

## New data highlights urgent need to tackle high blood pressure

Experts leading the fight against one of Australia’s biggest killers have called for renewed focus on those hit hardest, as the nation’s blood pressure continues to rise. A new analysis published today in the *Journal of Hypertension*<sup>1</sup> has revealed lower control rates in the First Nations peoples, the socioeconomically disadvantaged, and young males.

It comes after new national data released by the Australian Institute of Health and Welfare<sup>2</sup> revealed more than seven million Australian adults are now living with high blood pressure (also known as hypertension). Overall, the proportion of adults with hypertension who have their blood pressure under control has improved from 32 per cent (2017-2018) to 40 per cent (2022-2023); however, most Australians with hypertension remain uncontrolled, putting them at greater risk of heart disease, stroke, kidney disease and even developing dementia.

Established in 2022, the National Hypertension Taskforce released a Roadmap to lift national blood pressure control rates to 70 per cent by 2030. With these updated control figures, significant progress is required to move the dial from 40 to 70 per cent. The Taskforce’s [Roadmap](#) paves the way and focuses on three pillars: (A) prevent; (B) detect; and (C) effectively treat raised blood pressure.

The National Hypertension Taskforce’s analysis of the latest data (2022–23) highlights both progress and ongoing challenges. While control rates have improved, they remain too low to adequately reduce the burden of heart disease, stroke, kidney disease and dementia.

To support this goal, the Taskforce and its partners are progressing a range of initiatives to improve the detection and control of hypertension. National screening and awareness initiatives, including Australia’s Biggest Blood Pressure Check, part of global May Measurement Month, which encourages Australians to get checked and know their numbers. Looking ahead, new Australian Hypertension Guidelines are expected later in 2026, providing clear, evidence-based guidance for clinicians to achieve and maintain blood pressure control.

Taskforce Co-Chair, Professor Alta Schutte, says there is still a lot of work to do. “High blood pressure remains the leading risk factor for heart disease, stroke, kidney disease and dementia in Australia. While early progress in control rates is encouraging, we must act swiftly by implementing best evidence to reduce the incidence and further improve blood pressure control rates.”

Improvements in blood pressure control are not experienced equally. Blood pressure control remains particularly poor amongst young adults aged 18-34 years, especially men (13% compared to 23% in females), and Australians living in socioeconomically disadvantaged areas (39-49%, compared to 34-42% in the least disadvantaged). Among First Nations peoples, the

age-standardised prevalence of hypertension is higher than in the general population (37% compared with 35%), while control rates remain significantly lower (22% compared to 40%).

National Hypertension Taskforce Co-Chair, Professor Markus Schlaich, said these inequities highlight the urgent need for a more targeted approach.

“Without a more focused approach, cardiovascular risk will remain unacceptably high in underserved communities. We must prioritise those most at risk to close this gap.”

The Taskforce is calling for intensified action across prevention, detection and treatment to accelerate progress towards the national target of 70 per cent blood pressure control by 2030.

“Hypertension is highly treatable, and improving blood pressure control could save thousands of lives while delivering major health and economic benefits for Australia,” Professor Schutte said.

## References

1. Ohlrogge AH, Xu X, Goodman A, et al. Update from the National Hypertension Taskforce of Australia: Prevalence, treatment and control rates of hypertension between 2022-2024 – implications and future directions. *J Hypertension* 2026.  
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2. Australian Institute of Health and Welfare. Hypertension in Australia. 15 May 2026  
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## National Hypertension Taskforce

You can find out more about the National Hypertension taskforce [HERE](#).

## Bios

**Professor Markus Schlaich** is the Dobney Chair in Clinical Research at The University of Western Australia, the President of Hypertension Australia, Co-lead of the new Hypertension Taskforce, and President-elect of the World Hypertension League.

He is a renal physician and a European Society of Hypertension (ESH) accredited hypertension specialist with a strong background in clinical research.

**Professor Alta Schutte** is a SHARP Professor of Cardiovascular Medicine at UNSW Sydney, and Co-Director of the Global Cardiovascular Program at The George Institute for Global Health. She is the ACvA Deputy President, Co-Chair of the Hypertension Taskforce, and a NHMRC Investigator Grant Leadership Fellow. She is past President of the International Society of Hypertension. She has extensive experience in leading clinical trials and population-based studies with a focus on raised blood pressure, hypertension and cardiovascular disease.