



CIPRIANI COLLEGE
OF LABOUR AND CO-OPERATIVE STUDIES

A close-up photograph of a brown stethoscope with a red handle, positioned over a large, realistic red heart. The background is a soft, teal-colored gradient.

WORK MATTERS

COLUMN

MAY 2023

Medical and Social Ills of High Blood Pressure and Obesity: A retrospective approach.

It can be argued that society's social dynamics in Trinidad and Tobago have not changed since 1969. The socio-economic status trajectory of morbidity and mortality continues relentlessly through the ages. Status enthusiasm, consumerism, economic inequality, global warming, climate change and individualism are the hallmarks of our modern society.

I was assigned to Ward 31 in 1971 as a Registered Nurse (RN) in a medical ward with the nurses' sobriquet 'the mortuary'. There were two consultants attached to the Medical Wards. Doctors Rattan an Indo-Trinbagonian and Patrick an Afro-Trinbagonian were the medical consultants. I must confess that working with the team of doctors made me enjoy working in the Ward and allowed me to contribute to my chosen profession.

Since that time, diet and nutrition have played an integral role in the well-being of our citizens. Interestingly, food choices were divided ethnically between the two main groups in society. The patients of East Indian descent were accustomed to eating roti and dhal and rice and green vegetables; while the patients of Afro-descent were accustomed to eating foods such as bread-fruit oil-down, stew chicken with peas and beans. To be sure, all these foods made up the cultural landscape of the society.

In the time that is referred to in this article, some patients admitted to the ward remained alive for an average of ten days. The medical ward was always filled, especially when we were receiving casualty patients and the patients to the medical clinic. The nursing staff and the medical staff worked non-stop on each shift, and there was a feeling of camaraderie that was unparalleled. The 3:00 pm to 10:00 pm was the most demanding shift, mentally, psychologically, and in relation to the human energy consumption by all members of staff, regardless of their rank or station. I recalled that the handing over usually took place simultaneously with the change in the shift. These patients were admitted with many ailments, inclusive of chronic cardiovascular diseases, chronic diabetes myelitis, and chronic respiratory diseases.

In recent times in Trinidad and Tobago, obesity is a social phenomenon in a consumer-fast-food society with a reputation as one of the leading causes of death and disabilities. The demographics continue to be disturbing and are distributed across the different age groups from babies, teenagers, adults, and the elderly.

I became familiar with the repeated occurrence of obesity, even in those days on the ward, and sadly I also recall the stretcher with the 'hood' that was used for transporting the dead body to the mortuary. In memory, I also recall the attendant, an elderly man, who usually displayed a jovial disposition with no remorse for the deceased's family members.

Today, hypertension otherwise known as the "silent killer" is a global problem that impacts one in three people (World Health Organization [WHO], 2012) with an estimated cost of \$370 billion per year worldwide. High blood pressure is estimated to cost the United States about \$131 billion each year. This was calculated by averaging costs over a 12-year period, from 2003–2014(CDC 2020). The issue being highlighted here is that we need to take more care of our bodies, and this relates directly to what we put in them. We need to be more conscientious of our food intake, both in quality and quantity. In a world, and country which are marked by increasing consumption, and excesses, we need to be aware of the dangers to our health and have a closer at how we take care of ourselves. Let us not continue to fall victim to the social phenomena of obesity, eating excesses, high blood pressure, mass consumption and wanton disregard to health and wellness.

Valentine Smith PhD
Fellow,
CCLCS