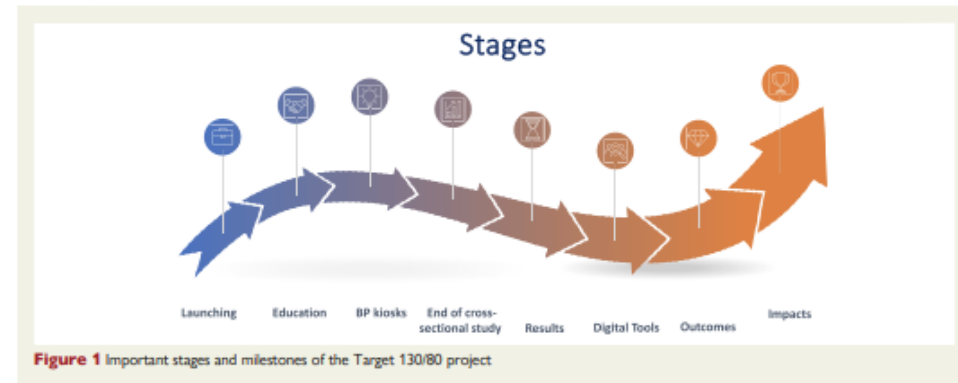


Figure 1 Important stages and milestones of the Target 130/80 project

Table 1 The 'project Target 130/80' goals

Increase public awareness about AH
Increase adherence to treatment recommendations among patients
Enhance the quality of care provided by healthcare professionals
More patients in screening, diagnoses
Proper treatments in line with GDMT

- The study will likely show that a large proportion of diagnosed individuals are not achieving target blood pressure levels due to suboptimal treatment regimens or poor adherence.

This baseline data will serve as a critical reference point for shaping the 'Target 130/80' project and will ensure that the initiative addresses the most urgent gaps in managing hypertension.

The planned initiatives of 'Target 130/80'

Once launched, the 'Target 130/80' project will adopt a multi-faceted approach aimed at improving hypertension management by focusing on three key pillars:

- (1) Public awareness campaigns: educating patients and the public
 - One of the primary components of the project will be a nationwide public awareness campaign to educate the population on hypertension, its risks, and the importance of regular monitoring.
 - These campaigns will utilize media outlets, social media platforms, and community outreach to target both urban and rural populations. We will focus on encouraging individuals to undergo regular blood pressure checks and adopt healthier lifestyle choices.
- (2) Physician training and guideline adherence
 - Another crucial aspect of the project involves ensuring that healthcare providers are equipped with the latest knowledge of international guidelines for hypertension management.^{1,3}

- The ASC constantly organizes continuing medical education programmes and workshops for physicians. The new focus will be on improving the use of combination therapy, addressing clinical inertia, and encouraging individualized treatment plans based on patient risk profiles.
- (3) Mass screening and early detection
 - As part of the project, we plan to carry out a large-scale mass screening programme. This will involve providing free blood pressure checks at clinics, pharmacies, and mobile health units in underserved areas.³
 - The screening programme aims to identify undiagnosed cases of hypertension and provide referrals for further evaluation and management.
 - The data gathered from the screening will be integrated into a national hypertension registry, which will allow us to monitor treatment outcomes and improve patient follow-up.
 - (4) Patient adherence and empowerment
 - Patient adherence to the prescribed regimen is essential for long-term hypertension control. The 'Target 130/80' project will include patient support programmes, offering resources such as mobile apps and short message service reminders to help patients monitor their blood pressure and adhere to their medication schedules.
 - Educational materials and counseling sessions are other tools to empower patients to take an active role in managing their condition.

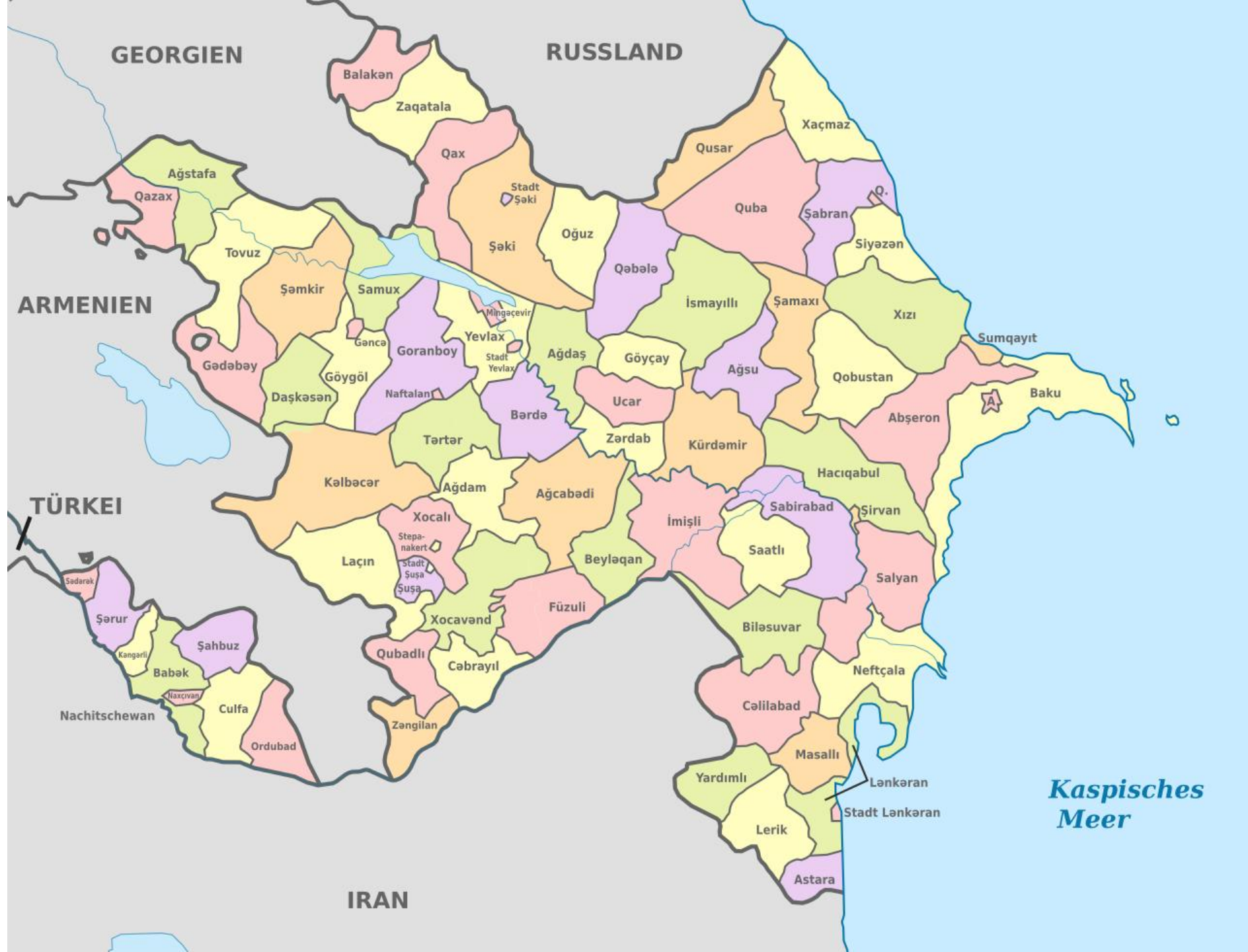
Monitoring and evaluation: setting clear goals

The 'Target 130/80' project will include a robust monitoring and evaluation framework to track progress and assess the impact of each intervention (Table 1). Key performance indicators will include the following:

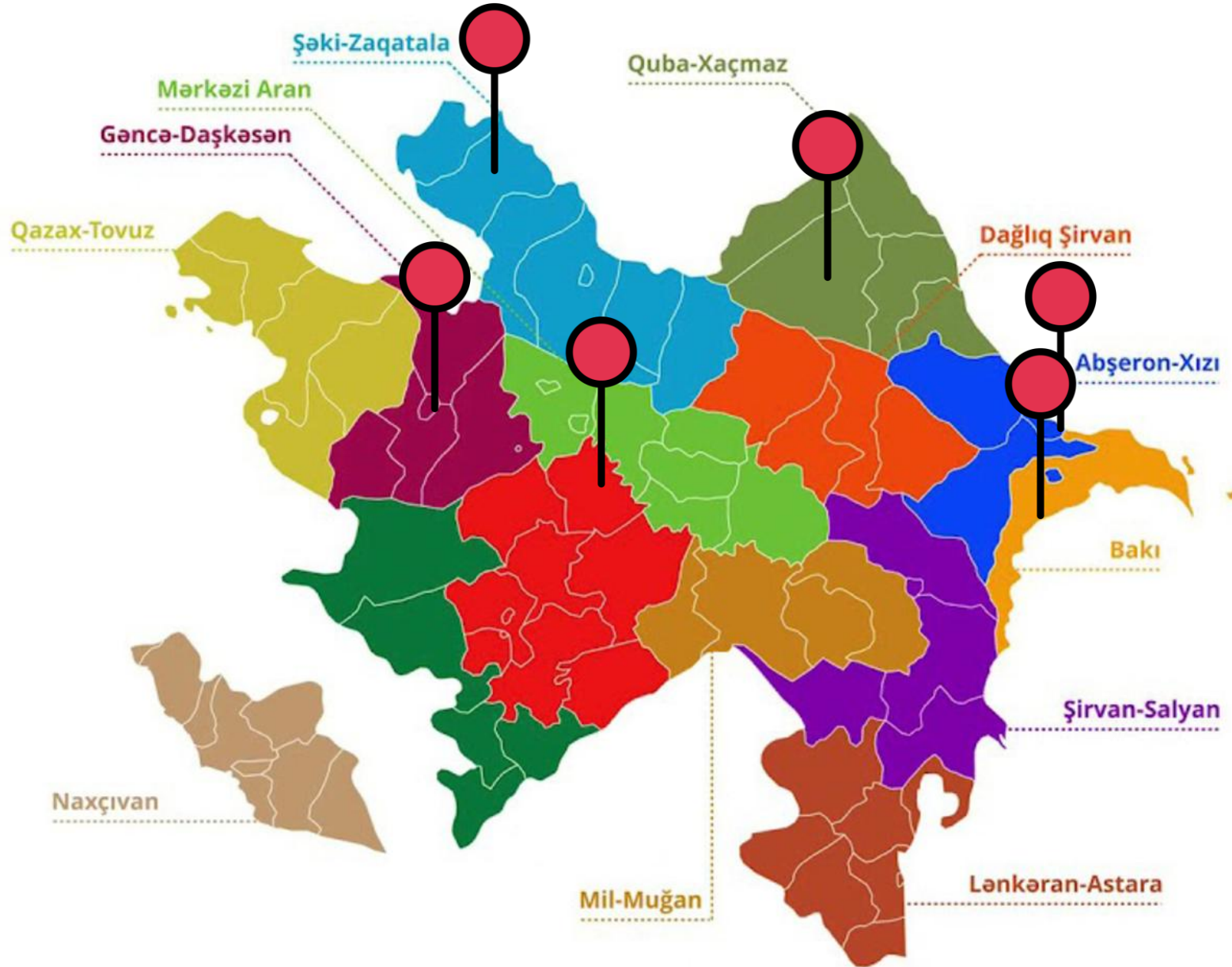
- The number of individuals participating in public awareness campaigns and screening initiatives
 - Physician adherence to clinical guidelines
 - Patient satisfaction and adherence to treatment regimens
 - The percentage of patients achieving target blood pressure levels
- These measures will be assessed regularly through surveys, reviews, and feedback from both healthcare providers and patients. By constant

* Corresponding author. Email: dr_ulvi@yahoo.com

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AZƏRBAYCAN RESPUBLİKASININ İQTİSADİ RAYONLARI





**HƏDƏF 130/80**
GƏLƏCƏYİNİZ BARƏDƏ
ÖZÜNÜZ QƏRAR VERİN



**HƏDƏF 130/80**
GƏLƏCƏYİNİZ BARƏDƏ
ÖZÜNÜZ QƏRAR VERİN

layihənin təqdimatı

**HƏDƏF 130/80**
GƏLƏCƏYİNİZ BARƏDƏ
ÖZÜNÜZ QƏRAR VERİN







Azərbaycanda “Hədəf 130/80” adlı hipertenziya ilə mübarizə layihəsi keçiriləcək



“Müasir dövrdə dünya ölkələrində qeyri-infeksiyon xəstəliklərin (QİX) yükü gündən-günə artmaqdadır. Ürək-damar və beyin-damar, onkoloji, tənəffüs yolları xəstəlikləri və şəkərli diabet kimi xəstəliklər səbəbindən baş verən ölüm və əlillik halları dünyada olduğu kimi, ölkəmizdə də çoxluq təşkil edir. Bu xəstəliklərin qarşısını almaq üçün əsas risk amilləri ilə mübarizə aparmaqla yanaşı, hər kəsin sağlamlığına məsuliyyətlə yanaşmasını təbliğ və təşviq etmək, əhali arasında geniş maarifləndirmə aparmaq olduqca vacib addımlardan biridir. Bu məqsədlə ölkəmizdə “Hədəf 130/80” adlı hipertenziya ilə mübarizə layihəsinin keçirilməsinə start verilib”.

"Hədəf 130/80" Azərbaycanda qan təzyiqinə nəzarətin yaxşılaşdırılması Layihəsi

Hörmətli həkim,

Hamımız birlikdə, qan təzyiqinə ciddi nəzarət əsas ürək-damar hadisələrinin, eləcə də ümumi ölümlərin azalması ilə əhəmiyyətli dərəcədə bağlıdır. Təəssüf ki, Azərbaycan ürək-damar və beyin-damar xəstəliklərindən olan ölümlərin sayına görə dünyada ön sıralardadır.

Əhali arasında qan təzyiqinə zəif nəzarət olunması, hipertenziya xəstəliyinin vaxtında aşkar olunmaması, beynəlxalq tövsiyələrə əsasən müalicə aparılmaması nəticədə ürək-damar fəsadlarının geniş yayılmasına və ürək-damar ölümlərinə səbəb olur. Bu vəziyyətin səbəbləri hipertenziya haqqında məlumatlılığın zəif olması, xəstələrin müalicəyə zəif riayət etməsi və həkimlərin qəbul olunmuş beynəlxalq tövsiyələrə müntəzəm riayət etməməsidir.

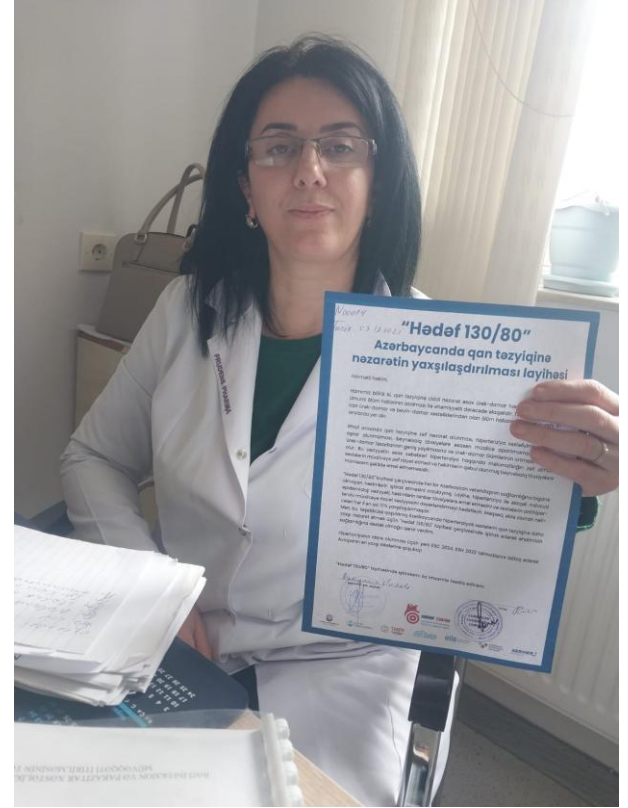
"Hədəf 130/80" Layihəsi çərçivəsində hər bir Azərbaycan vətəndaşının sağlamlığına biganə olmayan həkimlərin iştirak etməsini arzulayırıq. Layihə, hipertenziya ilə əlaqəli mövcud epidemioloji vəziyyəti, həkimlərin rəhbər tövsiyələrə əməl etməsini və xəstələrin antihipertenziv müalicəyə riayət səviyyəsini dəyişdirməyi hədəfləyir. Məqsəd, əldə olunan nəticələrə hər il ən azı 10% yaxşılaşdırmaqdır.

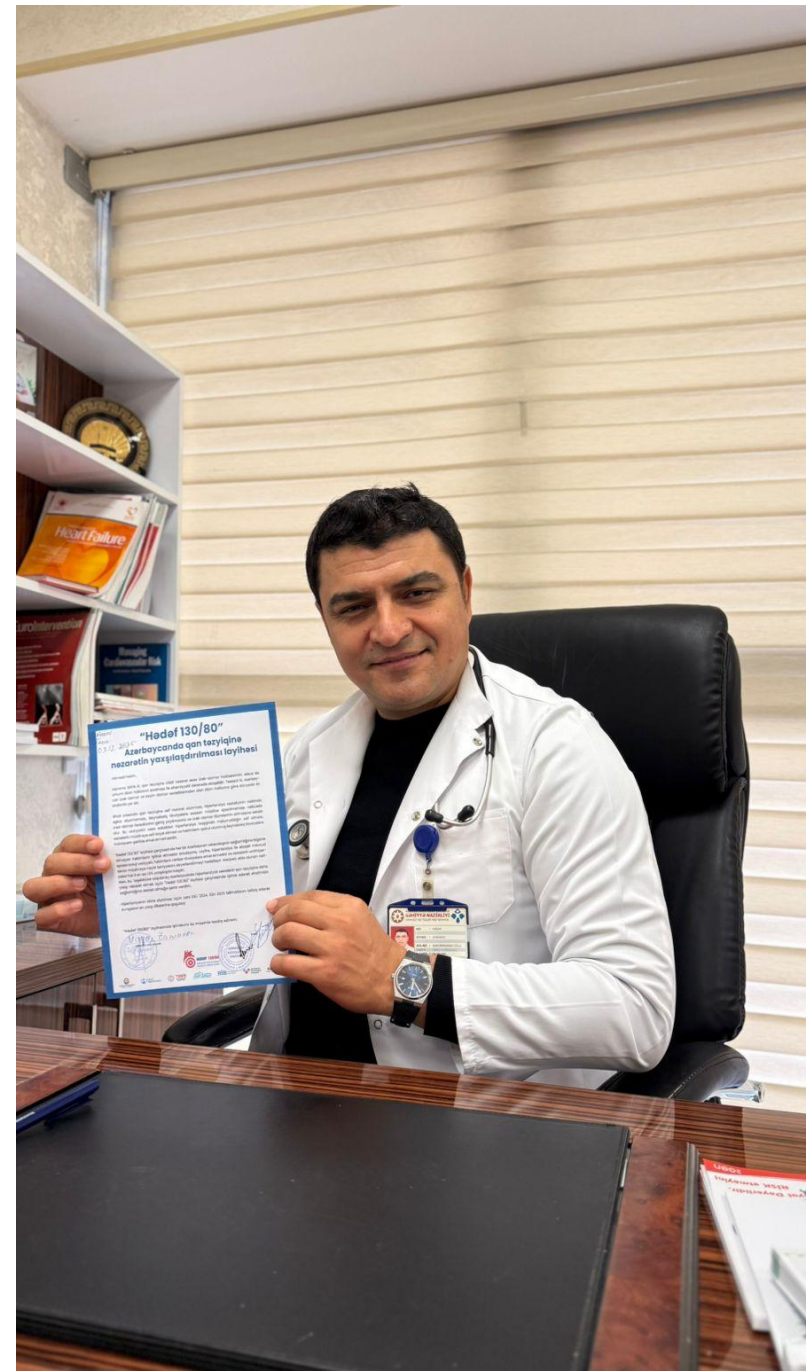
Biz, həkimlər saylarımızı birgədirərək Azərbaycanda hipertenzivləri xəstələrin qan təzyiqinə daha yaxşı nəzarət etmək üçün "Hədəf 130/80" Layihəsi çərçivəsində iştirak edərək əhəminizin sağlamlığına dəstək olmağa qərar verdik.

Bu məqsədlə fəaliyyətimizin başlanğıcını öz imzamızla təsdiq edirik.

Hipertoniyanın idarə olunması üçün yeni ESC 2024 və ESH 2023 təlimatlarını tətbiq etməklə Avropanın ən yaxşı ölkələrinə qoşulaq!

İştirakını təsdiq edirik: _____







"HƏDƏF 130/80" DAVAM EDİR! TƏZYİQİNİ ÖLÇDÜR

ARTERİAL HİPERTONİYA HAQQINDA MƏLUMATLAN
NOYABRIN 21-dən BAŞLAYARAQ

Lazım olduqda əlavə müayinələr olacaq

2-6 Dekabr 2025
12:00-20:00
Gənclik Mall



aloe+
pharm and beauty



"HƏDƏF 130/80" DAVAM EDİR! TƏZYİQİNİ ÖLÇDÜR

ARTERİAL HİPERTONİYA HAQQINDA MƏLUMATLAN
Lazım olduqda əlavə müayinələr olunacaq

2 sayılı Gəncə
"ASAN xidmət" mərkəzi

Gəncə

"ASAN xidmət"
mərkəzi

4-5 Dekebr 2025
10:00-15:00



"HƏDƏF 130/80" DAVAM EDİR! TƏZYİQİNİ ÖLÇDÜR

ARTERİAL HİPERTONİYA HAQQINDA MƏLUMATLAN
Lazım olduqda əlavə müayinələr olunacaq

Gəncə

"Gəncə Şəhər Birləşmiş Xəstəxanası" publik hüquqi şəxs
Gəncə şəhəri, Nizami prospekti 412

3-5 Dekebr 2025
10:00-15:00







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"Hədəf 130/80" layihəsi çərçivəsində bölgələrdə skrininglər və maarifləndirmə tədbirləri keçirilib

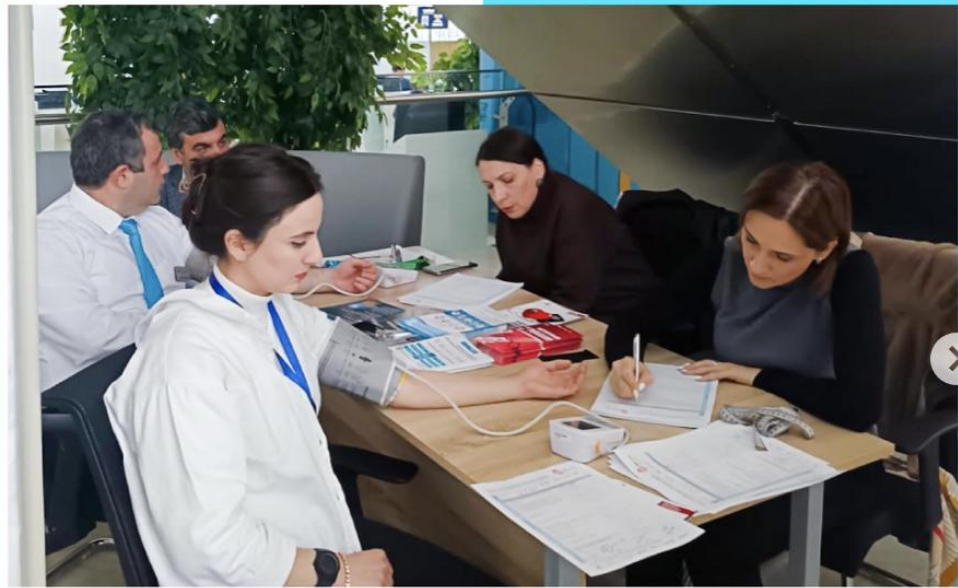
Səhiyyə Nazirliyi, İcbari Tibbi Sığorta üzrə Dövlət Agentliyi, Tibbi Ərazi Bölmələrini İdarəetmə Birliyi (TƏBİB), nazirliyin İctimai Səhiyyə və İslahatlar Mərkəzi (İSİM), Regional İnkişaf İctimai Birliyi (RİİB), Azərbaycan Kardiologiya Cəmiyyəti (AKC) və "Servye Azərbaycan" şirkətinin birgə əməkdaşlığı ilə ilkin səhiyyə xidməti çərçivəsində həyata keçirilən "Hədəf 130/80" layihəsi üzrə bölgələrdə skrininglər və maarifləndirmə tədbirləri davam etdirilir. Qeyri-infeksiyon xəstəliklərin profilaktikası, arterial hipertenziya ilə mübarizə məqsədilə, 26-28 noyabr 2025-ci ildə Quba, Qusar, Balakən, Zaqatala və Qax rayonları üzrə ilkin tibbi xidmət müəssisələrində, Quba və Balakən rayonlarında yerləşən Asan xidmət mərkəzlərində skrininglər həyata keçirilib. Qeyd edək ki, qeyri-infeksiyon xəstəliklərin qarşısının alınması məqsədilə həyata keçirilən bu layihə çərçivəsində respublika üzrə müxtəlif regionlarda skrininglər və maarifləndirmə aksiyalarının, təbliğat və təsviat kampaniyasının aparılması



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"Hədəf 130/80" layihəsi çərçivəsində bölgələrdə skrining və maarifləndirmə tədbirləri keçirilib



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pharmastore.az**
Original audio



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PharmaStore Qara Qarayev filialında
"Hədəf 130/80" təzyiq aksiyası!

Sağlamlığınızı qorumağın ən vacib
addımlarından biri — qan təzyiqinizi
mütəmadi ölçməkdir.

Bu aksiya çərçivəsində ziyarətçilərimiz
təzyiqlərini ölçdü, hipertoniya riskləri,
düzgün nəzarət və profilaktika barədə
məlumatlandırıldı.
Bizim məqsədimiz — hər kəsin öz
sağlamlığına daha diqqətlə yanaşmasına
dəstək olmaqdır. ❤️

📍 PharmaStore — Qara Qarayev filialı
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3 DEKABR 2025

“Hədəf 130/80” layihəsi çərçivəsində bölgələrdə skrininglər və maarifləndirmə tədbirləri keçirilib

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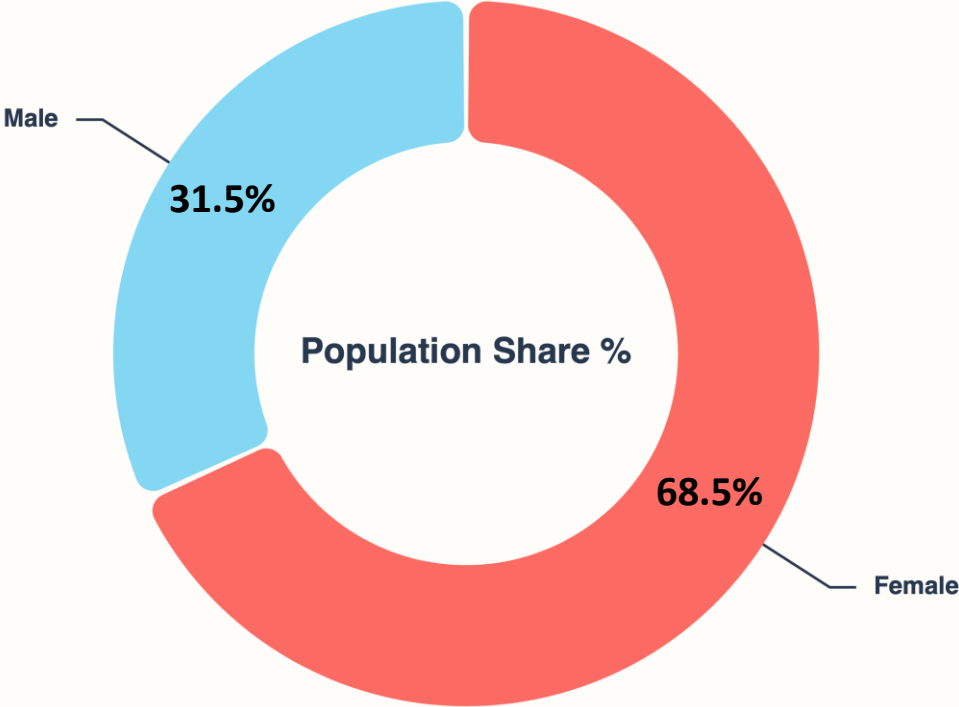
Qeyri-infeksiyon xəstəliklərin profilaktikası, arterial hipertenziya ilə mübarizə məqsədilə, 26-28 noyabr 2025-ci ildə Quba, Qusar, Balakən, Zaqatala və Qax rayonları üzrə ilkin tibbi xidmət müəssisələrində, Quba və Balakən rayonlarında yerləşən Asan xidmət mərkəzlərində skrininglər həyata keçirilib.

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Gender Distribution Overview

The female population significantly outnumbers the male population, indicating a clear gender disparity.

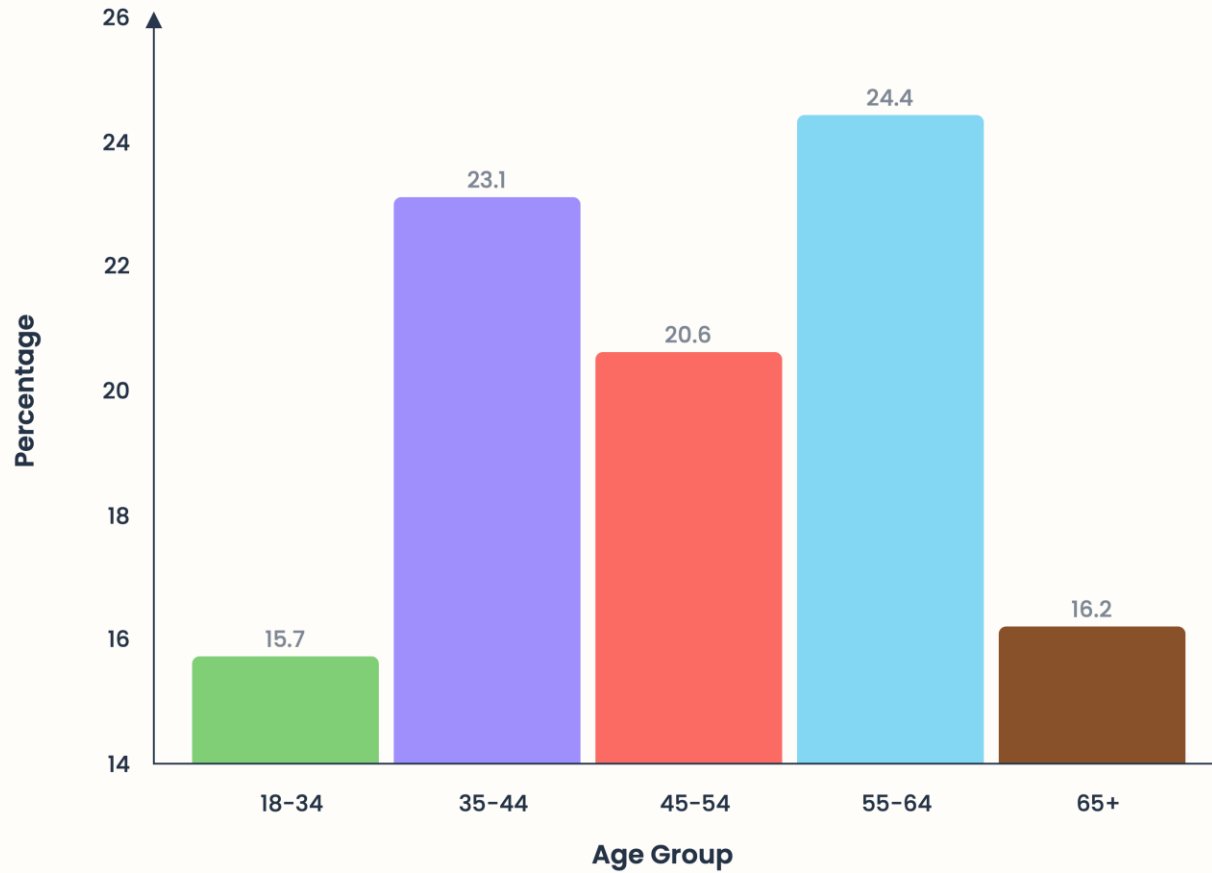


Female Dominance Male Share

1. Data reflects specific regional distribution.
2. Values are approximate and may not be exact.

Detailed Age Group Distribution

The 55-64 age group constitutes the largest segment of the population.

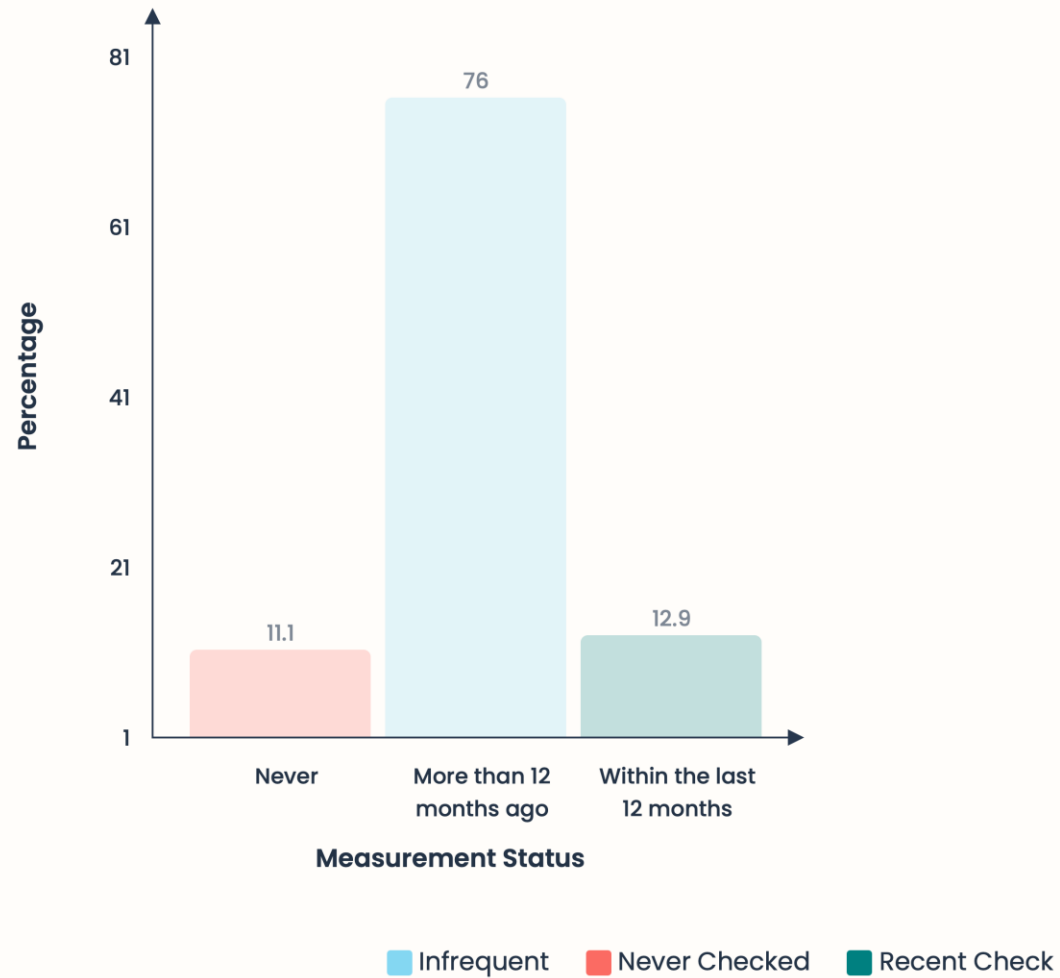


■ Largest Group

1. Data reflects specific regional distribution.
2. Values are approximate and may not be exact.

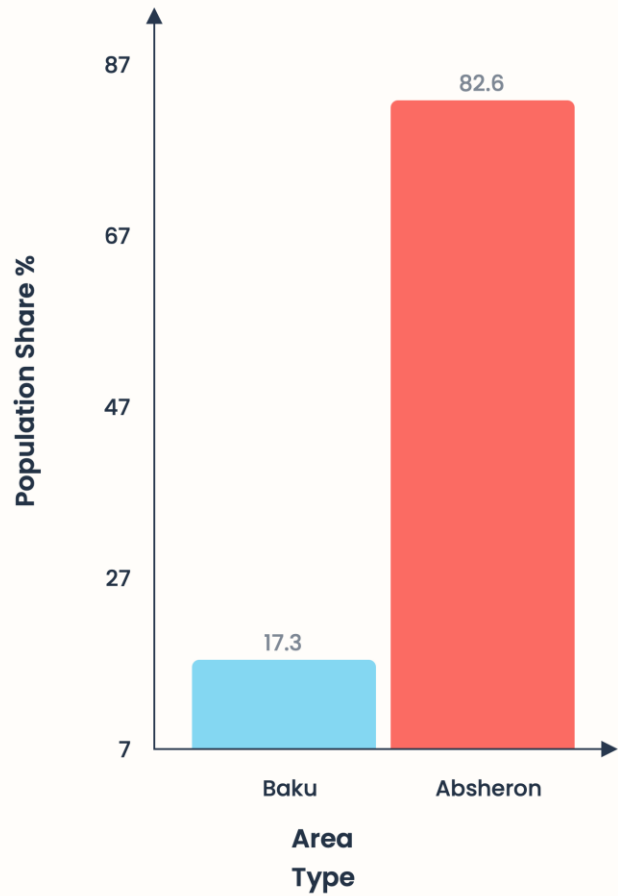
Blood Pressure Measurement Frequency

A vast majority of individuals do not regularly monitor their blood pressure, posing health risks.



1. Values are approximate and may not be exact.

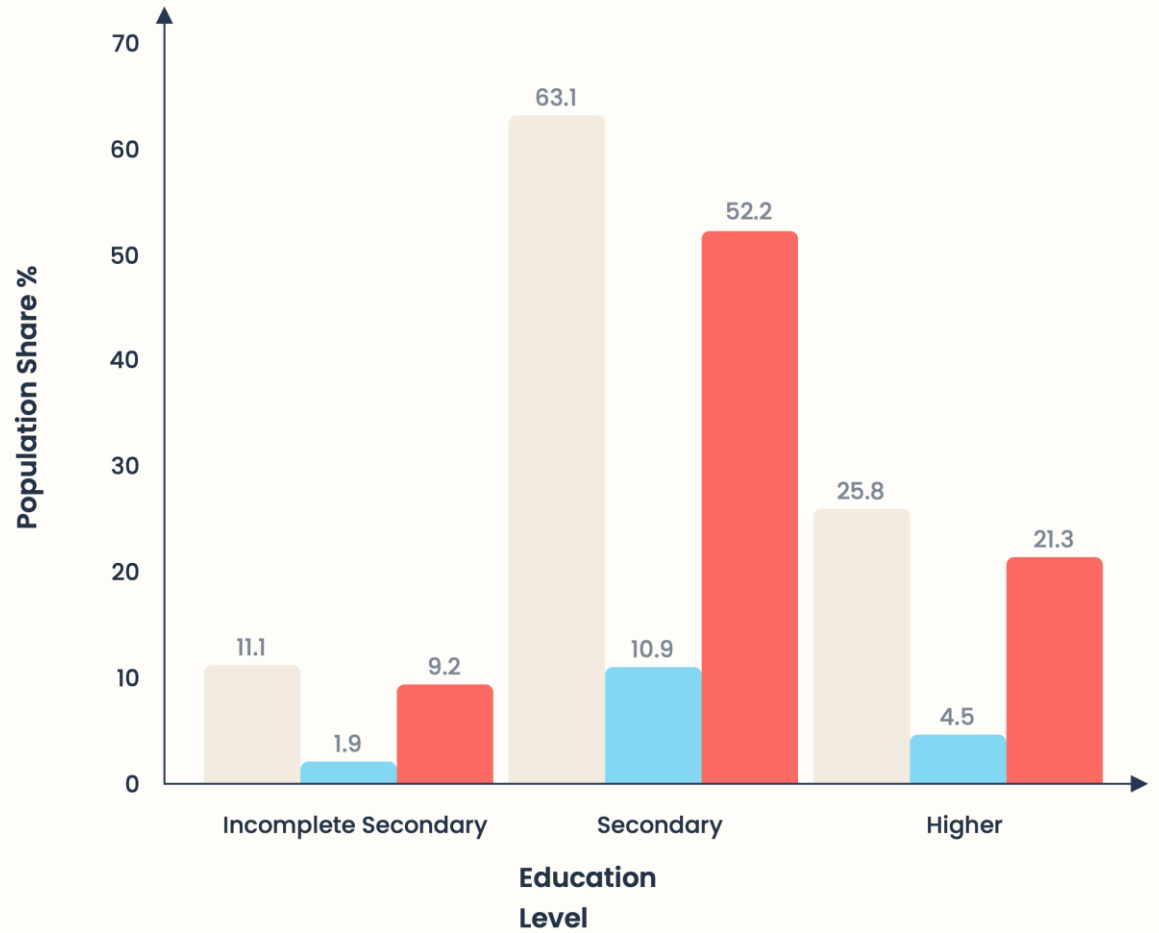
Urban vs. Suburban Population Split



Suburban Majority
Urban Minority

1. Data reflects specific regional distribution.
2. Values are approximate and may not be exact.

Education Levels by Area Type







Absheron
Baku

1. Data reflects specific regional distribution.
2. Values are approximate and may not be exact.

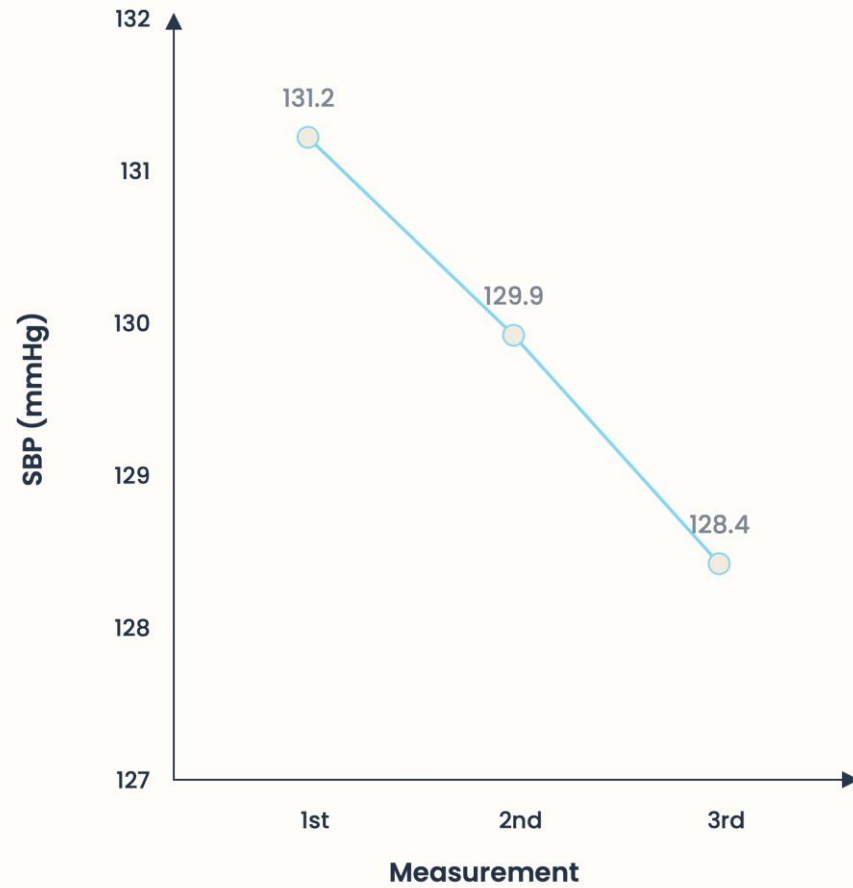
Health Metrics by Gender

Men generally exhibit higher weight and blood pressure compared to women.

Gender Averages

 Metric	 Men	 Women	 Overall Average
<input checked="" type="radio"/> Weight (kg)	82.7	75.6	Empty
Systolic BP (mmHg)	134.8	127.6	129.8
Diastolic BP (mmHg)	82.5	79.7	80.6
Avg. Heart Rate (bpm)	78.7	78.5	78.6

Systolic blood pressure shows a steady linear decline across measurements.

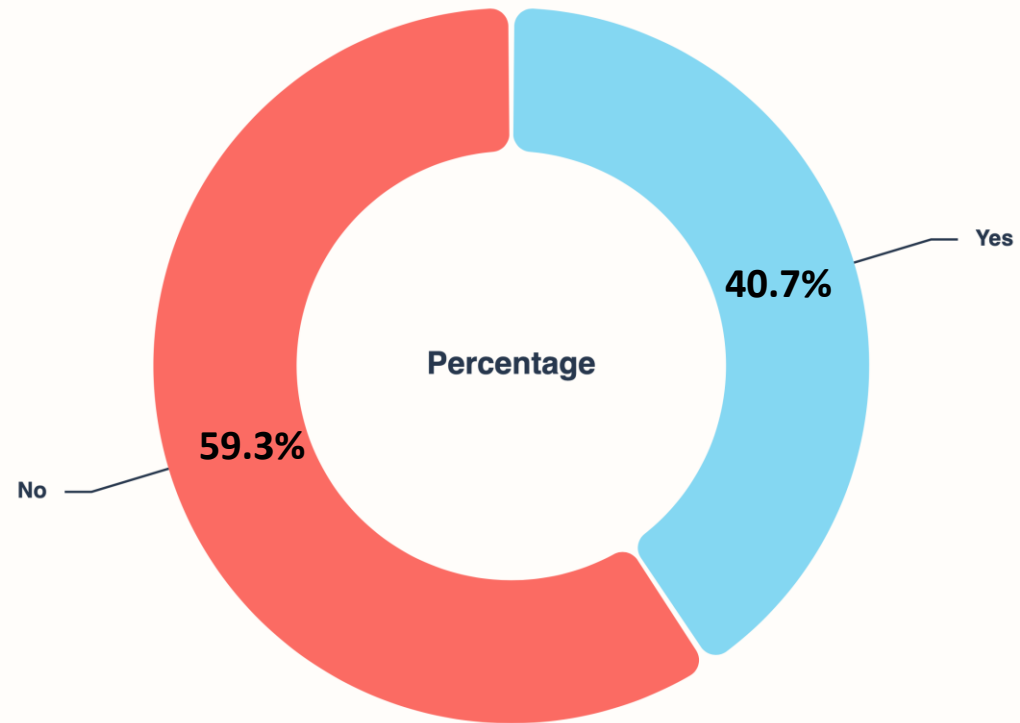


■ SBP
Trend

1. SBP = systolic blood pressure
2. Values are approximate and may not be exact.

High Blood Pressure Diagnosis

A significant portion of individuals have been diagnosed with high blood pressure, excluding pregnancy.

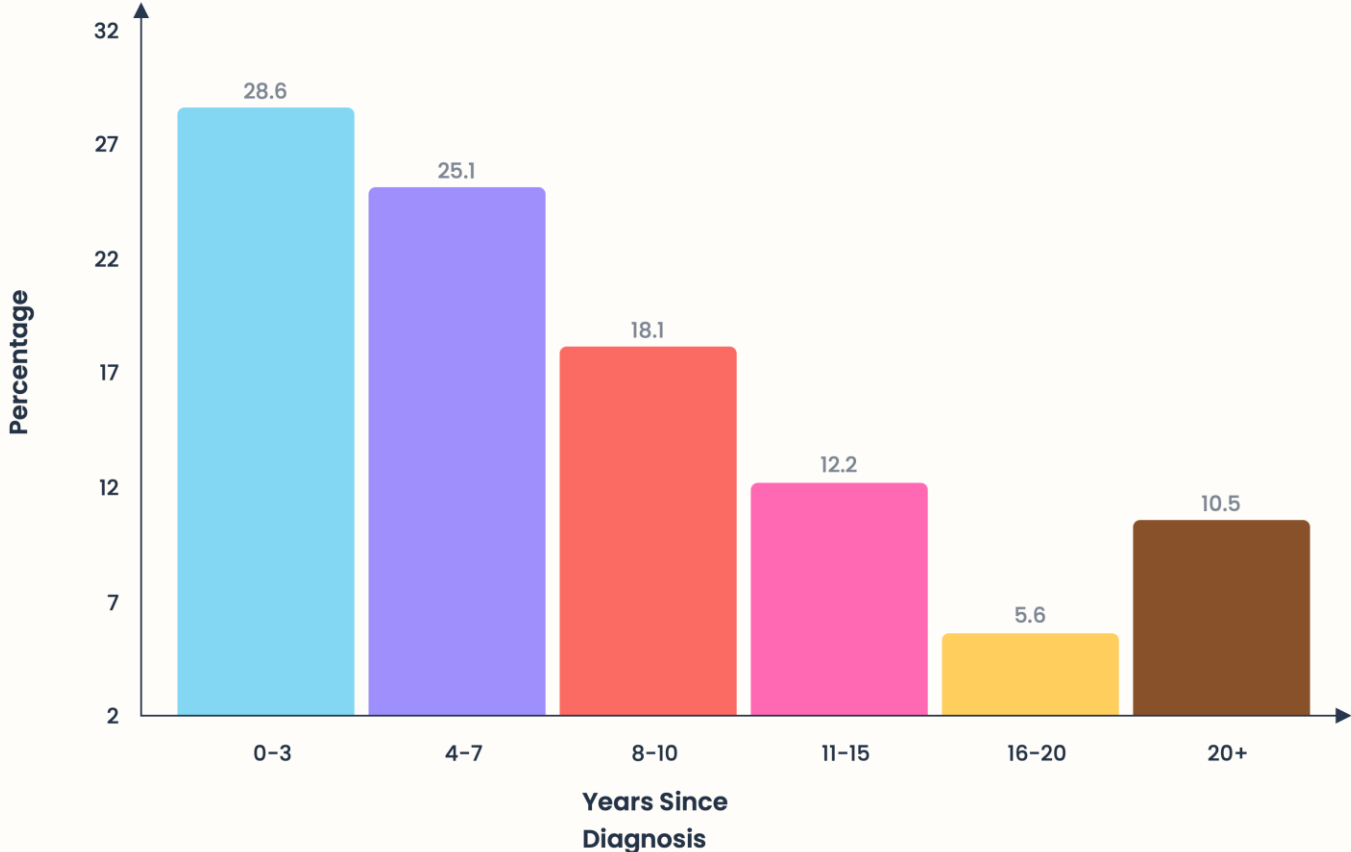


■ Diagnosed ■ Not Diagnosed

1. Diagnosis excludes pregnancy.

High Blood Pressure Diagnosis

A significant portion of high blood pressure diagnoses are relatively recent, with a decreasing trend over longer periods.

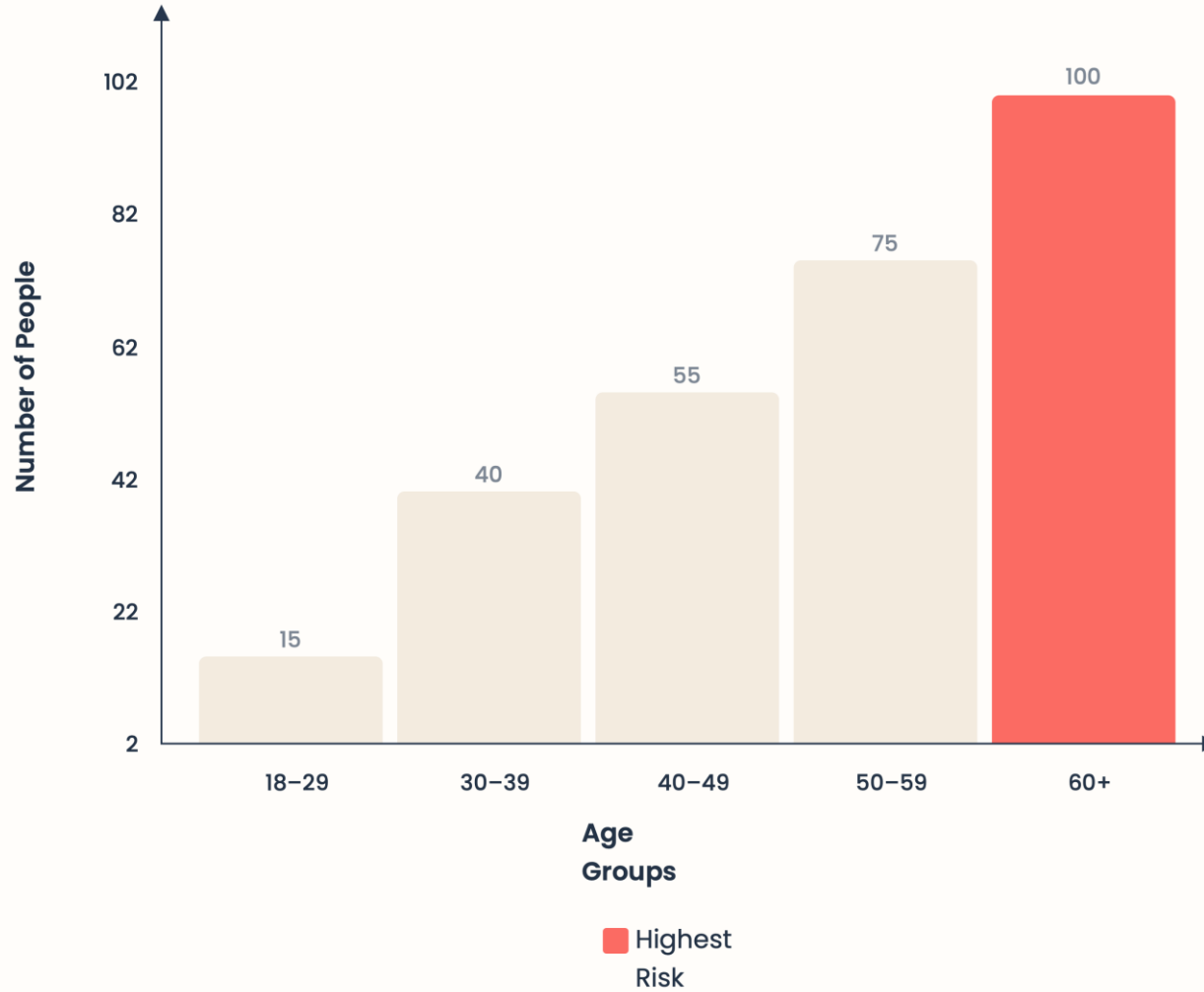


Most Recent

- 1. Data excludes pregnancy-related diagnoses.
- 2. Values are approximate and may not be exact.

Age Distribution: Hypertension Cases

Hypertension risk rises sharply with age, peaking in seniors aged 60 and above.








1. Number of People = Diagnosed cases
2. Values are approximate and may not be exact.

Blood Pressure Trends by Age

Average systolic and diastolic blood pressure consistently rise with increasing age.

————— Blood Pressure (mmHg) —————





 Age...	 Average...	 Average...	 Average...	 Hypertension...
18-34	113.4	74.2	78.3	Low
35-44	122.6	79.9	78.0	Moderate
45-54	130.3	82.1	78.7	Moderate
55-64	137.1	82.8	78.5	High
65+	145.2	83.2	79.9	High

1. Systolic = Pressure during heart beat
2. Diastolic = Pressure between beats

Blood Pressure by Diagnosis Duration

Longer high blood pressure diagnosis duration correlates with higher average systolic and diastolic pressures.

Blood Pressure Readings





 Diagnosis Duration...	 Average Systolic...	 Average Diastolic...	 Average...
0-3	138.7	85.2	80.9
4-7	140.4	84.9	78.3
8-10	143.7	83.9	78.6
11-15	151.6	86.0	81.4
16-20	147.6	85.0	82.6
20+	149.4	87.5	79.8

1. Systolic = Pressure during heart beat
2. Diastolic = Pressure between heart beats

Blood Pressure by Diagnosis Status

Citizens without a high blood pressure diagnosis maintain normal blood pressure levels.

Blood Pressure Readings




 High Blood Pressure...	 Average Systolic...	 Average Diastolic...	 Average...
Yes	142.5	84.9	79.4
No	120.6	77.5	77.9

- 1. Systolic = Pressure during heart beat
- 2. Diastolic = Pressure between heart beats

Hypertension Diagnosis and Blood Pressure Control

Nearly half of respondents without a hypertension diagnosis still have uncontrolled blood pressure.

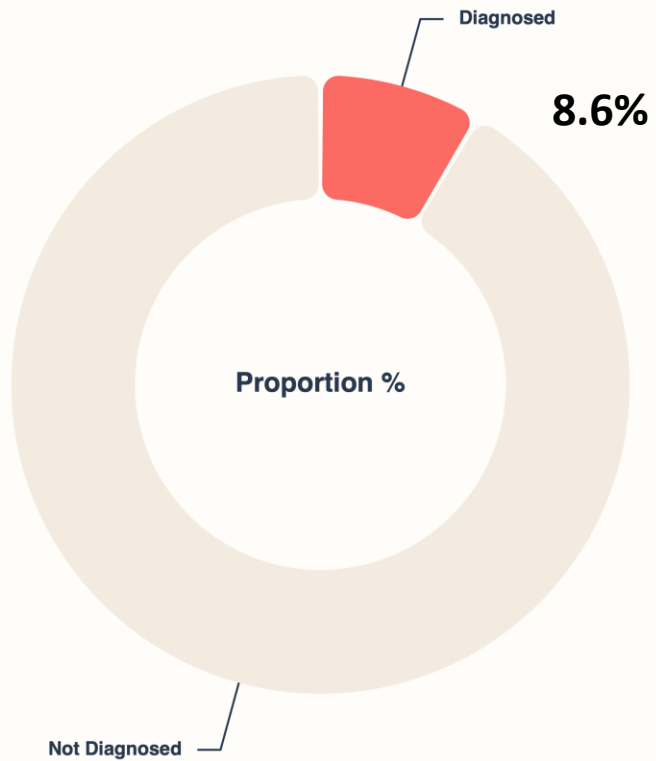
Blood Pressure Status (%)

 Hypertension...	 Controlled BP...	 Uncontrolled BP...
Diagnosed with Hypertension	21.4	78.6
Not Diagnosed with Hypertension	52.4	47.6

1. BP = Blood Pressure
2. Percentages are rounded

High Blood Pressure During Pregnancy

A significant minority of women face high blood pressure during pregnancy, highlighting a key health concern.

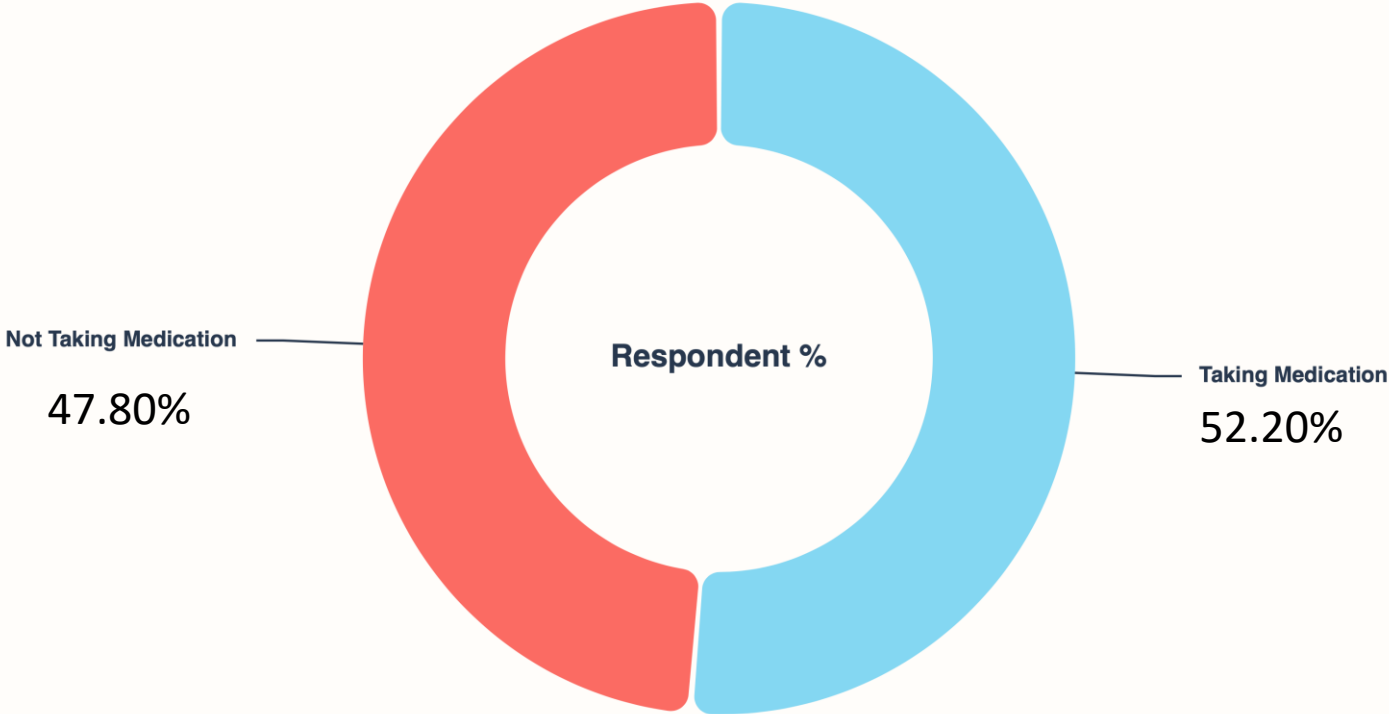


■ High Blood Pressure

1. Values are approximate and may not be exact.

Antihypertensive Medication Use

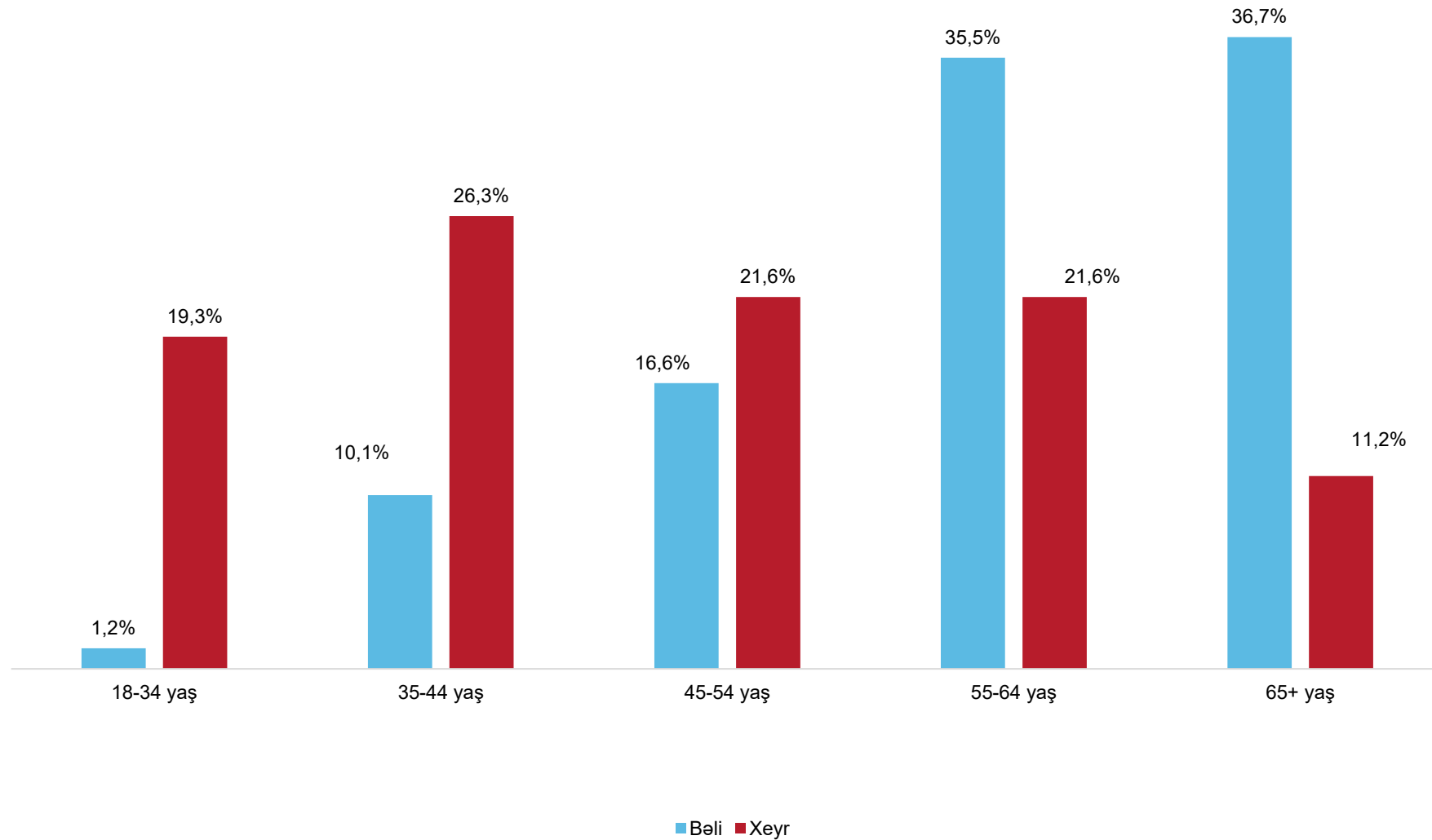
Slightly more than half of respondents currently take antihypertensive medication.



■ Medication Users ■ Non-Users

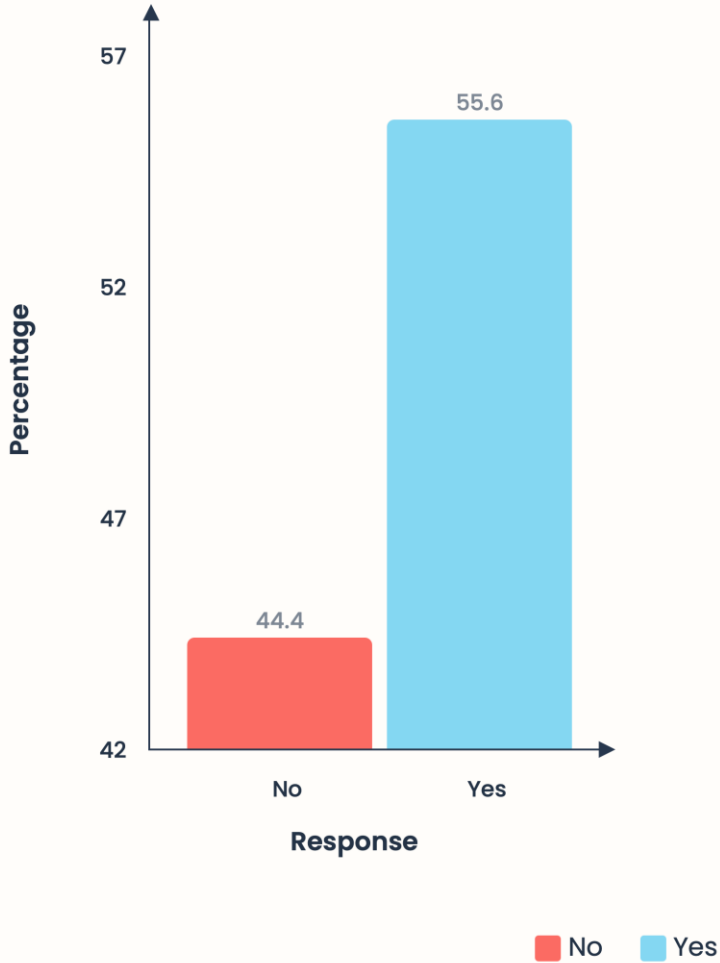
1. Antihypertensive = blood pressure medication
2. Values are approximate and may not be exact.

Are You Taking BP Medications?



Regular BP Medication Use

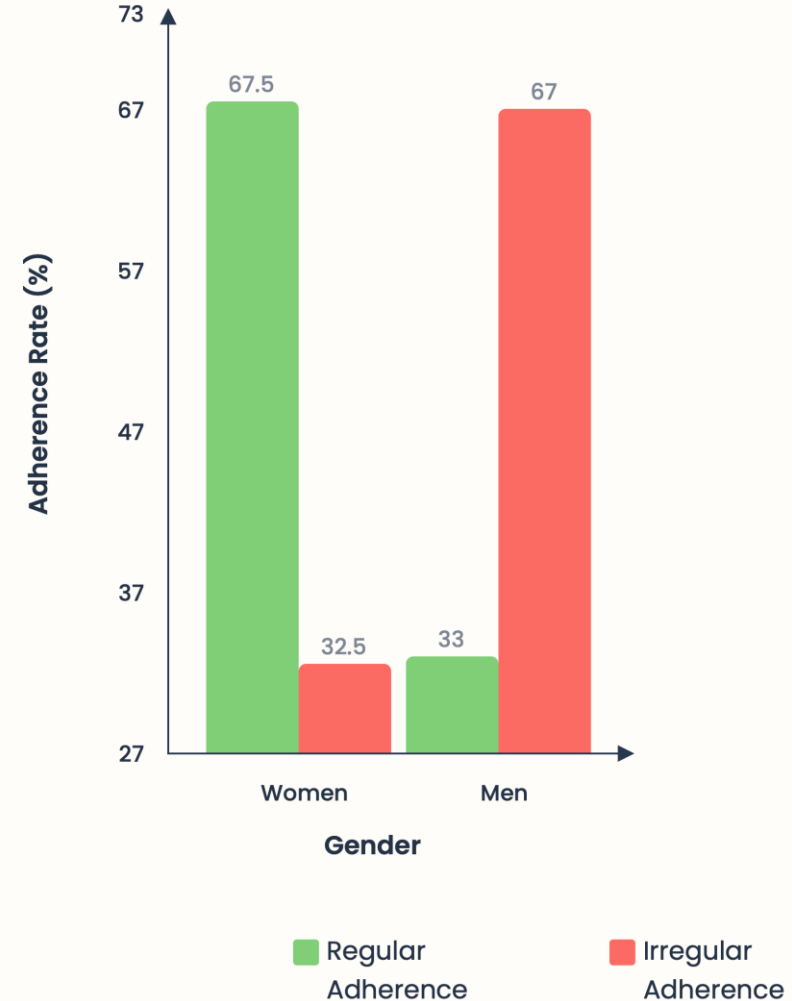
A majority of individuals regularly take BP medications, indicating common usage.



1. QT medications = Medications affecting the QT interval.

Medication Adherence by Gender

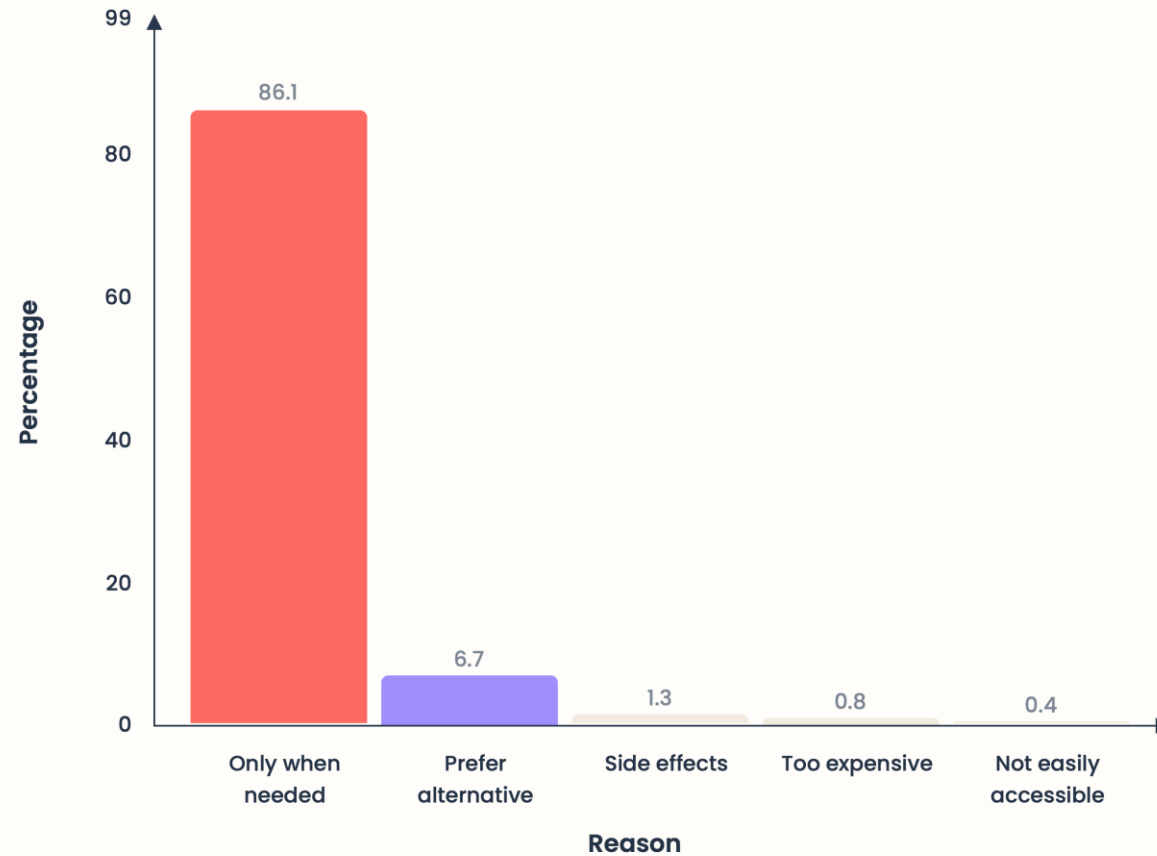
Women show significantly higher medication adherence compared to men.



1. Adherence = Taking medication regularly.

Reasons for Not Taking Medication Regularly

Taking medication only when needed is the overwhelming reason for irregular intake.

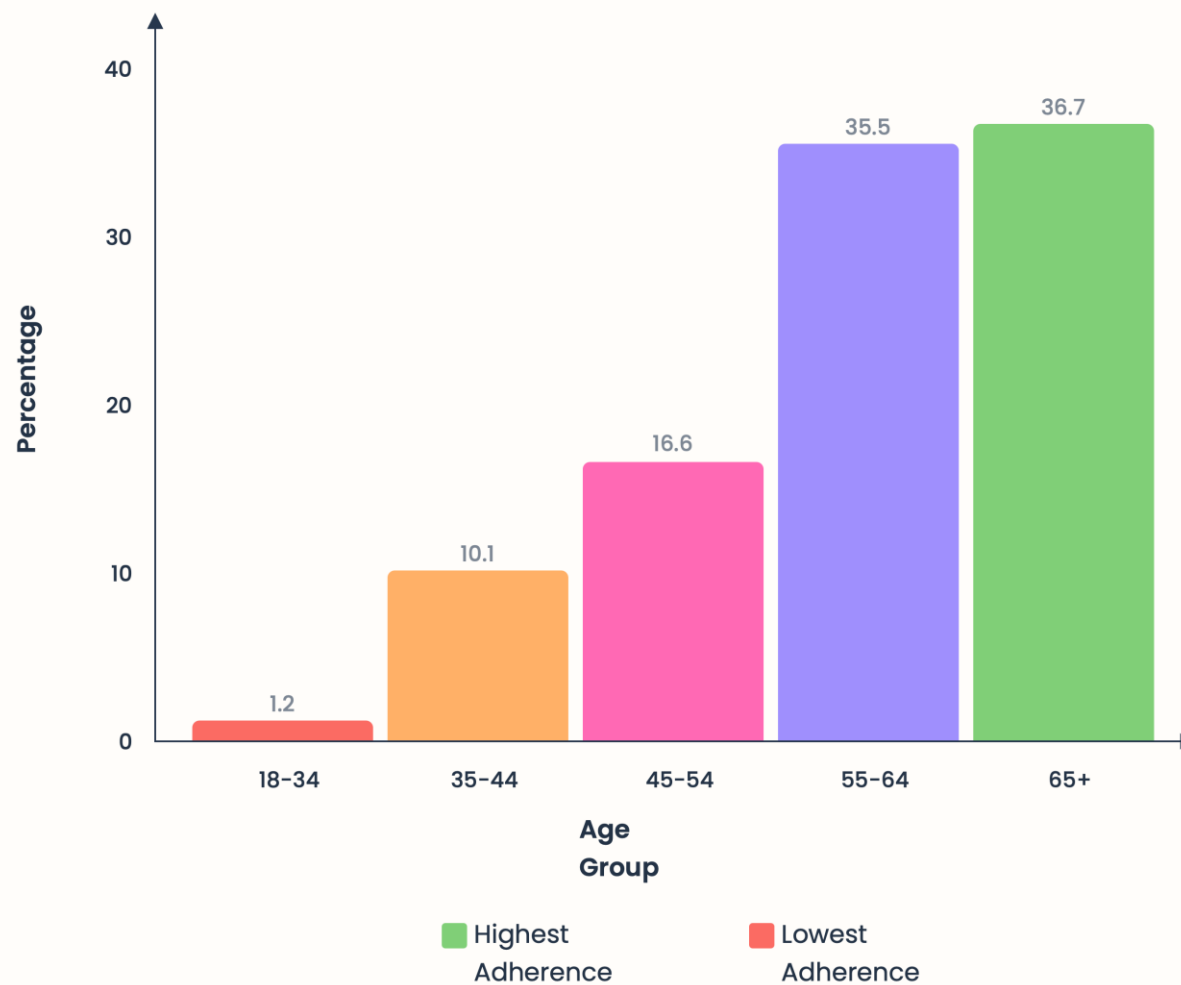


Primary Reason

1. Percentage = Share of respondents
2. Values are approximate and may not be exact.

BP Medication Adherence by Age

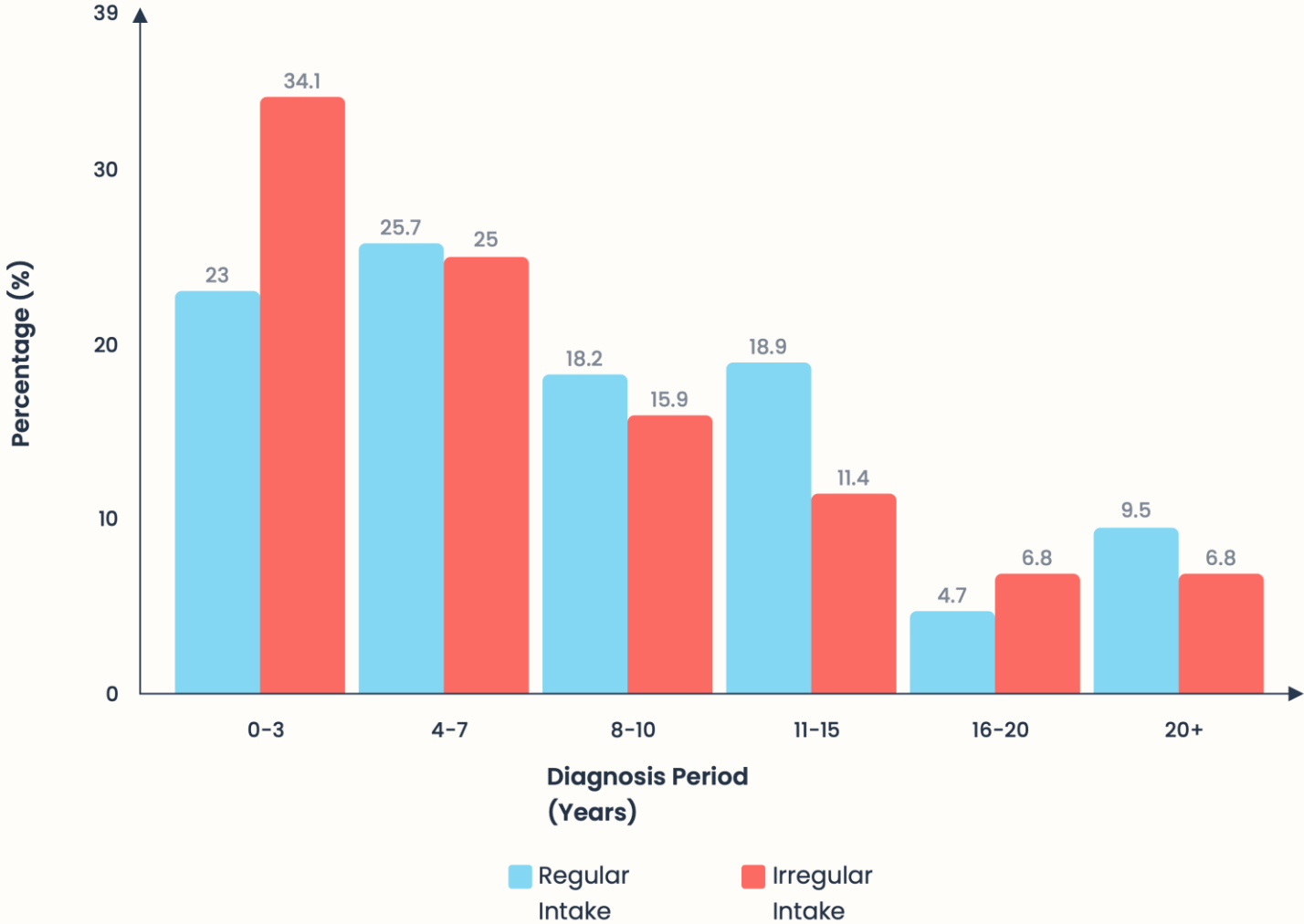
Adherence to blood pressure medication significantly increases with age, peaking in older adults.



1. BP = Blood Pressure
2. Values are approximate and may not be exact.

Medication Regularity by Diagnosis Period

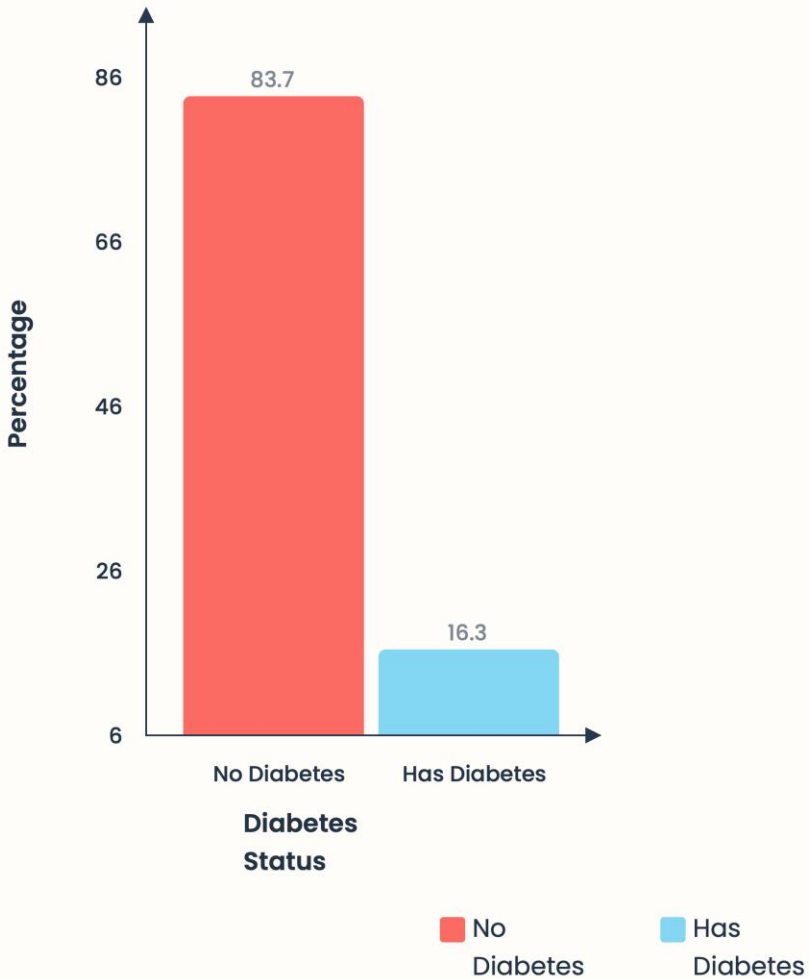
Medication regularity tends to decrease as the diagnosis period lengthens.



1. Regularity = Consistent medication intake.

Diabetes Prevalence in Population

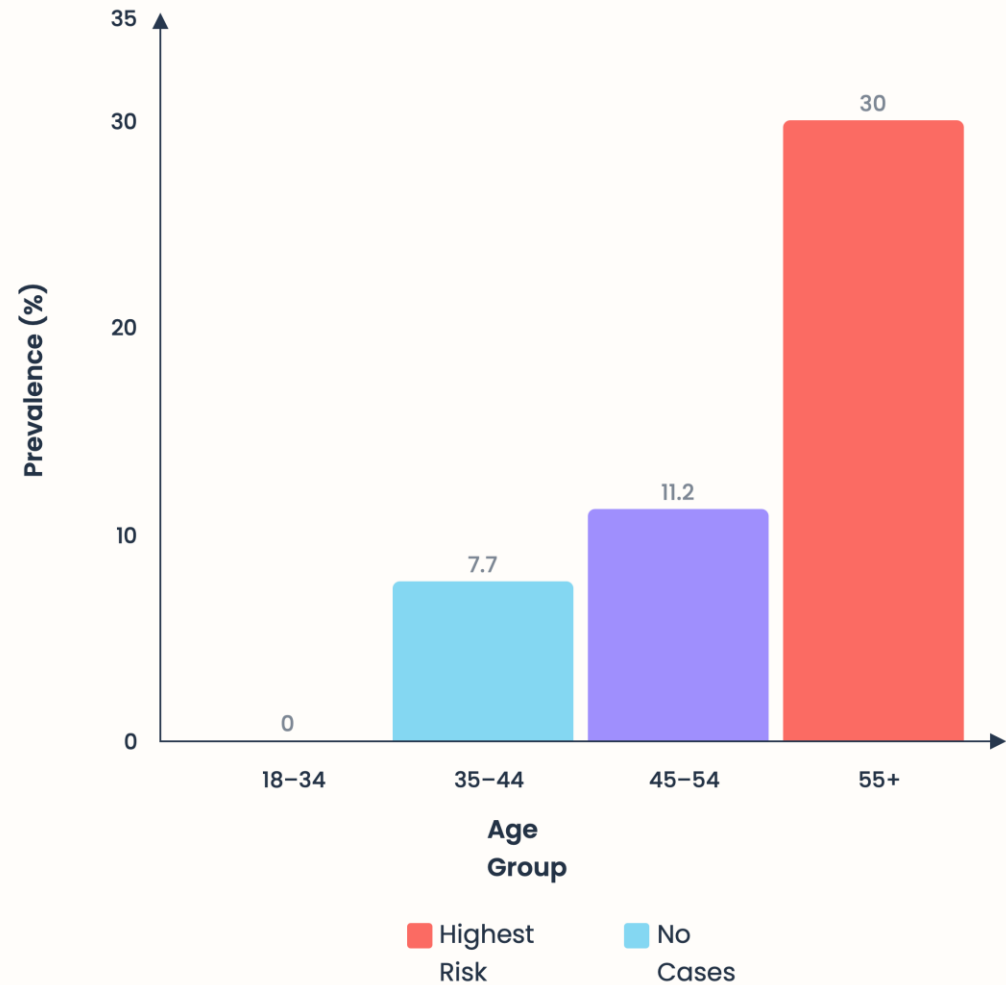
The majority of the population does not have diabetes, while a significant minority does.



1. Data based on survey results.
2. Values are approximate and may not be exact.

Diabetes Prevalence by Age

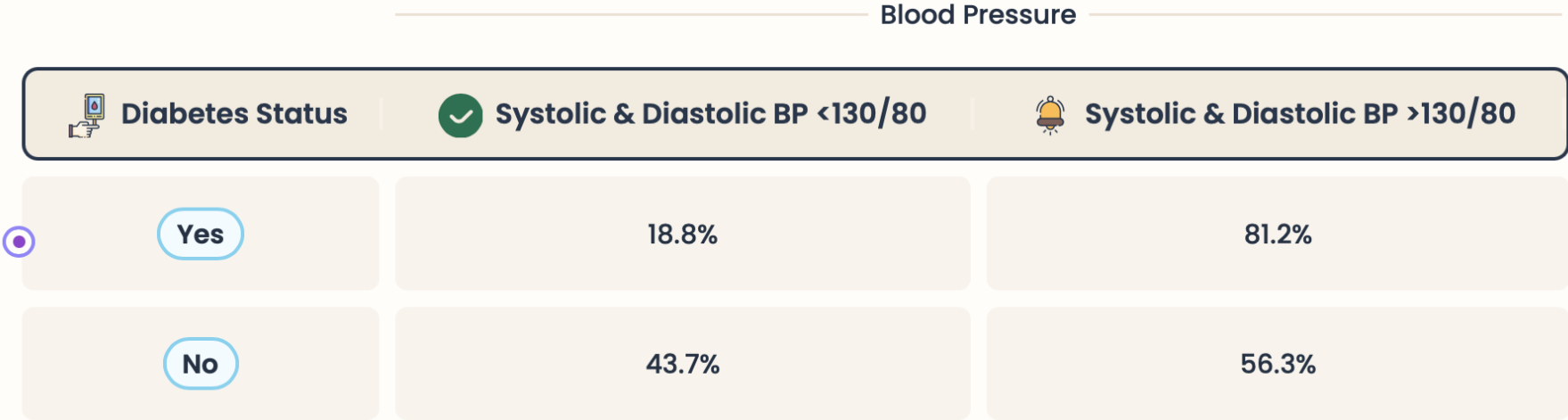
Diabetes risk rises sharply with age, while gender differences are minimal.



1. Prevalence = % with diabetes in group
2. Values are approximate and may not be exact.

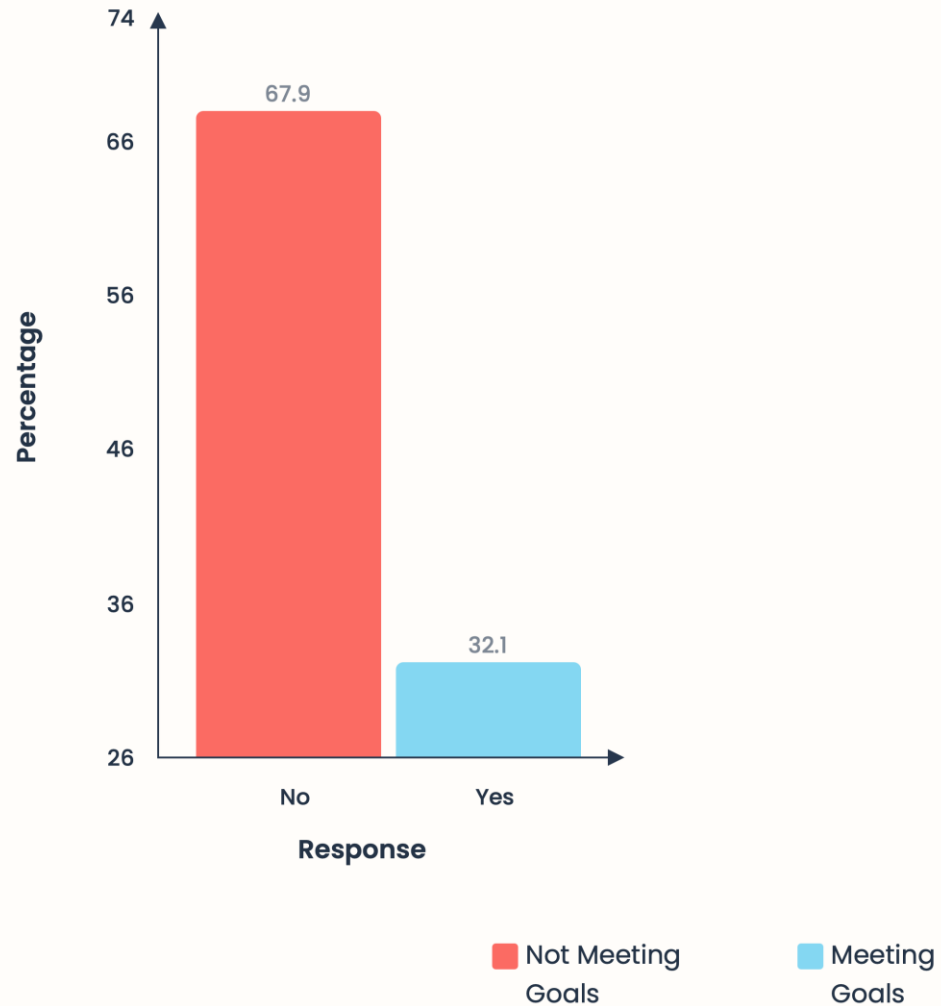
Blood Pressure by Diabetes Status

Individuals with diabetes are significantly more likely to have elevated blood pressure.



Weekly Exercise Habits

Most individuals fall short of recommended weekly exercise, highlighting a public health challenge.



1. Recommended = 150 min moderate or 75 min vigorous exercise/week.



TƏB - Tibbi ərazi bölmələri

- | | | | |
|--|--|---|--|
|  Bakı ş. TƏB |  Dağlıq Şirvan TƏB |  Ağdam-Ağcabədi TƏB |  Göyçay-Kürdəmir TƏB |
|  Sumqayıt ş. TƏB |  Bərdə-Yevlax TƏB |  Lənkəran TƏB | |
|  Quba-Xaçmaz TƏB |  Gəncə ş. TƏB |  Cəlilabad-Salyan TƏB | |
|  Şəki-Zaqatala TƏB |  Şəmkir-Tovuz TƏB |  İmişli-Sabirabad TƏB | |

THANK YOU

