

Patients citing 'high blood pressure' more than doubled the chance of getting new medication

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(Medical Xpress)—A patient who cites hypertension as a reason for a doctor's visit is more than twice as likely to be prescribed a new medicine than a patient who doesn't speak up, according to a recent study by researchers at UCSF and UCLA.

The study suggests the importance of [patients](#) feeling empowered to monitor their own health and asking their doctors for options to treat high [blood pressure](#), researchers say.

The findings, recently published in the [Archives of Internal Medicine](#), revealed that if blood pressure was not a reason for a clinic visit, a new medicine was prescribed 16 percent of the time. But if [hypertension](#) was

a stated reason for the visit, a new medicine was prescribed 30 percent of the time. The adjusted odds were 2.6, which were highly statistically significant.

"We were all surprised the rate was as low as it was," said the study's primary author Raman Khanna, MD, MAS, assistant clinical professor of the UCSF Department of Medicine. "This means that you would have to visit your doctor more than five times with high blood pressure before they would add or change a [blood pressure medication](#). Saying, 'I'm here for hypertension' or 'I'm here for my blood pressure check' made a world of difference."

Almost one-third of American adults—or 74.5 million people—have been diagnosed with hypertension, or [high blood pressure](#), according to the US Centers for Disease Control and Prevention (CDC). It typically can be controlled with diet, exercise or medication.

But if left uncontrolled, hypertension can sometimes lead to heart attack, stroke and [kidney disease](#).

Researchers were interested in studying this uncontrolled patient population. They analyzed clinic data from the National Ambulatory Medical Care Survey (NAMCS), focusing on people with uncontrolled hypertension. The researchers categorized "uncontrolled hypertension patients" as those with a diagnosis of hypertension and a visit blood pressure greater than 140/90.

The NAMCS data was based on 7,153 doctor's offices visits representing 260 million office visits throughout the country. The people in the study fit the criteria of uncontrolled hypertensive patients. The data was collected by census workers who went from practice to practice during 2005 through 2009.

Accounting for Dosage Changes or Alternative Treatment

The study, however, had major limitations. The NAMCS does not capture change in dosage, which means any adjustments to an existing medication were not recorded.

"We could only catch when they changed the medication you were on," Khanna said. "That's the unknown variable we're dealing with."

The researchers also acknowledge doctors might have recommended that their patients initially try to control hypertension with diet or exercise.

"Sometimes people's blood pressure improves significantly without medication initiation or changes," Khanna said. "Patients can stay within the normal range if they exercise and stay away from salt."

Khanna acknowledges doctors and other clinicians are busy and may not always think to adjust patients' medications. He says this study supports a possible way to improve patients' blood pressure.

"Empower your patients; encourage them to track their own blood pressure and mention it to you when they see you," he said. "You may be much more likely to adhere to the guidelines if your patients push you, and they may be more likely to get their blood pressure under control."

Provided by University of California, San Francisco

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