Cardiovascular risk charts for 182 countries: application of laboratory-based and

office-based risk scores to global populations

Authors: Peter Ueda (PhD)¹, Mark Woodward (PhD)²⁻⁴, Yuan Lu (ScD) ⁵, Kaveh Hajifathalian (MD)⁶, Rihab Al-Wotayan (MD)⁷*, Carlos A Aguilar-Salinas (PhD)^{8*}, Alireza Ahmadvand (MD)^{9-11*}, Fereidoun Azizi (MD)^{12*}, James Bentham (PhD)^{10*}, Renata Cifkova (MD)^{13*}, Mariachiara Di Cesare (PhD)^{9,10*}, Louise Eriksen (MSc)^{14*}, Farshad Farzadfar (MD)^{15, 16*}, Trevor S Ferguson (DM)^{17*}, Nayu Ikeda (PhD)^{18*}, Davood Khalili (PhD)^{19*}, Young-Ho Khang (MD)^{20*}, Vera Lanska (PhD)^{21*}, Luz León-Muñoz (PhD)^{22*}, Dianna Magliano (PhD)^{23*}, Paula Margozzini^{24*}, Kelias P Msyamboza (PhD)^{25*}, Gerald N Mutungi (PhD)^{26*}, Kyungwon Oh (PhD)^{27*}, Sophal Oum (DrPH) ^{28*}, Fernando Rodríguez-Artalejo (MD)^{22*}, Rosalba Rojas-Martinez (PhD)^{29*}, Gonzalo Valdivia^{30*}, Rainford Wilks (DM)^{17*}, Jonathan E Shaw (MD)^{23*}, Gretchen A Stevens (DSc)^{31*}, Janne Tolstrup (PhD)^{14*}, Bin Zhou (MSc)^{9,10*}, Joshua A Salomon (PhD)¹, Majid Ezzati (FMedSci)^{9,10,32,33}, Goodarz Danaei (ScD)^{1,34}

* These authors have made equal contributions and are listed alphabetically.

Affiliations:

- 1. Department of Global Health and Population, Harvard School of Public Health, Boston, MA, USA
- 2. The George Institute for Global Health, University of Oxford, Oxford, UK
- 3. The George Institute for Global Health, University of Sydney, Sydney, Australia
- 4. Department of Epidemiology, Johns Hopkins University, Baltimore, MD, USA
- 5. Yale/ Yale-New Haven Hospital, Center for Outcomes Research and Evaluation (CORE), New Haven, CT, USA
- 6. Department of Internal Medicine, Cleveland Clinic, Cleveland, OH, USA
- 7. Central Department of Primary Health Care, Ministry of Health, Kuwait
- 8. Department of Endocrinology and Metabolism, Instituto Nacional de Ciencias Médicas y Nutrición, "Salvador Zubirán", Mexico City, Mexico
- 9. MRC-PHE Centre for Environment and Health, Imperial College London, London, UK
- 10. Department of Epidemiology and Biostatistics, School of Public Health, Imperial College London, London, UK

- 11. Non-Communicable Diseases Research Center, Tehran University of Medical Sciences, Tehran, Iran
- 12. Endocrine Research Center, Research Institute for Endocrine Sciences, Shahid Beheshti University of Medical Sciences, Tehran, Iran
- 13. Center for Cardiovascular Prevention, Charles University in Prague, First Faculty of Medicine and Thomayer Hospital, Prague,Czech Republic
- 14. National Institute of Public Health, University of Southern Denmark, Copenhagen, Denmark
- 15. Non-Communicable Diseases Research Center, Endocrinology and Metabolism Population Sciences Institute, Tehran University of Medical Sciences, Tehran, IR Iran
- 16. Endocrinology and Metabolism Research Center, Endocrinology and Metabolism Research Institute, Tehran University of Medical Sciences, Tehran, IR Iran
- 17. Epidemiology Research Unit, Tropical Medicine Research Institute, The University of the West Indies, Kingston, Jamaica
- Center for International Collaboration and Partnership, National Institute of Health and Nutrition, National Institutes of Biomedical Innovation, Health and Nutrition, Tokyo, Japan
- 19. Prevention of Metabolic Disorders Research Center, Research Institute for Endocrine Sciences, Shahid Beheshti University of Medical Sciences, Tehran, Iran
- 20. Institute of Health Policy and Management, Seoul National University College of Medicine, Seoul, South Korea
- 21. Statistical Unit, Institute for Clinical and Experimental Medicine, Prague, Czech Republic
- 22. Department of Preventive Medicine and Public Health, School of Medicine, Universidad Autónoma de Madrid/Idipaz, and CIBER of Epidemiology and Public Health, Madrid, Spain
- 23. Baker IDI Heart and Diabetes Institute, Melbourne, Australia
- 24. Department of Public Health, Faculty of Medicine, Pontifical Catholic University of Chile, Santiago, Chile
- 25. World Health Organization, Malawi Country Office, Lilongwe, Malawi
- 26. Non-communicable Diseases Prevention and Control Program at the Ministry of Health, in Kampala, Uganda
- 27. Division of Health and Nutrition Survey, Korea Centers for Disease Control and Prevention, Cheongwon-gun, South Korea
- 28. University of Health Sciences, Phnom Penh, Cambodia

- 29. Centro de Investigación en Salud Poblacional, Instituto Nacional de Salud Publica, Mexico
- 30. Pontificia Universidad Católica de Chile, División Salud Pública y Medicina Familiar, Chile
- 31. Department of Information, Evidence and Research, WHO, Geneva, Switzerland
- 32. WHO Collaborating Centre on NCD Surveillance and Epidemiology, Imperial College London, London, UK
- 33. Wellcome Trust Centre for Global Health Research, London, UK
- 34. Department of Epidemiology, Harvard School of Public Health, Boston, MA, USA

Address correspondence to:

Goodarz Danaei

Department of Global Health and Population

655 Huntington Avenue

Boston, Massachusetts 02115

Phone: +1-617-4342-5722

Fax: +1-617-432-6733

gdanaei@hsph.harvard.edu

Word count

Abstract: 350

Main text: 3,302

Summary:

Background: Treatment of cardiovascular risk factors based on risk is an effective strategy for prevention of cardiovascular diseases (CVD). Worldwide implementation of risk-based CVD prevention requires risk prediction tools that are contemporarily recalibrated for the target country, and can be used where laboratory measurements are unavailable. We present two cardiovascular risk scores, with and without laboratory-based measurements; and the corresponding risk charts for 182 countries to predict 10-year risk of fatal and non-fatal cardiovascular disease.

Methods: We used data from eight prospective studies to estimate coefficients of the risk equations using proportional hazard regressions. The laboratory-based risk score included smoking, blood pressure, diabetes and total cholesterol. In the non-laboratory (office-based) risk score, we replaced diabetes and total cholesterol with body mass index. We recalibrated risk scores for each sex and age-group in each country using average risk factor levels and CVD rates. We used recalibrated risk scores and data from national surveys to estimate proportion of the population at different levels of CVD risk in an illustrative subset of 10 countries. We estimated proportion of men and women who were similarly categorized as high-risk or low-risk by the two risk scores.

Findings: Predicted risks for the same risk factor profile were lower in high-income countries than in low- and middle-income countries (LMICs), with the highest risks in countries in Central and Southeast Asia, and Eastern Europe. In the national health surveys, the proportion of people aged 40-64 years at high-risk of CVD ranged from 1% for South Korean women to 41% for Czech men in high-income countries using $\geq 10\%$ risk to define high-risk, and from 2% in Uganda to 13% in Iranian men in LMICs using a $\geq 20\%$ risk threshold. More than 80% of adults were similarly classified as low- or high-risk by the laboratory-based and office-based risk scores. However, the office-based model substantially underestimated the risk among diabetes patients.

Interpretation: Our risk charts address a major technical bottleneck for worldwide implementation of risk-based CVD prevention by providing risk assessment tools that are recalibrated for each country, and by making the estimation of CVD risk possible without using laboratory-based measurements.

Funding: US National Institute of Health

Introduction

Cardiovascular diseases (CVDs) are the leading cause of death and disability worldwide, and over three quarters of CVD deaths occur in low- and middle-income countries (LMICs).¹ An effective strategy for CVD prevention is to provide lifestyle counselling to people at high risk of an event, and/or prescribing treatment to lower blood pressure and serum cholesterol. As part of the global response to non-communicable diseases (NCDs), countries have agreed to a target of 50% coverage of counselling and treatment for people who are at high risk of CVDs, including ischemic heart disease (IHD) and stroke.^{1,2}

The risk-based approach to CVD prevention requires identifying high-risk people, for example those with a 30% or more risk of having a cardiovascular event in 10 years,^{2,3} which is done using risk prediction equations (often presented as risk charts). A risk prediction equation estimates a person's risk of CVD during a specific period using their levels of CVD risk factors and a set of weights, usually log hazard ratios, that quantify the proportional effect of each risk factor on CVD risk. Risk equations developed in one population cannot be applied to other populations, or even used in the same population years after they were developed, because average CVD risk and CVD risk factor levels

vary across populations and over time.^{4,5} This challenge can be dealt with by recalibrating the risk prediction equation, i.e. resetting the average risk factor levels and disease risks to current levels for the target population.^{6–8} Such recalibration is, however, rarely done because most countries do not have the information, and current risk equations are difficult to recalibrate.⁹ A previous set of risk charts published by the World Health Organization (WHO) only provided predicted CVD risk for regions and not countries.³ This lack of reliable contemporary risk charts for all countries presents a major obstacle for worldwide implementation of risk-based prevention. A second obstacle to worldwide implementation is that most risk prediction equations require measurements of blood glucose and lipids which makes the assessment too costly or impractical in resource-poor settings.

We previously presented a novel approach for risk prediction in global populations (GLOBORISK) and applied the methods to predict 10-year risk of fatal CVD.⁹ In this paper, we use the same methods to estimate the risk of fatal-and-nonfatal CVD and recalibrate the models using updated data for 182 countries. We also estimate an alternative model and corresponding risk charts using only risk factors that do not require blood tests. We then evaluate a two-stage strategy using a combination of the

two risk scores to identify high-risk individuals while limiting the number of patients who need laboratory tests.

Methods

Coefficients of risk prediction equations

As described in detail elsewhere,⁹ we generated the risk prediction equation using data from eight cohort studies in the Unites States and a sex-and-cohort-stratified Cox proportional hazards model that used age as the time scale.¹⁰ We allowed the coefficients of risk factors to vary with age because CVD hazard ratios often decrease by age.¹¹ We also included interaction terms between sex and diabetes and sex and smoking, based on prior evidence.^{12,13}

In the office-based model, we replaced total cholesterol and diabetes with body mass index (BMI) as there is a strong correlation between BMI and diabetes/cholesterol both due to the direct effect of excess weight on these mediating physiological traits¹⁴ and because common factors such as poor diet and physical inactivity increase body weight, blood glucose and serum cholesterol. As supported by previous research,¹⁵ an interaction term between sex and BMI did not improve risk prediction, and was therefore not included.

We validated the models by assessing the ability of the risk score to assign a higher risk to individuals with shorter time to event (discrimination) using Harrell's C statistics and by comparing the predicted and observed 10-year risk by deciles of risk (calibration) (Appendix p 2 and Appendix Figure 1). We compared proportion of participants who went on to develop CVD during that was categorized as high-risk by the two risk scores (sensitivity) as well as proportion of the participants who were free of CVD at end of the follow-up who were categorized as low-risk (specificity) using 10, 20 and 30% 10-year CVD risk as thresholds for high-risk. Finally, we validated the model in three cohorts that had not been used to estimate the risk prediction equation.

Recalibration of the risk scores

The recalibration procedure is described in detail elsewhere.⁹ Briefly, we replaced average risk factor levels and CVD event rates in each 5-year age-group and by gender with the best current estimates of these quantities for the target country. Age-and-sex-specific estimates of mean risk factor levels were taken from global analyses of health examination surveys.^{16–20} We estimated fatal-and-nonfatal IHD and

stroke rates for each country and age-sex-group by dividing the IHD and stroke death rates, from WHO,²¹ by case fatality rates.

We used two properties of case fatality to obtain its estimates. First, case fatality varies by region and is higher in LMICs than high-income countries.^{22,23} We used previously published estimates of 28-day case fatality rates for IHD²² and stroke.²³ We converted these to one-year case fatality rates using methods explained in the Appendix (Appendix pp 3-6 and Appendix Table 2). The second property of case-fatality is that they increase with age. To convert all-age case fatality rates from above to age-specific ones, we used the relative age pattern of one-year case fatality rates observed in nationwide Swedish registries (Appendix pp 3-6, Appendix Figures 3 and 4).

The total (fatal-and-nonfatal) CVD rate in each age-sex-country group was calculated as:

CVD =

fatal IHD + fatal Stroke + [1 - (1 - nonfatal IHD) * (1 - nonfatal Stroke). This formula allows for the potential overlap between nonfatal IHD and stroke (e.g. a stroke event in the same person following a nonfatal IHD), which tends to happen where non-fatal IHD and stroke rates are higher (e.g. in older ages), therefore reducing the potential bias when simply adding non-fatal IHD and stroke rates. In the 8 US cohorts, adding non-fatal IHD and stroke rates would overestimate the observed CVD rates by 3 to 31 per 1000 person-years, whereas the above method reduces the bias by up to 63%. Once fatal-and-nonfatal CVD rates were estimated, they were projected for 9 years (i.e. 2016-2024) using trends from 2000 to 2015 and a log-linear model.

We used the recalibrated risk scores to generate risk charts for 182 (of the 193) WHO member states for which we had data on CVD death rates. We limited prediction to those aged 40 to 74 years because this range is commonly considered for primary prevention of CVD, and CVD death rates in ages 85 and older are less reliable.

Application in national surveys

We used the recalibrated laboratory-based risk score and individual-level data from nationally representative surveys to estimate the proportion of population at different CVD risk levels in 10 countries with recent (2007 or later) surveys (Appendix Table 3). For each country, we compared the average 10-year risk of fatal CVD from the previously published Globorisk model that we revised to update the average risk factor and cardiovascular event rates with 10-year fatal-and-nonfatal CVD risk predicted by the office-based and the laboratory-based risk scores. We also used scatter plots to compare predicted risks for each individual and estimated the proportion of men and women who were similarly categorized as low- or high-risk by the two risk scores. We considered three different thresholds to define high-risk: 10% for high-income countries, and 20% in LMICs based on recent guidelines;^{3,24–26} and 30% as the threshold used in the global NCD target.²

We also evaluated a two-stage strategy to identify high-risk individuals, which could be useful in resource-poor settings. In this strategy, patients would be first assessed using the office-based risk score and those with a borderline predicted risk which is just below the threshold for high-risk (i.e. potential false negatives) would be referred for further laboratory-testing. We estimated proportion of those at high-risk who were identified by the office-based risk score and determined the range of office-based risk levels that needed further laboratory tests to identify 95% of those at high laboratory-based risk.

Analyses were done with Stata 12.0. The study protocol was approved by the institutional review board at the Harvard T.H. Chan School of Public Health (Boston,

MA, USA).

Role of the funding source

The funders of the study had no role in study design, data collection, data analysis, data interpretation, or writing of the paper. PU, KH, and GD had full access to all the data in the study and GD had final responsibility for the decision to submit for publication.

Results

The coefficients for the risk scores are shown in Table 1. Both scores performed well (Appendix p 2 and Appendix Figure 1). In internal validation, the C statistic was 0.71 (95% confidence interval = 0.70-0.72) for the laboratory-based model, and 0.69 (0.68-0.70) for the office-based model. In external validation (using Tehran Lipid and Glucose Study, Scottish Heart Health Extended Cohort, and The Australian Diabetes, Obesity and Lifestyle Study), the C-statistic ranged from 0.73 to 0.78 for the laboratory-based model and from 0.70 to 0.77 for the office-based model. (Appendix Figure 2) Both models predicted risks that were close to those observed ones in internal and external validation. (Appendix Figure 1 and Appendix Figure 2)

The average 10-year risk of fatal-and-nonfatal CVD was similar in the two risk scores and were expectedly higher than risk of fatal CVD (Table 2). In the pooled cohorts and using 10% as the risk threshold, the laboratory-based risk score categorized 1,956 (65.1% [95% Confidence Interval 64.2 - 65.9%], and the office-based risk score categorized 1,881 (62.6% [61.7 - 63.5] of the 3,005 participants who later had a CVD event as high-risk (Appendix Table 4).

At any age and risk factor level, 10-year risk of CVD varied considerably across countries for both models. Overall, predicted risks in the country risk charts were lower in high-income countries than in LMICs, with the highest risks estimated for the same risk profile in Southeast and Central Asia, and Eastern Europe (Appendix Figures 8 and 9). For example, for some of the most populous countries presented in Figure 1, the predicted 10-year CVD risk for a non-smoking 65-year-old man with diabetes, SBP of 160 mmHg, and a total cholesterol of 6 mmol/L spanned from 21% in Japan and United States to 53% in China, and the predicted risks for the same profile for a smoker ranged from 26% in Japan to 62% in China. The complete set of risk charts and a risk calculator is available online at <u>www.globorisk.org</u>.

Distribution of 10-year risk of CVD, using laboratory-based model varied substantially across countries (Figure 2). The share of population with a \geq 10% CVD risk in four high-income countries ranged from 7% for men and 1% for women in South Korea to 41% for men and 15% for women in Czech Republic. In four middle-income countries, the percentage of population at \geq 20% CVD risk ranged from 3% for men and 2% for women in Jamaica to 13% for men and 11% for women in Iran. In the two low-income countries, percentage who were at \geq 20% risk in both men and women was <2% in Uganda and 9% in Cambodia.

When using a 10% risk threshold for high-risk in high income countries, the two risk scores assigned the same risk status to between 85 and 93% of men, and 89 and 95% of women in each country. The corresponding percentages using a 20% threshold for middle-income countries were 90% to 96% in men and 89 to 95% in women; and for low-income countries 94-95% to 99% for both men and women (Table 3 and Appendix Figure 10). The largest differences between the risks estimated using the two models were seen among people with diabetes (Figure 3 and Appendix Figure 10) where the office-based model underestimated risk by 23% to 75% in various ages across the 10 countries. Accordingly, the proportion of the population correctly categorized as low- or

high-risk using the office-based model was lower in countries with a high diabetes prevalence (Table 3).

In the four high-income countries, percentage of individuals at high-risk ($\geq 10\%$ laboratory-based CVD risk) who were correctly identified by the office-based risk score ranged from 66 to 82% among men and from 36 to 71% among women (Table 4). In these countries, between 14 and 61% of the population who had a borderline risk would need further laboratory tests to identify 95% of those at high-risk. In low- and middle-income countries, the proportion of high-risk ($\geq 20\%$ CVD risk) individuals who were correctly identified by the office-based risk score varied from 33 to 83%, and the percentage of the population that would need laboratory tests to correctly identify 95% of those at high-risk, ranged from 11 to 50%.

Discussion

We developed CVD risk charts for predicting fatal-and-nonfatal CVD, with and without laboratory-based measurements, for 182 countries. These risk charts support worldwide implementation of risk-based prevention by providing healthcare professionals with risk assessment tools that are recalibrated for each country and can be used in settings without access to laboratory-based measurements. The predicted risk for the same risk factor profile tended to be lower in high-income countries than in LMICs, a pattern that was also observed in the Prospective Urban and Rural Epidemiological study.²⁷ When risk scores were applied to data from national health surveys, prevalence of high CVD risk varied substantially by country and sex and was generally lower in high-income countries compared with LMICs.

Our risk scores and risk charts will be particularly useful in LMICs because most of these countries lack locally-developed risk scores. In addition, the office-based risk score allows for risk prediction in environments where access to a laboratory is limited, such as during home care visits. Similar to previous research,²⁸ more than 80% of adults were similarly classified as low- or high-risk by laboratory-based and office-based risk scores. Nonetheless, we noted that the office-based risk score substantially underestimates the risk among diabetics.

In several LMICs (e.g. Uganda, China, and Jamaica), a two-stage strategy using the 20% risk threshold for high-risk seemed efficient because only a small proportion of individuals with borderline office-based risk would need further laboratory tests to

detect 95% of high-risk individuals. In contrast, half of women in Cambodia and men in Mexico would need further laboratory tests. Further developments of strategies to use office-based risk scores should apply country-specific risk thresholds and balance the benefits of reducing costs with the possibility of missing truly high-risk individuals. Where a difference was observed among the laboratory-based and office-based score, it was mostly among diabetes patients, highlighting the importance of including diagnosis of diabetes in the risk score if laboratory measurements are available. In addition, including diabetes in the laboratory-based risk score would further motivate screening for diabetes which remains largely undiagnosed in LMICs.²⁹ Therefore, integrating diabetes diagnosis into CVD risk stratification programs will improve early detection and management of diabetes and risk-based CVD prevention.

Most existing risk scores have been developed for specific populations.^{30,31} WHO developed regional risk charts in 2007,³ but coefficients of the risk score were not derived from the same regression model or even from a consistent set of epidemiological studies. Moreover, risk charts were only presented for regions and not for each country, although CVD risk differs between countries in the same region. The only other country-specific risk score, the Systematic Coronary Risk Evaluation (SCORE), provides risk charts for European countries. However, the charts only predict risk of fatal CVD³², which disfavors younger individuals who have a proportionally higher risk of non-fatal CVD. Moreover, SCORE risk charts do not include diabetes which is an important predictor of CVD.

In addition to providing a unified risk score and risk charts that can be used for all countries, our risk charts can be easily updated as new national data on average risk factor levels and CVD rates become available. Our risk scores also include interactions between age and risk factors. The age-interactions improve risk prediction, and, because they are negative, help highlight the need for intervention in younger individuals with increased risk factors levels whose lifetime risk of CVD is high.³³ In fact, as evident in the risk charts, the predicted risks for individuals with high levels of multiple risk factors do not substantially increase with age. Other strengths of the study are the use of multiple high-quality prospective cohorts to estimate risk score coefficients, and application of the risk score to individual-level, national data from countries in different world regions to estimate prevalence of high CVD risk, as opposed to summary statistics used in the 2007 WHO report³ which ignore correlation between different CVD risk factors in each country.

Our study has some limitations. First, because national CVD incidence rates are not available for most countries, we estimated fatal-and-nonfatal CVD rates using national IHD and stroke death rates from WHO, and estimates of case fatality rates by age, sex and region.^{22,23} Our estimated CVD rates were close to those observed in nationwide studies and health registries in several high-income countries (Appendix Figures 4 to 6). This estimation, however, had a few limitations: (1) WHO death rates in countries with incomplete vital registration are estimated using partial information and demographic and epidemiological methods³⁴; (2) we used the age-pattern of case fatality from Sweden, where high-quality data was available from more than one million events in registries because age-specific case fatality rates were not available from other countries. As Appendix Figures 5, 6 and 7 show for several countries, the estimated event rates are quite close to the observed ones; (3) the estimated CVD rates that we used for recalibration underestimate the overlap between non-fatal events and therefore overestimate the non-fatal CVD rate as there is a positive correlation between non-fatal IHD and stroke rates because they share risk factors. Empirical data to quantify this correlation for all countries is not available. The scarcity of data on CVD rates underscores the need for monitoring. Second, although the coefficients of the risk scores

were derived from eight high-quality cohorts including diverse ethnic origins, all cohorts were from US and Puerto Rico. Evidence from cohort pooling show that the proportional effects of risk factors are similar in Western and Asian populations, and over time in the same populations.^{11,35} Future research should include pooling studies across different regions. Third, in our application of the risk score in country surveys, we did not account for patients with a previous CVD event who are at high risk of a future event and should receive treatment. Fourth, we used 10, 20 and 30% as thresholds to define high-risk based on national and international guidelines for CVD prevention.^{3,24–26} However, the threshold above which a patient is considered high-risk and eligible for counseling and treatment depends on the priorities set for disease control in each country. The threshold also changes the sensitivity and specificity of the risk score which also varies across countries. Finally, we presented 10-year CVD risk as this is most commonly used in risk scores and risk charts. However, 10-year risks underestimates lifetime risk and may therefore lead to under-treatment especially in younger individuals.

Risk-based prevention of CVD is now a major strategy proposed by national and international guidelines.^{3,24,25} The risk charts presented here can be used to predict

10-year risk of fatal-and-nonfatal CVD in 182 countries worldwide, removing a major obstacle in applying risk-based prevention strategies both for individuals and populations. Further research is required to identify the most cost-effective interventions for high-risk individuals. There are ongoing trials to establish whether the efficacy of multi-drug therapy and lifestyle advice in LMICs is similar to those observed in high-income countries. There is also ongoing research on whether non-physician clinicians, aided by new information technologies such as risk charts, can identify and manage high-risk individuals, especially if regular contact leads to better adherence.

Research in context

Evidence before this study

We searched PubMed for articles related to cardiovascular disease risk prediction in global populations using the following key terms: cardiovascular disease, risk prediction, risk score, risk equation, developing countries, low-and-middle-income countries, global. We reviewed the 209 articles retrieved from this search to include risk prediction equations that could be applied to more than one country. Only three risk prediction equations qualified for our review and each had major limitations. WHO presented regional risk charts in 2007. However, the coefficients of the risk score were not derived from the same regression model or even from the same set of epidemiological studies, and cardiovascular risk patterns might differ between countries in the same sub-region. The Systematic Coronary Risk Evaluation (SCORE) provided separate risk charts for European countries but the risk charts only predict risk of fatal cardiovascular disease and did not include diabetes which is an important predictor of cardiovascular disease. Finally, the INTERHEART Modifiable Risk score was developed from a multi-country case-control study, unlike other models that are based on prospective cohorts, and did not include stroke as an outcome.

Added value of this study

We provided risk scores, with and without laboratory-based measurements, for predicting 10-year risk of fatal and non-fatal cardiovascular disease and recalibrated the risk score to produce risk charts for 182 countries. The two risk scores are designed in a way that allows and necessitates updating as new data on average risk factor levels and cardiovascular disease rates become available.

Implications of all the available evidence

Our risk charts support worldwide implementation of risk-based prevention by providing healthcare professionals with risk assessment tools that are recalibrated for each country and can be used in settings without access to laboratory-based measurements.

Contributions

GD, ME, and MW conceived the study. RAW, CAAS, AA, FA, JB, RC, MDC, LE, FF, TSF, NI, DK, YK, VL, LLM, DM, PM, KPM, GNM, KO, SO, FRA, RRM, GV, RW, JES, GAS, JT, and BZ collected and managed risk factor, survey or external cohort data. PU, KH and YL analysed cohort and survey data and prepared results. PU, GD, ME and MW wrote the manuscript with input from all other co-authors. GD and ME oversaw the research. GD is the study guarantor.

Declaration of interests

MW reports fees from Amgen for being a research project consultant. All other authors report no competing interests.

Acknowledgements

The authors alone are responsible for the views expressed in this article and they do not necessarily represent the views, decisions or policies of the institutions with which they are affiliated. This study was funded by the US National Institutes of Health (NIH; NIDDK: 1R01-DK090435). The Swedish Society of Medicine, and Gålöstiftelsen. Data from prospective cohorts were obtained from the National Heart Lung and Blood Institute (NHLBI) Biologic Specimen and Data Repository Information Coordinating Center. This study does not necessarily reflect the opinions or views of the cohorts used in the analysis, or the NHLBI. This research also uses data from China Health and Nutrition Survey (CHNS). We thank the National Institute of Nutrition and Food Safety, China Center for Disease Control and Prevention, Carolina Population Center (5 R24 HD050924), the University of North Carolina at Chapel Hill, the NIH (R01-HD30880, DK056350, R24 HD050924, and R01-HD38700), and the Fogarty International Center of the NIH for financial support for the CHNS data collection and analysis files from 1989 to 2011. We thank the China-Japan Friendship Hospital, Ministry of Health of China for support for CHNS 2009. Access to individual records of the National Health and Nutrition Survey was obtained under the Grant-in-Aid for Scientific Research from the Japan Society for the Promotion of Science (grant number: 24590785).

References

World Health Organization. Global status report on noncommunicable diseases
 2014. Geneva: World Health Organization, 2014

2. World Health Organization. Global action plan for the prevention and control of noncommunicable diseases 2013-2020. Geneva: World Health Organization, 2013.

3. World Health Organization. Prevention of Cardiovascular Disease - Guidelines for assessment and management of cardiovascular risk. Geneva: World Health Organization, 2007.

4. Cook NR, Paynter NP, Eaton CB, et al. Comparison of the Framingham and Reynolds Risk scores for global cardiovascular risk prediction in the multiethnic Women's Health Initiative. Circulation 2012; 125: 1748–56, S1–11.

5. Neuhauser HK, Ellert U, Kurth B-M. A comparison of Framingham and SCORE-based cardiovascular risk estimates in participants of the German National Health Interview and Examination Survey 1998. Eur J Cardiovasc Prev Rehabil 2005; 12: 442–50.

6. D'Agostino RB, Grundy S, Sullivan LM, Wilson P. Validation of the Framingham coronary heart disease prediction scores: results of a multiple ethnic groups investigation. JAMA 2001; 286: 180–7.

28

7. Khalili D, Hadaegh F, Soori H, Steyerberg EW, Bozorgmanesh M, Azizi F. Clinical usefulness of the Framingham cardiovascular risk profile beyond its statistical performance: the Tehran Lipid and Glucose Study. Am J Epidemiol 2012; 176: 177–86.

8. Chen L, Tonkin AM, Moon L, et al. Recalibration and validation of the SCORE risk chart in the Australian population: the AusSCORE chart. Eur J Cardiovasc Prev Rehabil 2009; 16: 562–70.

9. Hajifathalian K, Ueda P, Lu Y, et al. A novel risk score to predict cardiovascular disease risk in national populations (Globorisk): a pooled analysis of prospective cohorts and health examination surveys. Lancet Diabetes Endocrinol 2015; 8587: 1–17.

10. Korn EL, Graubard BI, Midthune D. Time-to-event analysis of longitudinal follow-up of a survey: choice of the time-scale. Am J Epidemiol 1997; 145: 72–80.

11. Singh GM, Danaei G, Farzadfar F, et al. The age-specific quantitative effects of metabolic risk factors on cardiovascular diseases and diabetes: a pooled analysis. PLoS One 2013; 8: e65174.

12. Peters S a E, Huxley RR, Woodward M. Diabetes as a risk factor for stroke in women compared with men: a systematic review and meta-analysis of 64 cohorts, including 775 385 individuals and 12 539 strokes. Lancet 2014; 383: 1973–80.

29

13. Huxley RR, Woodward M. Cigarette smoking as a risk factor for coronary heart disease in women compared with men: a systematic review and meta-analysis of prospective cohort studies. Lancet 2011; 378: 1297–305.

14. Lu Y, Hajifathalian K, Rimm EB, Ezzati M, Danaei G. Mediators of the effect of body mass index on coronary heart disease: decomposing direct and indirect effects. Epidemiology 2015; 26: 153–62.

15. Mongraw-Chaffin ML, Peters SAE, Huxley RR, Woodward M. The sex-specific association between BMI and coronary heart disease: A systematic review and meta-analysis of 95 cohorts with 1.2 million participants. Lancet Diabetes Endocrinol 2015; 3: 437–49.

16. Farzadfar F, Finucane MM, Danaei G, et al. National, regional, and global trends in serum total cholesterol since 1980: systematic analysis of health examination surveys and epidemiological studies with 321 country-years and 3.0 million participants. Lancet 2011; 377: 578–86.

NCD Risk Factor Collaboration. Worldwide trends in blood pressure from 1975
to 2015: a pooled analysis of 1,479 population-based measurement studies with 19.1
million participants. Lancet 2016; (in press).

18. Ng M, Freeman MK, Fleming TD, et al. Smoking prevalence and cigarette consumption in 187 countries, 1980-2012. JAMA 2014; 311: 183–92.

19. NCD Risk Factor Collaboration. Trends in adult body-mass index in 200 countries from 1975 to 2014: a pooled analysis of 1698 population-based measurement studies with 19.2 million participants. Lancet 2016; 387: 1377–96.

20. NCD Risk Factor Collaboration. Worldwide trends in diabetes since 1980: a pooled analysis of 751 population-based studies with 4.4 million participants. Lancet 2016; 387: 1513–30.

World Health Organization. Global Health Estimates: Deaths by Cause, Age,
Sex and Country, 2000-2015 [Draft, October 2016]. Geneva: World Health Organization,
2016.

22. Forouzanfar MH, Moran AE, Flaxman AD, et al. Assessing the global burden of ischemic heart disease, part 2: analytic methods and estimates of the global epidemiology of ischemic heart disease in 2010. Glob Heart 2012; 7: 331–42.

23. Feigin VL, Lawes CMM, Bennett D a, Barker-Collo SL, Parag V. Worldwide stroke incidence and early case fatality reported in 56 population-based studies: a systematic review. Lancet Neurol 2009; 8: 355–69.

24. National Institute for Health and Care Excellence. Lipid modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease. CG181. 2014.

25. Goff DC, Lloyd-Jones DM, Bennett G, et al. 2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. J Am Coll Cardiol 2014; 63: 2935–59.

26. Cooper A, O'Flynn N. Risk assessment and lipid modification for primary and secondary prevention of cardiovascular disease: summary of NICE guidance. BMJ 2008; 336: 1246–8.

Yusuf S, Rangarajan S, Teo K, et al. Cardiovascular Risk and Events in 17
 Low-, Middle-, and High-Income Countries. N Engl J Med 2014; 371: 818–27.

28. Gaziano TA, Abrahams-Gessel S, Alam S, et al. Comparison of Nonblood-Based and Blood-Based Total CV Risk Scores in Global Populations. Glob Heart 2016; 11: 37–46.e2.

29. Beagley J, Guariguata L, Weil C, Motala AA. Global estimates of undiagnosed diabetes in adults. Diabetes Res Clin Pract 2014; 103: 150–60.

30. Matheny M, McPheeters M, Glasser A, et al. Systematic Review of Cardiovascular Disease Risk Assessment Tools. Evid Synth Assess 2011; : 1–394.

31. Cooney MT, Dudina A, D'Agostino R, Graham IM. Cardiovascular risk-estimation systems in primary prevention: do they differ? Do they make a difference? Can we see the future? Circulation 2010; 122: 300–10.

32. Conroy RM, Pyörälä K, Fitzgerald AP, et al. Estimation of ten-year risk of fatal cardiovascular disease in Europe: The SCORE project. Eur Heart J 2003; 24: 987–1003.

33. Jackson R, Kerr A, Wells S, et al. 'Should we reconsider the role of age in treatment allocation for primary prevention of cardiovascular disease?' No, but we can improve risk communication metrics. Eur Heart J 2016; 290: 2277–83.

34. World Health Organization. WHO methods and data sources for global causes of death 2000-2011. Geneva: World Health Organization, 2013.

35. Woodward M, Huxley H, Lam TH, Barzi F, Lawes CMM, Ueshima H. A comparison of the associations between risk factors and cardiovascular disease in Asia and Australasia. Eur J Cardiovasc Prev Rehabil 2005; 12: 484–91.

Table 1: Coefficients and hazard ratios (HR) from the Cox proportional hazard models for

Risk prediction equation	Coefficients (log HRs)	HR (95% CI)†		
Laboratory-based*	Main effect	Age interaction term**		
Systolic blood pressure (per 10 mmHg)	0.3070 (0.2298, 0.3842)	-0.0022 (-0.0034, -0.0011)	1.18 (1.16, 1.19)	
Total cholesterol (per 1mmol/L)	0.6149 (0.4631, 0.7667)	-0.0069 (-0.0092, -0.0045)	1.19 (1.16, 1.22)	
Diabetes	1.4753 (0.9921, 1.9585)	-0.0132 (-0.0205, -0.0059)	1.88 (1.71, 2.06)	
Diabetes and female	0.4050 (0.2523, 0.5578)	-	1.50 (1.29, 1.75)	
Smoking	1.8467 (1.4192, 2.2741)	-0.0221 (-0.0289, -0.0152)	1.55 (1.44, 1.66)	
Smoking and female	0.3254 (0.1893, 0.4614)	-	1.38 (1.21, 1.59)	
Office-based				
Systolic blood pressure (per 10 mmHg)	0.3037 (0.2264, 0.3811)	-0.0021 (-0.0033, -0.0009)	1.18 (1.17, 1.20)	
Body mass index (per 5 kg/m ²)	0.3245 (0.1288, 0.5201)	-0.0030 (-0.006, 0)	1.14 (1.11, 1.17)	
Smoking	1.7951 (1.3651, 2.2251)	-0.0215 (-0.0284, -0.0146)	1.52 (1.42, 1.64)	
Smoking and female	0.3528 (0.2170, 0.4886)	-	1.42 (1.24, 1.63)	

laboratory-based and office-based risk scores

HR=hazard ratio; CI=confidence interval

*Previously presented elsewhere¹³ and reported here for comparison

**We included an interaction term between age and all risk factors because the HRs for effects on cardiovascular disease decrease with age;^{15–17} therefore the HR at any age depends on the main effect and interaction terms.

[†]HRs for systolic blood pressure, total cholesterol, diabetes, smoking, and body mass index are shown at median age of CVD event, which is 64 years in the included cohorts; HRs for smoking and diabetes are for men, and their interaction with sex shows the additional risk among women. **Table 2:** Laboratory-based and office-based 10-year risk of fatal-and-nonfatal CVD and 10-year risk of fatal CVD in country surveys in ages 40-64 years

		Men		Women			
	Laboratory- based fatal-and- nonfatal CVD	Office-based fatal-and- nonfatal CVD	Laboratory- based fatal CVD	Laboratory- based fatal-and- nonfatal CVD	Office-based fatal-and- nonfatal CVD	Laboratory- based fatal CVD	
Cambodia	11.0	11.2	2.6	9.7	9.3	2.3	
China	9.4	8.4	4.4	8.0	7.1	3.8	
Czech Republic	10.3	9.4	4.8	5.6	5.0	2.0	
Iran	11.2	11.6	5.7	9.0	8.5	4.7	
Jamaica	6.4	6.1	3.6	4.2	3.9	2.0	
Mexico	7.4	6.6	2.4	4.6	4.2	1.4	
South Korea	4.6	4.3	1.4	1.8	1.5	0.6	
Spain	5.9	5.6	1.5	2.2	2.0	0.4	
Uganda	5.3	6.0	2.6	4.2	4.8	2.4	
USA	8.5	7.6	2.7	4.8	4.2	1.2	

Table 3: Percentage of population in national health surveys, categorized as "high" or "low"
risk by the office-based and laboratory-based risk scores at three different threshold levels to
define high-risk.

10-year C cut-off for					20%				30%				
Office-based risk score		Low risk High risk		Low risk High risk			Low risk High risk		n risk				
Laboratory sco		Low risk	High risk	Low risk	High risk	Low risk	High risk	Low risk	High risk	Low risk	High risk	Low risk	High risk
Uganda -	Men	82.8	2.4	5.4	9.4	98.3	0.7	0.6	0.4	99.6	0.1	0.3	0.0
	Women	85.7	1.0	5.4	7.8	97.6	0.7	0.3	1.4	98.9	0.0	0.7	0.4
Cambodia	Men	48.4	4.3	5.5	41.8	87.8	2.5	2.8	6.8	96.0	1.2	1.1	1.7
Camboula	Women	63.0	4.4	5.2	27.4	88.4	3.6	2.1	5.8	95.4	2.5	0.6	1.4
China	Men	50.6	5.8	2.3	41.3	75.2	3.8	2.2	18.7	88.2	3.0	1.5	7.3
China	Women	57.9	4.8	3.6	33.8	78.7	4.7	2.6	14.0	89.1	4.4	1.7	4.8
Spain	Men	71.6	6.7	4.4	17.3	96.3	1.9	0.6	1.3	99.5	0.4	0.0	0.1
Spain	Women	88.7	3.3	2.3	5.7	98.1	1.3	0.2	0.4	99.7	0.3	0.0	0.0
South	Men	83.1	5.0	2.0	9.9	98.3	1.2	0.1	0.4	99.7	0.3	0.0	0.0
Korea	Women	89.4	2.4	2.4	5.8	97.7	1.7	0.2	0.4	99.4	0.5	0.1	0.0
Czech	Men	52.2	7.5	6.1	34.3	88.6	5.8	1.6	4.1	96.9	2.4	0.4	0.2
Republic	Women	82.2	6.4	2.9	8.6	96.5	2.2	0.4	0.9	99.0	0.8	0.0	0.2
USA	Men	65.6	8.8	5.8	19.8	95.3	2.6	0.0	2.1	98.2	1.2	0.1	0.6
USA	Women	83.6	8.5	3.1	4.9	97.5	1.6	0.8	0.1	99.6	0.4	0.0	0.0
Mexico	Men	65.6	8.9	5.4	20.0	91.3	3.9	1.2	3.7	97.6	1.6	0.3	0.4
Mexico	Women	75.3	6.3	5.3	13.2	92.0	4.2	1.1	2.8	96.7	2.4	0.0	0.9
Iran	Men	44.2	6.0	11.5	38.3	83.5	5.7	3.9	6.9	96.1	2.1	0.7	1.0
	Women	59.9	7.2	10.3	22.6	85.5	7.3	3.6	3.6	94.8	3.7	0.7	0.7
Jamaica	Men	66.1	4.3	3.5	26.1	90.7	2.9	1.2	5.2	97.6	1.0	0.3	1.1
	Women	74.3	6.1	4.1	15.5	90.7	4.7	2.4	2.2	97.5	1.5	0.1	0.9

Proportion of population correctly categorized by office-based risk score				
>=95%				
	>=90 to <95%			
	>=85 to <90%			
	>=80 to <85%			

Countries are ordered by increasing diabetes prevalence. The surveys for Cambodia, Czech Republic, Iran, and Uganda include people aged between 40 and 64 years, and the remaining surveys include people aged between 40 and 74 years

Table 4: Percentage of population in national health surveys categorized as high CVD risk by the laboratory-based risk score, percentage of these correctly identified by the office-based risk score, and the range of borderline office-based risk levels (in % ten-year CVD risk categories) that will require further laboratory tests to correctly identify 95% of "high risk" individuals.

10-year CVD	risk threshold for	r high-risk		10%			20%	
Country income level	Country	Sex	Percentage of population at high-risk	Percentage of those at high- risk identified by the office- based score	Range of office- based CVD risk to refer to lab (% of population in the risk range)	Percentage of population at high-risk	Percentage of those at high-risk identified by the office-based score	Range of office- based CVD risk to refer to lab (% of population in the risk range)
	Secie	Men	24.0	72.2	6 to <10 (29.5)	3.2	40.7	11 to <20 (16.0)
	Spain	Women	9.0	63.5	5 to <10 (16.4)	1.7	24.5	10 to <20 (7.4)
	South Korea	Men	14.9	66.4	5 to <10 (30.9)	1.6	24.2	7 to <20 (22.7)
High	South Kolea	Women	8.2	71.0	4 to <10 (13.9)	2.1	20.1	10 to <20 (7.6)
Ingn	Czech	Men	41.7	82.1	7 to <10 (19.5)	9.9	41.2	11 to <20 (28.5)
	Republic	Women	14.9	57.4	4 to <10 (35.5)	3.1	30.0	8 to <20 (17.3)
	USA	Men	28.6	69.1	6 to <10 (40.6)	4.7	45.1	9 to <20 (32.3)
	USA	Women	13.4	36.4	3 to <10 (61.1)	1.7	7.2	9 to <20 (10.0)
	China	Men	47.2	87.7	7 to <10 (11.5)	22.5	83.0	13 to <20 (14.2)
	China	Women	38.6	87.6	6 to <10 (16.6)	18.6	74.9	9 to <20 (23.7)
	Mexico	Men	29.0	69.1	6 to <10 (27.0)	7.5	48.7	6 to <20 (47.6)
Middle	Mexico	Women	19.5	67.6	4 to <10 (31.3)	6.9	39.8	8 to <20 (20.6)
Wildule	Iran	Men	44.3	86.5	8 to <10 (16.7)	12.6	54.6	11 to <20 (32.5)
	ITall	Women	29.7	75.9	4 to <10 (34.1)	10.9	33.1	8 to <20 (34.4)
	Jamaica	Men	30.4	85.7	8 to <10 (10.5)	8.0	64.5	12 to <20 (16.7)
	Jamaica	Women	21.6	71.6	5 to <10 (19.9)	6.9	32.5	6 to <20 (30.4)
	Uganda	Men	11.8	79.4	7 to <10 (13.9)	1.1	37.9	11 to <20 (10.7)
Low	Uganua	Women	8.9	88.3	6 to <10 (12.2)	2.0	67.3	5 to <20 (28.5)
LOW	Cambodia	Men	46.1	90.7	8 to <10 (13.9)	9.4	73.0	11 to <20 (31.4)
	Camboula	Women	31.8	86.1	6 to <10 (25.1)	9.5	61.6	6 to <20 (49.7)

Percentage of those at high-risk identified by the office-based score	Proportion of population in the risk range for laboratory testing.
>=90%	<10%
>=80 to <90%	>=10 to <25%
>=70 to <80%	>=25 to <50%
<70%	>50%

Countries are ordered by income (World Bank groups) and diabetes prevalence. The surveys for Cambodia, Czech Republic, Iran, and Uganda include people aged 40 to 64 years, and the remaining surveys include people aged 40 to 74 years.

Figure 1: Laboratory-based country risk charts for 10-year risk of cardiovascular disease. To establish a person's risk, identify the column that represents the person's sex, smoking, and diabetes status. Then identify the closest cell that represents the person's age, total cholesterol and systolic blood pressure.

Figure 2: Distributions of 10-year risk of cardiovascular disease by country and sex in ages 40 to 64 years. Countries are ranked by average risk in the population.

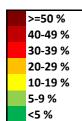
Figure 3 Scatter plot for risks predicted using the office-based vs laboratory-based model in ages 40-74 years in China by diabetes status.

Table Laboratory-based and office-based 10-year risk of fatal-and-nonfatal CVD and 10-year risk of fatal CVD estimated using the three risk prediction models in country surveys in ages 40-64 years.

		Men			Women	
	Laboratory-based fatal-and-nonfatal	Office-based fatal-and-nonfatal	Fatal	Laboratory-based fatal-and-nonfatal	Office-based fatal-and-nonfatal	Fatal
Cambodia	11.0	11.2	2.6	9.7	9.3	2.3
China	9.4	8.4	4.4	8.0	7.1	3.8
Czech Republic	10.3	9.4	4.8	5.6	5.0	2.0
Iran	11.2	11.6	5.7	9.0	8.5	4.7
Jamaica	6.4	6.1	3.6	4.2	3.9	2.0
Mexico	7.4	6.6	2.4	4.6	4.2	1.4
South Korea	4.6	4.3	1.4	1.8	1.5	0.6
Spain	5.9	5.6	1.5	2.2	2.0	0.4
Uganda	5.3	6.0	2.6	4.2	4.8	2.4
USA	8.5	7.6	2.7	4.8	4.2	1.2

Brazil

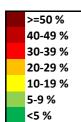
								Wome	en																	Men								
		Non	-smoker	Non-Dia	betic	Smok				lon-smo	kor	Diabet	tic	Smok			AGE		Non-sm		Non-Dia	betic	C	oker				lon-smo	kor	Diabet	с	Smo	kor	
		NON	-smoker			SILION	ker		г	ion-sind	JKer			SHICK	ler		AGE		NOII-SIII	oker			511	oker			r	1011-51110	Ker			500	Ker	
			15 16 11 12			21 22 16 18			27 2 21 2			36			48				19 21 15 16						6 28 0 22			8 31 3 24			30		5 37 8 30	
		0 10 7 8	9 10			10 18			17 1						32 3		70-74		15 16						.0 22			3 24 8 19					8 <u>30</u> 2 24	
1	.20	66	77	8	9	10 11	12	13	13 1	4 15	17	18	20 2	22 24	25	28		8	9 <mark>10</mark>	11	12	10	10	11 1	2 13		13 1	4 15	16	18	15	<mark>16 1</mark>	7 19	20
1	.80	9 10	11 13	14	16	17 19	22	24	21 2	4 26	29	32	35 3	3 <mark>9 42</mark>	47	51		14 1	16 17	19	22	18	20	22 2	5 27		22 2	5 28	31	34	28	31 3	5 38	42
		78	9 10			13 15			16 1						37 4				12 13						.9 21			9 22					7 30	
		56 44		-		10 11 8 9			13 1 10 1						29 3 23 2		55-69		9 <mark>10</mark> 78			_			.5 16 .1 12			5 17 1 13					1 24 6 18	
è																																		
	.80	78 56	9 <mark>11</mark> 7 8	12 9		15 18 11 13			17 2 13 1					86 41	46	51			L3 15 L0 11						4 28 8 21			2 25 7 19					5 40 7 31	
)		4 4	5 6	7			11		10 1						28		50-64		7 8	-					4 16			2 14					0 23	
1	.20	33	4 4	5	5	67	8	10	78	3 <mark>10</mark>	11	13	14 :	l <mark>6 18</mark>	21	24		5	56	7	8				.0 12		8 9) 11	12	14	11	13 1	5 18	20
L 5 1	.80	56	89	11	11	14 16	19	23	14 1	7 20	24	28	29	34 40	46	53		9 1	11 13	16	19	15	17	21 2	29		17 2	0 24	28	33	26	31 3	6 42	49
				8			14		10 1						36 4					12					.8 22			5 18					8 32	
:		33 22	4 <u>5</u> 3 3	6 4		79 56		12 9	8 9) <mark>11</mark> / 8	13 10				27 3 20 2		55-59	5 3	6 7 4 5	8 6	10 7				.3 16 .0 12			1 13 3 10					1 24 5 18	
5																_																		
		4 5 3 4		10 7		13 16 9 11			13 1 9 1	6 19 1 14					49 S				<mark>10 12</mark> 7 8	-					25 30 .8 22	-		9 23 3 17					8 45 8 34	
1	.40	23	3 4	5	5	7 8	10	12	6 8	3 10	12	15	15 1	L9 23	28	34 5	50-54	4	56	7	9	7	8	10 1	.3 16		8 1	0 12	15	18	14	17 2	0 25	30
1	.20	12	2 3	4	4	56	7	9	56	57	9	11	11 1	l <mark>4 17</mark>	20	25		3	34	5	6	5	6	7	9 <mark>11</mark>		5 7	78	10	13	10	12 1	5 18	22
		34		9		11 14			10 1					83 40		58			7 10						29			6 20					6 44	
		23 22	4 5 3 3	6	6 4	8 10 5 7			79) <mark>12</mark>	15 11				37 4 27 3		15-49	4	5 7 4 5	9 6			10 : 7		.6 21 .2 15		9 1 6 8	1 14 3 10	18	22 16			6 33 9 24	
		1 1		3	_	4 5		8				9			19				2 3	4		4			8 10		4 5		9				3 17	
1	.80	3 4	56	8	8	11 14	18	24	9 1	2 16	20	26	26	2 41	51 (52		4	57	9	12	9	12	15 _	0 26		9 1	2 16	21	27	20	25 2	2 41	50
		-		6	5	7 10	13	17	6 8	3 11	14	19	18	23 30	38 4	47		3	4 5	6		6	8	11 1	4 18		6 8	3 11	14	19	14	18 2	3 30	37
			2 3 1 2	4	4	5 7 3 4		<mark>11</mark> 8	4 6	5 7 5	10 7	<mark>13</mark> 9		l6 21 l1 15	27 3 19 2		10-44	2	23 22	4	6	4			. <mark>0 13</mark> 6 9		4 (3 4		10 7				6 21 1 15	
1		3 4	5 6	3 7	3			8 7	3 4			9 7		4 5		25 7			2 <u>2</u> 4 5	3 6		3 3		-	69 67		3 4			9 7	6 3	8 1 4 5		19 7



Systolic blood pressure (mmHg)

China

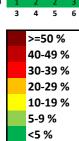
		Wo	men				Μ	en	
	Non-Di			betic		Non-Di			betic
	Non-smoker	Smoker	Non-smoker	Smoker	AGE	Non-smoker	Smoker	Non-smoker	Smoker
180	38 40 43 45 48	53 56 59 62 65	67 70 73 76 79	83 85 88 90 92		46 49 51 54 58	51 54 57 60 63	62 65 68 71 74	67 70 73 76 79
160 140	30 32 35 37 40 24 26 28 30 32	44 46 49 52 55 36 38 41 43 46	57 60 63 66 70 48 51 54 57 60	74 77 80 83 85 65 68 71 74 77	70-74	37 40 43 45 48 30 32 35 37 40	42 44 47 50 53 34 36 39 41 44	52 55 58 61 65 43 46 49 52 55	57 60 64 67 70 48 51 54 57 60
	19 21 22 24 26	29 31 33 35 38	48 51 54 57 60 39 42 45 47 50	55 58 61 64 67	70-74	24 26 28 30 32	27 29 31 34 36	35 38 40 43 45	48 51 54 57 60 39 42 45 48 51
180	27 30 33 36 40	43 47 51 55 60	55 59 64 68 72	76 80 84 87 90		34 37 41 45 49	41 45 49 53 58	50 54 59 63 67	59 64 68 72 77
160	21 23 26 29 32	34 38 41 45 49	45 49 53 57 62	65 70 74 78 82		27 30 33 36 39	33 36 40 44 48	41 45 48 53 57	49 53 58 62 66
	16 18 20 22 25	27 30 33 36 40	36 40 43 47 51	55 59 64 68 72	65-69	21 23 26 28 31	26 29 32 35 38	32 36 39 43 47	40 43 47 51 56
120 و	12 14 16 17 19	21 23 26 29 <mark>32</mark>	28 31 35 38 42	45 49 53 57 62		<u>16 18 20 22 24</u>	20 22 25 27 <mark>30</mark>	26 28 31 34 38	31 35 38 42 46
180	19 22 25 29 <mark>32</mark>	35 39 44 49 54	44 49 54 60 65	68 73 79 84 88		23 26 30 34 38	<u>31 35 40 45 50</u>	38 42 47 52 58	49 54 60 65 71
160 140	15 17 19 22 25 11 13 14 17 19	27 30 34 39 44 20 23 27 30 34	34 39 43 49 54 27 30 34 39 43	57 62 68 73 79 46 51 56 62 68	60-64	18 20 23 26 30 13 15 17 20 23	24 27 31 35 40 18 21 24 27 31	29 33 37 42 47 22 26 29 33 37	39 44 49 54 60 30 34 39 43 49
120	8 9 <u>11 12 14</u>	15 18 20 23 26	20 23 26 30 34	36 41 46 51 56		10 11 13 15 17 10 11 13 15 17	10 11 11 11 11 14 16 18 21 24	17 19 22 25 29	23 27 30 34 39
180	12 15 17 21 24	25 30 35 40 46	32 37 42 48 55	57 63 70 77 83		14 16 19 23 27	21 25 29 33 39	25 29 33 39 44	36 42 48 54 61
160	9 11 13 15 18	19 22 26 31 36	24 28 33 38 44	45 51 58 65 72		<u>10 12 14 17 20</u>	16 18 22 25 30	18 22 25 30 34	27 32 37 43 49
140 120	7 8 9 <mark>11 13</mark> 5 6 7 8 <mark>10</mark>	14172023271012141720	18 21 25 29 34 13 16 18 22 25	35 40 46 53 60 27 31 36 42 48	55-59	7 9 <mark>10 12 15</mark> 5 6 8 9 <mark>11</mark>	11 14 16 19 22 8 10 12 14 17	14 16 19 22 26 10 12 14 17 20	21242833381518212529
5 120	5 0 7 0 10					5 0 0 5 11	0 10 12 14 17	10 12 14 17 20	
180 160	8 <mark>10 13 15 19</mark> 6 7 9 11 14	19 23 28 34 41 14 17 21 25 31	23 28 34 40 47 17 21 25 30 36	48 56 64 72 80 37 44 51 59 67		8 10 12 14 18 6 7 8 10 13	13 16 20 24 29 10 12 14 18 21	15 18 22 27 33 11 13 16 20 24	25 30 36 43 50 18 22 27 33 39
160	4 5 6 8 10	14 17 21 25 31 10 12 15 18 22	17 21 25 30 36 12 15 18 22 27	37 44 51 59 67 28 33 40 47 54	50-54	4 5 6 7 9	10 12 14 18 21 7 8 10 13 16	11 13 16 20 24 8 10 12 14 18	13 16 20 24 29
120	3 4 5 6 7	7 9 <mark>11 13 16</mark>	9 <u>11 13 16 20</u>	20 25 30 36 42		3 3 4 5 6	5679 <mark>11</mark>	6 7 8 <u>10 13</u>	<u>10 12 14 18 21</u>
180	<u>6</u> 7 9 <u>12 15</u>	15 19 24 29 <mark>36</mark>	<u>17 22 27 34 41</u>	41 50 59 68 77		5 6 8 <mark>10 12</mark>	9 <u>12 15 18 23</u>	10 13 16 20 25	19 24 29 <mark>36</mark> 44
160 140	4 5 6 8 10 3 3 4 6 7	10 13 17 21 26 7 9 12 15 19	12 16 20 25 31 9 11 14 18 22	30 37 45 54 64 22 27 34 41 50	45-49	3 4 5 7 9 2 3 4 5 6	6 8 10 13 17 4 6 7 9 12	7 9 <mark>11 14 18</mark> 5 6 8 10 13	13 17 21 26 33 9 12 15 19 24
140	2 2 3 4 5	5 6 8 <u>11 13</u>	6 8 10 12 16	16 20 25 31 38	43-49	2 2 3 3 4	3 4 5 6 8	3 4 5 7 9	6 8 <u>11</u> 13 <u>17</u>
180	5 6 8 10 14	13 17 22 29 37	<u>15 19 25 32 40</u>	39 49 59 70 80		3 4 6 8 10	7 9 12 16 21	7 10 13 17 22	<u>16 21 26 34 42</u>
180 160		9 12 16 20 26	10 13 18 23 29	39 49 59 70 80 28 36 45 55 66		2 3 4 5 7	5 6 8 <u>11 15</u>	5 7 9 12 15	16 21 26 34 42 11 14 19 24 31
140		6 8 <u>11 14 18</u>	7 9 12 16 21	20 26 33 42 51	40-44	1 2 3 3 5	3 4 6 8 10	3 5 6 8 10	7 10 13 17 22
120	1 2 2 3 4 3 4 5 6 7	4 6 7 10 13 3 4 5 6 7	5 6 8 <mark>11 14</mark> 3 4 5 6 7	14 18 24 30 38 3 4 5 6 7		1 1 2 2 3 3 4 5 6 7	2 3 4 5 7 3 4 5 6 7	2 3 4 5 7 3 4 5 6 7	5 7 9 <mark>12 15</mark> 3 4 5 6 7
				/					



Systolic blood pressure (mmHg)

Egypt

		Wo	men		-076-		N	len	
	Non-Di		-	betic		Non-D	iabetic		betic
	Non-smoker	Smoker	Non-smoker	Smoker	AGE	Non-smoker	Smoker	Non-smoker	Smoker
	180 32 34 36 39 41 160 25 27 29 31 33 140 20 22 23 25 27 120 16 17 18 20 21	4548515457374042454830323437392426283032	59 62 65 68 71 50 53 56 59 62 41 44 46 49 52 33 36 38 40 43	76 79 82 84 87 67 70 73 76 79 57 60 63 66 69 47 50 53 56 59	70-74	30 32 35 37 39 24 26 28 30 32 19 21 22 24 26 15 16 17 19 20	34 36 39 41 44 27 29 31 33 36 22 23 25 27 29 17 18 20 21 23	4346495255353740434528303235372224262830	48 51 54 57 60 39 42 45 47 50 32 34 36 39 42 25 27 29 31 34
	180 20 22 25 28 30 160 16 17 19 21 24 140 12 13 15 17 18 120 9 10 11 13 14	33 36 40 44 47 26 29 32 35 38 20 22 25 27 30 16 17 19 21 24	43 47 51 55 60 35 38 42 45 49 27 30 33 37 40 21 24 26 29 32	6368727680535762667043475155603538424549	65-69	20 22 25 28 30 16 17 19 21 24 12 13 15 17 18 9 10 11 13 14	25 28 31 34 38 20 22 24 27 30 15 17 19 21 23 11 13 14 16 18	32 35 38 42 46 25 27 30 33 37 19 21 24 26 29 15 16 18 20 23	39 43 47 51 55 31 34 37 41 45 24 27 30 33 36 19 21 23 26 28
-	180 13 15 17 19 22 160 9 11 13 14 17 140 7 8 9 11 13 120 5 6 7 8 9	24 27 31 35 39 18 20 23 27 30 13 15 18 20 23 10 12 13 15 18	30 35 39 44 49 23 27 30 34 39 18 20 23 27 30 13 15 18 20 23	51 57 63 68 74 41 46 51 57 63 32 36 41 46 51 25 28 32 36 41	60-64	15 17 20 22 26 11 13 15 17 19 8 9 11 13 15 6 7 8 9 11	21 24 27 31 35 16 18 21 24 27 12 13 15 18 21 9 10 12 13 15	25 29 32 37 42 19 22 25 28 32 14 16 19 22 25 11 12 14 16 19	34 39 44 49 54 26 30 34 39 44 20 23 26 30 34 15 17 20 23 26
	180 9 10 13 15 18 160 6 8 9 11 13 140 5 6 7 8 10 120 3 4 5 6 7	19 22 26 30 36 14 16 19 23 27 10 12 14 17 20 7 9 10 12 15	23 27 32 37 43 17 20 24 28 33 13 15 18 21 25 9 11 13 16 19	45 51 58 65 72 35 40 46 53 60 26 31 36 42 48 19 23 27 32 37	55-59	12 14 17 20 24 9 10 13 15 18 6 8 9 11 13 5 6 7 8 10	19 22 26 31 36 14 17 20 23 28 10 12 14 17 21 7 9 11 13 15	22 26 31 36 41 16 19 23 27 32 12 14 17 20 24 9 10 12 15 18	33 39 45 51 58 25 30 35 40 47 19 22 26 31 36 14 16 19 23 27
	180 7 9 11 13 17 160 5 6 8 10 12 140 4 4 6 7 8 120 3 3 4 5 6	17 21 25 30 36 12 15 18 22 27 9 11 13 16 20 6 8 9 12 14	20 25 30 36 43 15 18 22 27 32 11 13 16 20 24 8 9 12 14 17	4351596775333946546224293542491822263238	50-54	10 13 16 19 24 7 9 11 14 17 5 7 8 10 12 4 5 6 7 9	18 22 27 32 39 13 16 20 24 29 9 11 14 17 21 7 8 10 12 15	20 25 30 36 43 15 18 22 27 32 11 13 16 20 24 7 9 11 14 17	34 40 47 55 64 25 30 36 43 51 18 22 27 32 39 13 16 20 24 29
	180 5 6 8 11 13 160 4 4 6 7 9 140 2 3 4 5 7 120 2 2 3 4 5 7	13 17 21 26 33 9 12 15 19 24 6 8 11 13 17 4 6 7 9 12	16 20 25 30 37 11 14 18 22 27 8 10 12 16 20 5 7 9 11 14	37 45 54 63 73 27 34 41 50 59 20 25 31 38 46 14 18 22 28 34	45-49	9 12 15 19 5 7 8 11 14 4 5 6 7 9 2 3 4 5 7	14182228351013162025791114185681013	15 19 24 30 37 11 14 17 22 27 8 10 12 16 20 5 7 9 11 14	28 35 43 51 60 20 26 32 39 47 15 18 23 29 35 10 13 16 21 26
	180 4 5 7 9 11 160 3 3 4 6 8 140 2 2 3 4 5 120 1 2 2 3 4 3 4 5 6 7	11 14 19 24 31 8 10 13 17 22 5 7 9 12 15 3 5 6 8 11 3 4 5 6 7	12 16 21 27 35 9 11 15 19 25 6 8 10 13 17 4 5 7 9 12 3 4 5 6 7	34 42 52 63 73 24 31 39 48 59 17 22 28 36 45 12 15 20 25 33 3 4 5 6 7	40-44	4 6 8 10 13 3 4 5 7 9 2 3 3 5 6 1 2 2 3 4 3 4 5 6 7	9 12 16 21 27 6 8 11 15 19 4 6 8 10 13 3 4 5 7 9 3 4 5 6 7	10 13 17 22 28 7 9 12 15 20 5 6 8 10 14 3 4 5 7 9 3 4 5 6 7	21 26 34 42 52 14 19 24 31 39 10 13 17 22 28 7 9 12 15 20 3 4 5 6 7



Systolic blood pressure (mmHg)

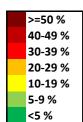
Germany

												Woi	men												,									Me	en									
						Non-	Diabe	etic									Dia	betic											lon-Dia	abetic									Diabe	tic				
			Non	-smo	ker				Sm	noker	•			No	n-smo	oker				Sm	oker			AGE		Non	smok	er			1	Smoke	er			Nor	n-smol	ker			S	moke	r	
	160 140	16 12 10 7	13 10	14 11	16	17 13		19 15	20 16	22 17	30 24 19 15	25 20	21	29 23	38 31 24 19	33 26	35 28		9 4 1 3	11 4 34 3	36	56 5 47 5 38 4 31 3	41	70-74	17 13	18 14	25 20 15 12	21 2 17 1	23 18	19 15	21 16	23 18	31 24 19 15	26 21	20	27 22	36 29 23 18	25	<mark>34</mark> 27	36 29 23 18	31	41 33 27 21	36 29	38 31
19.	140		6 5	7 5	6	12 9 7 5		10 8	11	12 9	18 14 11 8	15 12	14 10	15 12	22 17 13 10	19 15	21 16	2	.3 2 .8 2	26 2 20 2	28 22 2	40 4 31 3 25 2 19 2	35 27	65-69	10 8	11 9	17 13 10 7	14 1 11 1	16 12	13 10	14 11	16 12	23 18 14 11	20 15	16 13	18 14	26 20 16 12	23 18	25 20	16	30 23 18 14	20	29 22	32 25
	180 160 140 120	3 3		6 5 3 3	7 5 4 3	9 6 5 3		-	8 6	9 7	14 11 8 6	13	12 9 7 5	11 8			16 12	1 1	.8 2 .3 1	20 2 L5 2	18	35 3 27 3 20 2 15 1	23	60-64	8	9 7			14 10		13	15 11	23 17 13 9	20 15	13 10	15 12	24 18 13 10	21 15	24 18	19 14	29 22 16 12	25 19	22	33 25
	180 160 140 120	2	3 2	5 4 3 2	6 5 3 2	8 6 4 3			7 5	8 6			10 7 5 4	9 6	15 11 8 6	13		1 1	.6 1 .2 1	L9 2	23 : 17 :	35 4 27 3 20 2 15 1	81 24	55-59		7 5			12 9			14 10	22 16 12 9	20 14	11 8	13		19	23 17	18	28 21 15 11	25	29 22	34 26
	180 160 140 120	2	3 2 2 1	4 3 2 1	5 4 3 2	7 5 3 2			6 4	7 5			8 6 4 3	7 5	13 9 6 5	16 11 8 6	14	1	.0 1	L7 2	21 : 15 :	34 4 26 3 19 2 13 1	31 23	50-54	6 5 3 2	6 4		9 1 6	11	11 8 6 4	10 7	12	21 15 11 8	19 14		11 8			21 15	16 11	27 20 14 10	24 17	21	35 26
	180 160 140 120	-	1		2	5 3 2 1		3	4 3	5 4	5	12 8 6 4	5 4 3 2	5	9 6 4 3	11 8 5 4		1	.0 1 7	L3 1 9 1	16 11	28 2 20 2 14 1 10 1	25 18	45-49	4 3 2 1	4 3	5 3	9 1 6 4 3	8	8 6 4 3	7		8	15	9 6 4 3	11 8 5 4		13 9	16				24 17	30 21
	140	<1 <1	1 1	1	2 1 1	3 2 1 1 7		3 2 1 1 3	3 2 1	4 3 2	2		2 2 1	5 3 2 1 4	3 2	6 4 3	7 5 3		7 1 5 3	10 1 6 4	13 9 6		21 15 10	40-44	2 2 1 1 3	2 1 1	2 1	5 4 2 2 6	5 3 2	2 2	7 5 3 2 4	9 6 4 3 5	8 5 4		2 2	7 5 3 2 4		4		11 8 5 4 3	15 10 7 5 4	13	18 12 8	23

>=50 %
40-49 %
30-39 %
20-29 %
10-19 %
5-9 %
<5 %</pre>

Systolic blood pressure (mmHg)

					mara				
		Wo	men				N	len	
	Non-Di	iabetic	Dia	betic		Non-D	iabetic	Dia	betic
	Non-smoker	Smoker	Non-smoker	Smoker	AGE	Non-smoker	Smoker	Non-smoker	Smoker
180	25 27 29 32 34	37 40 43 46 49	50 53 56 59 63	67 70 74 77 80		27 29 31 33 36	31 33 35 38 41	39 42 45 48 51	44 47 50 53 56
160	20 22 23 25 27	30 32 35 37 40	41 44 47 50 53	57 61 64 67 70		21 23 25 27 29	24 26 28 30 33	32 34 36 39 42	36 38 41 44 47
140	16 17 18 20 21	24 26 28 30 32	33 36 38 41 44	48 51 54 57 60	70-74	17 18 20 21 23	19 21 22 24 26	25 27 29 31 34	29 31 33 36 38
120		19 20 22 24 26	27 29 31 33 35	39 42 45 48 51		13 14 15 17 18	15 16 18 19 21	20 21 23 25 27	23 25 27 29 31
180	20 23 25 28 31	33 37 41 44 49	44 48 52 56 61	64 69 73 78 82		23 25 28 31 35	29 32 35 39 43	36 39 43 47 52	44 48 52 57 61
160		26 29 32 36 39	35 38 42 46 50	54 58 63 67 72		18 20 22 24 27	22 25 28 31 34	28 31 34 38 42	35 39 42 47 51
140	12 13 15 17 19	20 23 25 28 31	27 30 34 37 41	44 48 52 57 61	65-69	14 15 17 19 21	17 19 22 24 27	22 24 27 30 33	27 30 34 37 41
120		16 17 19 22 24	21 24 26 29 32	35 39 42 46 51		10 12 13 15 16	13 15 17 19 21	17 19 21 23 26	21 24 26 29 33
<u>5</u>									
180	18 20 23 27 31	33 37 42 47 52	41 46 52 57 63	66 71 77 82 86		20 23 27 31 35	28 32 36 41 46	34 38 43 48 54	45 51 56 62 68
160		25 29 32 37 42	32 36 41 46 51	54 60 65 71 77		15 18 20 23 27	21 25 28 32 37	26 30 34 38 43	35 40 45 51 56
140		<u>19</u> 22 25 28 32	25 28 32 36 41	43 49 54 60 65	60-64	11 13 15 18 20	16 19 21 25 28	20 23 26 30 34	27 31 36 40 45
120		14 16 19 22 25	<u>19</u> 22 25 28 32	34 38 43 49 54		9 10 11 13 15	12 14 16 19 22	15 17 20 23 26	21 24 27 31 36
5. 120	, 5 10 12 15	14 10 15 22 25	19 22 29 20 32	34 30 43 43 34		5 10 11 15 15	12 14 10 19 22	15 17 20 25 20	
3 180	14 17 20 24 28	29 34 39 45 52	36 41 47 54 61	63 70 76 82 88		18 22 25 30 35	28 33 38 44 51	32 38 43 50 57	47 54 61 68 75
160		22 25 30 35 40	27 32 37 43 49	50 57 64 71 78		13 16 19 22 27	21 25 29 34 39	24 29 33 39 45	36 42 48 55 62
140		16 19 22 26 31	20 24 28 33 38	40 46 52 59 66	55-59	10 12 14 17 20	15 18 22 26 30	18 21 25 30 35	28 32 38 44 50
120		10 19 22 20 3 1 12 14 17 20 23	15 18 21 25 29	30 35 41 47 54	33-35	7 8 10 12 15	11 13 16 19 23	13 16 19 22 26	21 24 29 34 39
<u> </u>	5 , 6 5 11	12 17 17 20 23	15 16 21 25 25			, 0 10 12 15	11 15 10 15 25	13 10 13 22 20	21 27 23 37 33
. 180	11 13 16 20 24	25 30 36 42 50	29 35 42 49 57	58 66 74 82 88		16 20 24 29 35	27 33 40 47 55	31 37 44 51 59	49 57 65 73 81
160		18 22 27 32 38	22 26 32 38 45	46 53 61 69 77		12 14 18 22 26	20 25 30 36 43	23 27 33 40 47	37 44 52 60 68
140	and the second	13 16 19 24 29	16 19 23 28 34	35 41 49 56 65	50-54	8 10 13 16 19	15 18 22 27 32	<u>16</u> 20 24 30 36	28 33 40 47 55
120		9 11 14 17 21	11 14 17 21 25	26 31 37 44 52		6 7 9 <u>11 14</u>	10 13 16 19 24	12 14 18 22 26	20 25 30 36 43
180	8 10 13 16 20	20 25 31 38 47	23 29 36 44 52	52 61 71 80 87		14 17 22 27 34	26 32 39 47 56	28 34 42 50 59	48 57 66 76 84
160	5 7 9 11 14	14 18 23 28 35	17 21 26 32 40	40 48 57 66 76		10 12 15 20 24	18 23 29 35 43	20 25 31 38 46	36 44 52 62 71
140	4 5 6 8 10	10 13 16 20 25	12 15 19 24 29	29 36 44 53 62	45-49	7 9 11 14 17	13 16 21 26 32	14 18 22 28 34	26 32 40 48 57
120	3 3 4 5 7	7 9 11 14 18	8 <u>10 13 17 21</u>	21 26 33 40 48		5 6 8 10 12	9 11 15 18 23	10 12 16 20 25	19 24 29 36 44
180	6 8 <mark>11 14 19</mark>	18 23 <u>30 38</u> 47	20 26 33 42 52	50 61 72 81 90		10 14 18 23 30	22 28 <mark>35</mark> 44 5 4	23 29 <mark>37</mark> 46 56	<u>44</u> <u>54</u> <u>64</u> <u>75</u> <u>84</u>
160	4 6 7 10 13	12 16 21 27 <mark>35</mark>	<mark>14 18 24 30 38</mark>	37 47 57 68 78		7 9 <u>12 16 21</u>	15 20 25 32 41	<u>16 21 26 34 42</u>	32 40 50 60 7 1
140	3 4 5 7 9	9 11 15 19 25	10 13 17 21 28	27 34 43 53 64	40-44	5 6 8 <u>11 15</u>	10 14 18 23 30	11 14 19 24 31	23 29 <mark>37</mark> 46 56
120	2 3 3 5 6	6 8 <u>10 13 17</u>	7 9 11 15 19	19 24 31 40 49		3 4 6 8 10	7 9 12 16 21	7 10 13 17 22	<u>16 21 26 34 42</u>
	3 4 5 6 7	3 4 5 6 7	3 4 5 6 7	3 4 5 6 7		3 4 5 6 7	3 4 5 6 7	3 4 5 6 7	3 4 5 6 7



Systolic blood pressure (mmHg)

Japan

												v	Vom	en									-		-								I	Men										
						Nor	n-Dia	betio	:									Diabe	etic									Non-	Diabet	ic								D	iabetio	:				
			Nor	n-sm	oker					Smol	ker				Non-	smok	er			S	moke	r		AGE		Non-	smoke	r			Smol	cer			ſ	Non-sn	noker				Sm	oker		
	140	8	9 7		10 8	11 9		13	14 11	15 12	5 16 2 13	1 22 6 17 3 14 0 11		18 14	20 16	21 17	29 <mark>3</mark> 23 2 18 2 14 1	:5 :0	28 22	30 24	32 25	42 34 27 22	37 29	70-74	13 10	14 11	12 13	1 23 7 18 3 14 0 11	1! 1:	51 21	1 23 7 18 3 14 0 11	19 15	21 16		20 2 16 1	27 <mark>30</mark> 22 23 7 19 3 19	25 20	27 22		23 18	25 20	27 21	3639293123251819	
19.	140	-		8 6 4 3		10 7 6 4		11 8 6 5		10 8) 11 9	5 17 1 13 0 10 7 7		11 9	13 10	14 11	20 2 16 1 12 1 9 1	.7 .3	19 15	21 16	24 18	33 26 20 16	29 23	65-69	9 7	10 8	11 13	7 19 3 14 0 11 ' 8	11 9	2 1) 1	7 19 3 15 0 11 7 8	16 12	18 14		15 1 11 1	2 24 .7 19 .3 14 .0 11	21 16	23 18		19 14	21 16	23 : 18 :	33 37 26 29 20 23 15 17	
	180 160 140 120	2	4 3 2 2	5 4 3 2	6 4 3 2	7 5 4 3		7 6 4 3	9 6 5 3	7 6	9 6			7 5	9 6	10 7	15 1 12 1 9 1 6 7	.3 .0	14 11	17 12	19 14	29 22 17 12	25 19	60-64	7 5	8 6	10 11 7 8	5 18 1 13 1 10 5 7	10 8	0 1	6 19 2 14 9 10 7 8	16 12	19		13 1 9 1	23 5 17 1 13 8 9	20 15	23 17		18 13	21 16	24 : 18 :	3640273121241618	
	180 160 140 120	2 2 2	4 3 2 1	4 3 2 2	5 4 3 2	6 4 3 2		6 5 3 2	6	7 5	8 6			6 4	7 5	9 6	14 1 10 1 8 9 5 7	.2 9	13 9	15 11	18 14	29 22 16 12	26 19	55-59		8 5	12 15 9 11 7 8 5 6	<mark>1 13</mark> ; 9	10	01 79	6 19 2 14 9 10 5 8	17 12	20		12 1 9 1	.9 23 .4 17 .0 12 7 9	20 15	23 17		18 13	22 16	26 19	4046303523271720	
		2	3 2 1 1	4 3 2 1	5 3 2 2	6 4 3 2		6 4 3 2	5	4	8 6	_		5 4	6 4	8 5	13 1 10 1 7 8 5 (.2		15 11	18 13	30 22 16 12	27 20	50-54	7 5 3 2	6 4			8	3 1	<mark>4 18</mark> 0 13 7 9 5 6	16 11	19		9 1 7 3	.6 20 .2 14 8 10 6 7	18 13	22 16		16 12	20 15	25 18	4047303622271619	
	180 160 140 120	1	2 2 1 1		4 2 2 1			3	6 4 3 2	5 4	7 5			4	5	6 4	11 1 8 1 6 5 4 5	.0 7	10	13 9	16 12	29 21 15 10	26 19	45-49	5 3 2 2	4 3			6			13 9	17 12		7 9 5 0	.3 16 9 11 6 8 4 6	14 10	18		14 9	17 12	22 15	37 45 27 33 19 24 14 17	
	140 120	1 <1	1 1 1	2 2 1 1 5	3 2 1 1 6	4 3 2 1 7		3 2 1	2 2	5 3 2	6 4 3	6		2	4 3 2	5 4 2	10 1 7 9 5 6 3 4 6 7	9 5 4	9 6 4	12 8	16 11		26 18	40-44		3 2 1	5 7 4 5 2 3 2 2 5 6	6 4 3	3	1 (5 8 4 5 3 4	10 7 5			7 9 5 1 3 4 2 3 3 4	6 8 4 6	7 5	14 10 7		10 7 5	13 9 6	17 12 8	32 40 22 29 16 20 11 14 6 7	

>=50 % 40-49 % 30-39 % 20-29 % 10-19 % 5-9 % <5 %

Systolic blood pressure (mmHg)

Mexico

		Wc	omen			-	м	en	
New yourse	Non-Diabeti		Diab			Non-Di		Diab	
Non-smok	ker	Smoker	Non-smoker	Smoker	AGE	Non-smoker	Smoker	Non-smoker	Smoker
180 <u>19 21 22</u>		9 31 33 36 38	40 42 45 48 51	56 59 62 65 68		25 27 29 <mark>31</mark> 34	29 31 33 36 38	37 40 42 45 48	41 44 47 50 53
160 15 16 18 140 12 13 14		3 25 27 29 <mark>31</mark> 8 20 21 23 25	32 34 37 39 42 26 28 30 32 34	46 49 52 55 58 38 40 43 46 49	70-74	20 22 23 25 27 16 17 18 20 21	23 25 26 29 31 18 19 21 23 24	30 32 34 37 39 24 26 27 29 32	34 36 39 41 44 27 29 31 33 36
120 9 10 11		4 15 17 18 19	20 22 24 25 27	30 33 35 38 40		12 13 14 16 17	14 15 16 18 19	19 20 22 23 25	21 23 25 27 29
180 <u>13 15 17</u>		3 25 28 <mark>31 34</mark>	<u>30 33 37 40 44</u>	47 52 56 60 65		<u>19 21 23 26 28</u>	24 26 29 <mark>32 35</mark>	<u>30 33 36</u> 39 43	36 40 44 48 52
160 10 11 13 140 8 9 10		7 19 22 24 27 3 15 17 18 21	24 26 29 32 35 18 20 23 25 28	38 42 46 50 54 30 33 37 40 44	65-69	14 16 18 20 22 11 12 14 15 17	18 20 23 25 28 14 16 17 19 22	23 26 28 31 34 18 20 22 24 27	29 32 35 38 42 22 25 28 30 34
140 8 9 10 120 6 7 7		0 11 13 14 16	18 20 23 23 23 14 16 17 19 22	24 26 29 32 35	03-05	11 12 14 15 17 8 9 11 12 13	14 10 17 19 22 11 12 13 15 17	18 20 22 24 27 14 15 17 19 21	17 19 21 24 26
180 9 10 12	14 16 1	7 20 22 26 29	22 25 29 33 37	40 44 50 55 61		13 15 17 20 23	18 21 24 28 32	22 26 29 33 38	31 35 40 44 50
		3 15 17 19 22 0 11 13 15 17	17 19 22 25 29 12 15 17 10 23	31 35 39 44 50 24 27 24 25 20		10 11 13 15 17	14 16 18 21 24 10 12 14 16 18	17 20 22 26 29 12 15 17 10 22	24 27 31 35 40 18 21 24 27 31
	8 9 <mark>10</mark> 6 7 7	' 8 9 <mark>11 13</mark>	13 15 17 19 22 9 11 13 15 17	24273135391821242731	60-64	7 8 <mark>10 11 13</mark> 5 6 7 8 <mark>10</mark>	8 9 10 12 14 16 18	13151719221011131517	18 21 24 27 31 13 15 18 21 24
180 6 7 8	10 12 12	2 15 18 21 25	16 19 22 26 31	32 37 43 49 56		10 12 15 17 21	16 19 23 27 31	<u>19 22 26 31 36</u>	29 34 39 45 52
160 4 5 6		11 13 15 18	12 14 16 19 <mark>23</mark>	24 28 33 38 44		7 9 <u>11 13 15</u>	12 14 17 20 24	14 17 20 23 27	21 25 30 35 41
	5 6 7 4 5 5		8 10 12 14 17 6 7 9 10 13	18 21 25 29 34 13 16 18 22 26	55-59	5 6 8 9 <mark>11</mark> 4 5 6 7 8	9 <mark>10 12 15 17</mark> 6 7 9 <mark>11 13</mark>	10 12 14 17 20 7 9 11 13 15	16192226311214172023
180 4 5 7	8 10 10	0 13 16 19 24	13 16 19 23 28	29 35 41 49 57		8 10 13 16 19	15 18 22 27 32	<u>16 20 24 30 36</u>	28 33 40 47 55
160 3 4 5	6 7 7	' 9 <u>11 14 17</u>	9 11 14 17 21	21 26 31 37 44		<u>6</u> 7 9 <u>11 14</u>	<u>10 13 16 19 24</u>	<u>12</u> 14 18 22 26	20 25 30 36 43
140 2 3 3 120 2 2 2		7 8 <mark>10 12</mark> 5 6 7 9	6 8 <mark>10 12 15</mark> 5 6 7 9 11	15 19 23 28 <mark>34</mark> 11 14 17 20 25	50-54	4 5 6 8 10 3 4 5 6 7	7 9 <mark>11 14 17</mark> 5 6 8 10 12	8 <mark>10 13 16 19</mark> 6 7 9 11 14	15 18 22 27 32 10 13 16 20 24
180 3 4 5	6 8 8	11 13 17 21	10 12 16 20 25	25 31 38 46 55		7 9 11 14 17	13 16 21 26 32	14 18 22 28 34	26 32 40 48 57
	4 6 6		7 9 11 14 18	23 31 38 40 53 18 22 28 34 42		5 6 8 10 12	9 12 15 18 23	14 18 22 28 54 10 13 16 20 25	19 24 29 36 44
	3 4 4		5 6 8 <mark>10 12</mark> 3 4 5 7 9	12 16 20 25 31 9 11 14 18 22	45-49	3 4 5 7 9	6 8 10 13 17 4 6 7 9 12	7 9 <u>11 14 18</u>	13 17 21 26 33
120 1 1 2	2 3 3	<mark>4</mark> 567	3 4 5 7 9	9 11 14 18 22		2 3 4 5 6	<mark>4</mark> 679 <u>12</u>	5 6 8 <mark>10 13</mark>	9 <mark>12 15 19 24</mark>
180 2 3 4 160 2 2 3	6 8 7 4 5 5	7 <mark>10 13 17 21</mark> 6 7 9 11 15	8 11 14 19 24 6 7 10 13 17	23 30 38 47 57 16 21 27 35 43		5 6 8 <mark>11 14</mark> 3 4 6 7 10	10 13 18 23 29 7 9 12 16 21	11 14 18 24 30 7 10 13 17 22	22 29 36 45 55 16 20 26 33 42
		4 6 8 10	4 5 7 9 12	10 21 27 55 45 11 15 19 25 32	40-44	2 3 4 5 7	5 6 8 <u>11 14</u>	5 7 9 11 15	10 20 20 55 42 11 14 18 24 30
	2 2 2		3 3 5 6 8	8 10 13 17 22		1 2 3 3 5	3 4 6 7 10	3 4 6 8 10 2 4 5 6 7	7 10 13 17 22
3 4 5	b 7 3	4 5 6 7	3 4 5 6 7	3 4 5 6 7		3 4 5 6 7	3 4 5 6 7	3 4 5 6 7	3 4 5 6 7

>=50 % 40-49 % 30-39 % 20-29 % 10-19 % 5-9 % <5 %

Total cholesterol (mmol/L)

Systolic blood pressure (mmHg)

Nigeria

		Wo	men	-		-	N	len	
	Non-Di			betic			iabetic		petic
	Non-smoker	Smoker	Non-smoker	Smoker	AGE	Non-smoker	Smoker	Non-smoker	Smoker
16 14	0 46 49 52 55 58 0 38 41 43 46 49 0 31 33 35 38 40 00 25 26 28 30 32	63 66 69 72 75 53 56 59 63 66 44 47 50 53 56 36 39 41 44 47	77 80 82 85 87 67 70 74 76 79 58 61 64 67 70 48 51 54 57 60	90 92 94 95 96 83 86 88 90 92 75 78 80 83 86 65 68 71 74 77	70-74	43 46 49 51 54 35 37 40 43 45 28 30 32 35 37 22 24 26 28 30	48 51 54 57 60 39 42 44 47 50 32 34 36 39 41 25 27 29 31 34	59 62 65 68 71 49 52 55 58 61 40 43 46 49 52 33 35 38 40 43	64 67 70 73 76 54 57 60 64 67 45 48 51 54 57 37 39 42 45 48
		51 55 60 64 68 41 45 49 53 58 33 36 40 44 48 26 29 32 35 38	63 68 72 76 80 53 57 62 66 70 43 47 51 55 60 35 38 42 45 49	83 87 90 92 95 74 78 82 85 89 64 68 72 76 80 53 57 62 66 70	65-69	31 37 41 44 24 26 29 32 35 19 21 23 25 28 14 16 18 20 22	37 41 45 49 53 30 33 36 40 43 23 26 28 31 35 18 20 22 25 27	46 50 54 58 63 37 40 44 48 52 29 32 35 39 42 23 25 28 31 34	55 59 63 68 72 45 49 53 57 62 36 39 43 47 51 28 31 34 38 42
		39 44 49 55 60 31 35 39 44 49 24 27 31 35 39 18 21 23 27 30	49 55 60 66 71 39 44 49 54 60 31 35 39 44 49 24 27 30 34 39	74 79 84 88 92 63 68 74 79 84 51 57 63 68 74 41 46 51 57 62	60-64	22 25 29 33 37 17 19 22 25 29 13 15 17 19 22 9 11 13 14 17	30 35 39 44 49 23 27 30 35 39 18 20 23 27 30 13 15 18 20 23	36 41 46 51 57 28 32 36 41 46 22 25 28 32 36 16 19 21 25 28	48 54 59 65 71 38 43 48 54 59 30 34 38 43 48 23 26 30 34 38
18 16 14 12	i0 11 13 16 19 22 i0 8 10 11 14 16	30 35 41 47 54 23 27 31 37 42 17 20 24 28 32 12 15 18 21 25	37 43 49 56 63 29 33 39 44 51 21 25 30 34 40 16 19 22 26 31	6571788489525966737941475461683237434956	55-59	18 21 25 29 34 13 16 18 22 26 10 11 14 16 19 7 8 10 12 14	27 32 37 43 49 20 24 28 33 38 15 18 21 25 29 11 13 16 18 22	31 37 42 49 55 24 28 33 38 44 18 21 25 29 34 13 15 18 22 26	46 52 59 66 73 35 41 47 54 61 27 31 37 42 49 20 24 28 33 38
18 16 14 12	i0 8 9 12 14 17 i0 5 7 8 10 13	24 29 35 42 49 18 22 26 32 38 13 16 19 23 28 9 11 14 17 21	29 35 42 49 57 21 26 31 38 44 16 19 23 28 34 11 14 17 21 25	58 66 74 81 88 45 53 61 69 77 34 41 48 56 64 25 31 37 44 51	50-54	14 17 21 25 31 10 12 15 19 23 7 9 11 13 16 5 6 8 10 12	24 29 35 41 49 17 21 26 31 37 12 15 19 23 28 9 11 13 17 20	27 32 38 45 53 19 24 29 34 41 14 17 21 26 31 10 12 15 19 23	43 50 58 67 75 32 39 46 53 62 24 29 35 41 49 17 21 26 31 37
18 16 14 12	io 5 7 8 11 14 io 4 5 6 7 9	19 24 30 36 44 13 17 21 27 33 9 12 15 19 24 7 8 11 14 17	22 28 34 42 50 16 20 25 31 38 11 14 18 22 28 8 10 13 16 20	50 59 68 77 85 38 46 55 64 73 28 34 42 50 59 20 25 31 38 46	45-49	10 13 16 21 26 7 9 11 15 18 5 6 8 10 13 3 4 6 7 9	19 24 30 37 45 14 17 22 27 33 10 12 15 19 24 7 8 11 14 17	21 26 32 40 48 15 19 23 29 36 10 13 17 21 26 7 9 12 15 19	37 45 54 64 73 27 34 41 50 59 20 25 31 38 46 14 18 22 28 34
	i0 3 4 6 8 10 i0 2 3 4 5 7	14 19 24 31 39 10 13 17 22 28 7 9 12 15 20 5 6 8 10 14 3 4 5 6 7	16 21 27 34 43 11 14 19 24 31 8 10 13 17 22 5 7 9 12 15 3 4 5 6 7	42 51 62 72 82 30 38 47 58 68 21 28 35 44 54 15 19 25 32 40 3 4 5 6 7	40-44	6 9 11 15 19 4 6 8 10 13 3 4 5 7 9 2 3 4 5 6 3 4 5 6 7	14 18 23 30 38 9 12 16 21 27 6 9 11 15 19 4 6 8 10 13 3 4 5 6 7	14 19 24 31 39 10 13 17 22 28 7 9 12 15 20 5 6 8 11 14 3 4 5 6 7	29 37 46 57 67 21 27 34 43 53 14 19 24 31 39 10 13 17 22 28 3 4 5 6 7

Systolic blood pressure (mmHg)

>=50 % 40-49 % 30-39 % 20-29 % 10-19 % 5-9 % <5 %

Russian Federation

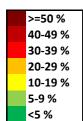
	Women					Men				
	Non-Diabetic		Diabetic			Non-D	iabetic		Diabetic	
	Non-smoker	Smoker	Non-smoker	Smoker	AGE	Non-smoker	Smoker	Non-smoker	Smoker	
14	30 37 40 42 45 48 30 32 34 37 39 30 24 26 28 30 32 30 12 24 24 25 32	52 55 58 61 64 43 46 49 52 55 35 38 40 43 46 28 30 33 35 37	66 69 72 75 78 57 60 63 66 69 47 50 53 56 59 39 41 44 47 50	82 85 87 89 91 73 76 79 82 85 64 67 70 73 76 54 57 60 63 67	70-74	49 52 55 58 61 41 43 46 49 52 33 35 38 40 43 26 28 30 32 35	54 57 60 64 67 45 48 51 54 57 37 39 42 45 47 30 32 34 36 39	65 69 72 75 78 56 59 62 65 68 46 49 52 55 58 38 41 43 46 49	71 74 77 80 82 61 64 67 70 74 51 54 58 61 64 42 45 48 51 54	
18 16 14 12	50 <u>17 19 21 23 26</u>	36 39 43 47 51 28 31 34 38 41 22 24 27 30 33 17 19 21 23 26	46 50 54 59 63 37 41 45 49 53 30 33 36 39 43 23 26 28 31 34	67 71 75 79 83 56 61 65 69 74 46 50 55 59 63 37 41 45 49 53	65-69	31 38 41 45 24 27 30 33 36 19 21 23 26 28 15 16 18 20 22	38 42 45 49 54 30 33 36 40 44 24 26 29 32 35 18 20 23 25 28	46 50 55 59 63 37 41 45 49 53 30 33 36 39 43 23 26 28 31 34	55 60 64 68 73 45 49 53 58 62 36 40 44 48 52 29 32 35 38 42	
18 16 14 12	5 0 11 12 14 16 19	26 30 34 39 43 20 23 26 30 34 15 17 20 23 26 11 13 15 17 20	38 43 48 54 26 30 34 38 43 20 23 26 30 34 15 17 20 23 26	56 62 68 73 79 45 51 56 62 68 36 40 45 51 56 28 31 36 40 45	60-64	20 23 27 30 35 15 18 20 23 27 11 13 15 18 20 8 10 11 13 15	28 32 36 41 46 21 25 28 32 37 16 19 21 25 28 12 14 16 19 21	34 38 43 48 54 26 30 34 38 43 20 23 26 30 34 15 17 20 23 26	45 50 56 62 68 35 40 45 51 56 27 31 36 40 45 21 24 27 31 36	
16 14	30 10 12 14 17 20 50 7 9 10 12 15 60 5 6 8 9 11 20 4 5 5 7 8	21 25 29 34 40 15 18 22 26 30 11 13 16 19 23 8 10 12 14 17	26 31 36 41 48 19 23 27 32 37 14 17 20 24 28 10 13 15 18 21	49 56 63 70 77 38 44 51 58 65 29 34 40 46 52 22 26 30 35 41	55-59	16 19 23 27 32 12 14 17 20 24 9 10 12 15 18 6 7 9 11 13	2529344046192226313614161923271012141720	29 34 39 46 52 22 26 30 35 41 16 19 23 27 31 12 14 17 20 23	43 49 56 63 70 33 38 44 51 58 25 29 34 40 46 18 22 26 30 36	
		18 22 27 32 39 13 16 20 24 29 9 11 14 17 21 7 8 10 12 15	22 27 32 38 45 16 19 24 29 34 11 14 17 21 26 8 10 12 15 19	46 54 62 70 78 35 42 49 57 65 26 31 38 45 52 19 23 28 34 40	50-54	13 16 19 24 29 9 11 14 17 21 6 8 10 12 15 5 6 7 9 11	22 27 32 39 46 16 19 24 29 35 11 14 17 21 26 8 10 12 15 19	25 30 36 43 50 18 22 27 32 38 13 16 19 24 29 9 11 14 17 21	40 47 55 64 72 30 36 43 51 59 22 27 32 39 46 16 20 24 29 35	
18 16 14 12	50 3 4 5 7 9 40 2 3 4 5 6	13 16 20 25 32 9 11 14 18 23 6 8 10 13 16 4 5 7 9 11	15 19 24 29 36 10 13 17 21 26 7 9 12 15 19 5 6 8 11 13	36 44 53 62 71 26 33 40 48 57 19 24 29 36 44 13 17 21 27 33	45-49	12 15 19 24 6 8 10 13 17 4 6 7 9 12 3 4 5 6 8	18 22 28 34 42 12 16 20 25 31 9 11 14 18 22 6 8 10 13 16	19 24 30 37 45 13 17 21 27 33 9 12 15 19 24 7 8 11 14 17	35 42 51 60 70 25 31 38 47 56 18 23 28 35 43 13 16 20 25 32	
14	30 3 4 6 8 10 50 2 3 4 5 7 10 2 2 3 4 5 11 11 2 2 3 3 4 5 6 7	10 13 17 23 29 7 9 12 16 21 5 6 8 11 14 3 4 6 7 10 3 4 5 6 7	11 15 19 25 22 8 10 13 18 23 5 7 9 12 16 4 5 6 8 11 3 4 5 6 7 7	31 40 49 60 71 22 29 36 45 56 15 20 26 33 42 11 14 18 24 30 3 4 5 6 7	40-44	6 8 10 14 18 4 5 7 9 12 3 4 5 6 8 2 2 3 4 6 3 4 5 6 7	13 17 22 28 36 9 12 15 20 25 6 8 10 14 18 4 5 7 9 12 3 4 5 6 7	13 17 23 29 37 9 12 16 20 26 6 8 11 14 19 4 6 7 10 13 3 4 5 6 7	27 35 44 54 64 19 25 32 40 50 13 17 23 29 37 9 12 16 21 27 3 4 5 6 7	

>=50 % 40-49 % 30-39 % 20-29 % 10-19 % 5-9 % <5 %

Systolic blood pressure (mmHg)

United States of America

	Women					Men				
	Non-Diabetic Diabetic				Non-Diabetic			Diabetic		
	Non-smoker	Smoker	Non-smoker	Smoker	AGE	Non-smoker	Smoker	Non-smoker	Smoker	
180 160 140 120	0 8 9 10 11 11 0 6 7 7 8 9	1718192123131415171810111213148891011	23 25 27 29 32 18 20 22 23 25 14 16 17 18 20 11 12 13 14 16	35 38 40 43 46 28 30 33 35 38 22 24 26 28 30 17 19 21 22 24	70-74	14 16 17 18 20 11 12 13 14 16 9 9 10 11 12 7 7 8 9 9	1718202123131415171810111213148991011	22 24 26 28 30 17 19 20 22 24 13 15 16 17 19 10 11 12 13 15	25 28 30 32 35 20 22 24 26 28 16 17 19 20 22 12 13 14 16 17	
180 160 140 120	0 6 6 7 8 9 0 4 5 5 6 7	13 14 16 18 20 10 11 12 14 16 7 8 9 11 12 6 6 7 8 9	18 20 22 24 27 13 15 17 19 21 10 11 13 14 16 8 9 10 11 12	30 33 36 40 44 23 26 29 32 35 18 20 22 25 28 14 15 17 19 21	65-69	12 13 15 17 19 9 10 11 13 14 7 8 9 10 11 5 6 6 7 8	15 17 19 21 24 12 13 15 16 18 9 10 11 13 14 7 7 8 9 11	19 21 24 27 30 15 16 18 21 23 11 13 14 16 18 8 10 11 12 14	25 27 31 34 38 19 21 24 27 30 14 16 18 20 23 11 12 14 16 18	
180 160 140 120	4 5 6 7 8 3 4 4 5 6	11 13 15 17 20 8 9 11 13 15 6 7 8 9 11 4 5 6 7 8	1417192226111214171989111315678911	27 31 35 40 45 21 24 27 31 36 16 18 21 24 27 12 13 16 18 21	60-64	11 12 14 17 19 8 9 11 12 14 6 7 8 9 11 4 5 6 7 8	151820232711131518208101113156781011	18 21 25 28 32 14 16 19 21 25 10 12 14 16 19 8 9 10 12 14	26 30 34 39 44 20 23 26 30 34 15 17 20 23 26 11 13 15 17 20	
180 160 140 120	3 4 5 6 7 0 2 3 4 4 5	10 13 15 18 21 8 9 11 13 16 5 7 8 10 11 4 5 6 7 8	1316192227101214172078101214567911	28 32 38 44 51 20 24 29 34 39 15 18 21 25 30 11 13 16 19 22	55-59	10 12 14 17 21 7 9 11 13 15 5 6 8 9 11 4 5 5 7 8	16 19 23 27 32 12 14 17 20 24 8 10 12 15 18 6 7 9 11 13	19 22 26 31 36 14 16 19 23 27 10 12 14 17 20 7 9 10 13 15	29 34 39 46 52 21 25 30 55 41 16 19 22 27 31 12 14 17 20 24	
, 180 160 140 120	3 4 5 6 8 0 2 3 3 4 5	11 13 16 20 25 8 9 12 15 18 5 7 8 10 13 4 5 6 7 9	131620242991214182278101316567911	30 36 43 51 59 22 27 32 39 46 16 19 24 29 35 11 14 17 21 26	50-54	9 11 14 17 20 6 8 10 12 15 4 5 7 8 11 3 4 5 6 7	15 19 23 28 34 11 14 17 21 25 8 10 12 15 18 6 7 9 11 13	17 21 26 31 38 12 15 19 23 28 9 11 14 17 21 6 8 10 12 15	29 36 42 50 58 22 26 32 38 46 16 19 23 29 35 11 14 17 21 26	
180 160 140 120	3 3 4 6 7 2 2 3 4 5	10 13 17 21 26 7 9 12 15 19 5 6 8 10 13 3 4 6 7 9	12 15 19 24 30 8 11 14 17 22 6 7 9 12 15 4 5 7 8 11	30 37 45 54 64 22 27 34 41 50 15 19 24 30 38 11 14 17 22 27	45-49	7 9 12 15 19 5 6 8 10 13 3 4 6 7 9 2 3 4 5 6	14182228341012162025791114185681013	15 19 24 30 37 11 13 17 21 27 7 9 12 15 19 5 7 8 11 14	28 35 43 51 61 20 25 31 39 47 14 18 23 28 35 10 13 16 20 26	
180 160 140 120	2 3 4 5 6 1 2 2 3 4	9 12 16 21 27 6 8 11 14 19 4 6 7 10 13 3 4 5 7 9 3 4 5 6 7	10 14 18 23 30 7 9 12 16 21 5 6 8 11 15 3 4 6 8 10 3 4 5 6 7	29 36 45 56 66 20 26 33 42 52 14 18 24 30 39 10 13 17 22 28 3 4 5 6 7	40-44	5 7 9 11 15 3 4 6 8 10 2 3 4 5 7 2 2 3 4 5 3 4 5 6 7	11 14 18 24 30 7 10 13 17 22 5 7 9 11 15 3 4 6 8 10 3 4 5 6 7	11 15 19 25 32 8 10 13 17 22 5 7 9 12 16 3 5 6 8 11 3 4 5 6 7	23 30 38 47 57 16 21 27 35 43 11 15 19 25 32 8 10 13 17 23 3 4 5 6 7	



Systolic blood pressure (mmHg)

