Table 4: Crude provincial prevalence estimates for hypertension algorithms, 2001/02 -2005/06

# Years		Algorithm	Prevalence Estimates (%)
1	1	1+P	15.5
	2	2+P	10.1
	3	1+H or 1+ P	16.1
	4	1+ H or 2+ P	10.8
	5	1+ H or 1+ P or 1+ Rx	24.7
	6	1+ H or 1+ P or 2+ Rx	23.9
	7	1+H or 2+P or (1 P and 2+Rx)	14.3
2	8	1+P	20.1
	9	2+P	14.9
	10	1+H or 1+ P	20.7
	11	1+ H or 2+ P	15.8
	12	1+ H or 1+ P or 1+ Rx	27.5
	13	1+ H or 1+ P or 2+ Rx	26.6
	14	1+H or 2+P or (1 P and 2+Rx)	18.3
3	15	1+P	23.1
	16	2+P	17.8
	17	1+H or 1+ P	23.7
	18	1+ H or 2+ P	18.7
	19	1+ H or 1+ P or 1+ Rx	29.7
	20	1+ H or 1+ P or 2+ Rx	28.7
	21	1+H or 2+P or (1 P and 2+Rx)	20.8
5	22	1+P	26.9
	23	2+P	21.2
	24	1+H or 1+ P	27.5
	25	1+ H or 2+ P	22.1
	26	1+ H or 1+ P or 1+ Rx	33.1
	27	1+ H or 1+ P or 2+ Rx	31.7
	28	1+H or 2+P or (1 P and 2+Rx)	23.8

Notes:

* # Years = number of years of administrative data to which the case ascertainment algorithm was applied. For example, 1+P in one year identifies individuals as disease cases if they had one or more physician billing claims with the relevant diagnosis code(s) in a one-year period. The algorithm 1+H or 2+P in one year identifies individuals as disease cases if they had one or more hospitalization or two or more physician claims with the relevant diagnosis code(s) in a one-year period.
* 1-year estimates are for 2005/06, 2-year estimates are for 2004/05 - 2005/06, 3-year estimates are for 2003/04 - 2005/06, 5-year estimates are for 2001/02 - 2005/06.
* H = Hospital separation; P = Physician billing claim; Rx = Prescription drug record.

Source: Lix L, Yogendran M, Mann J. *Defining and Validating Chronic Diseases: An Administrative Data Approach. An Update with ICD-10-CA*. Winnipeg, MB: Manitoba Centre for Health Policy, November 2008.