



? Question:

What errors do family physicians make in the detection and management of hypertension and what might be the opportunities to improve treatment outcomes?

Response:

The World Health Organization estimates high blood pressure to be the leading risk of death for women and the second leading risk for men in Canada. Most Canadians are likely to develop hypertension as they age. The rate of treatment and control of hypertension in Canada is about half of that in the U.S.; nevertheless, it is the most frequent diagnosis in Canadian adults visiting doctors.

There are several areas in which family physicians could have a more positive impact on hypertension management.

Routine blood pressure measurements

On the diagnostic side, ensure blood pressure is measured every visit. Those taking blood pressure should be specifically trained to follow current measurement recommendations (www.chs.md).¹

Advise healthy lifestyles to prevent and treat hypertension

Individuals with normal blood pressure need to be alerted to increasing blood pressure with age and the need for periodic reassessment. Furthermore, both those with normal and initially high readings should be counselled on the need for:

- a smoke-free environment,
- healthy eating,
- regular physical activity,
- maintaining a healthy body weight, and
- moderating alcohol consumption.

These steps can prevent the onset of hypertension over time and are individually as effective as one half to a full dose of an antihypertensive medication.²

Assess other cardiovascular risks in those with hypertension

Most hypertensive patients have multiple cardiovascular risks that require management. Therefore, once a diagnosis of hypertension has been established, check a fasting glucose and lipid profile to assess other highly prevalent cardiovascular risk factors.²

While systolic blood pressure is a better predictor of adverse patient outcomes than diastolic blood pressure, physicians often fail to increase the number, or dose, of medications to achieve the systolic blood pressure target. Most patients require two or three antihypertensive drugs to achieve blood pressure targets. Using combination tablets and simplified once-daily drug regimens can improve adherence and assist in keeping blood pressure targets.³

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Use a simple regimen with combinations of long-acting antihypertensive medications to reduce the systolic blood pressure to < 140 mmHg and the diastolic blood pressure to < 90 mmHg.

In Canadian surveys, patients with diabetes have worse blood pressure control than those without. This is a clear area for improvement, as people with diabetes are at very high risk and have a large benefit from tight blood pressure control.³

Reduce the blood pressure of those with diabetes and kidney disease to < 130 mmHg systolic and 80 mmHg diastolic.

The prevalence of secondary hypertension is much higher when patients are resistant to triple-drug antihypertensive therapy. In such cases, it is important to rule out white-coat hypertension (if this has not been done initially) and consideration for referral is reasonable.²

The bottom line

Following the steps of routine blood pressure measurement, assessing and managing overall cardiovascular risk, prescribing healthy lifestyles, and treating to target using combinations of medication and simplified regimens, are the major steps towards maintaining optimum health in hypertensive patients. [CME](#)

Answered By:

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References

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