

When the best treatment for hypertension is to wait

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A new study from the University of Missouri concluded that a physician's decision not to intensify hypertension treatment is often a contextually appropriate choice. In two-thirds of cases where physicians

did not change treatment for patients with hypertension, patients' blood pressure returned to normal in follow-up readings taken at home.

This pre- and post-study tracked 90 [patients](#) with hypertension to understand the role that follow-up home [blood pressure](#) measures could play in understanding cases of "therapeutic inertia." Sixty-six percent of patients who had a [blood pressure reading](#) of 140/90 or higher when they were in the clinic and whose doctors did not change their treatment, had average readings under 140/90 when patients took their blood pressure at home.

According to the authors, there are implications for health care quality metrics. Doctors' success rates in controlling hypertension are based solely on clinic blood pressure rates. The authors extrapolated the home blood pressure metrics to show that when home metrics replaced clinical ones, the department's hypertension control success rates rose from 58% to 86%. They conclude, "Most validated home blood pressure should be accepted and preferred for physician hypertension performance measures."

Additionally, when surveyed after the home blood pressure reading intervention, participants shared that home blood pressure monitoring enhanced their understanding of blood pressure control. Eighty-three percent of participants agreed that they would consider buying a home blood pressure monitor if it was covered by insurance.

More information: Sonal J. Patil et al. Home Blood Pressure Monitoring in Cases of Clinical Uncertainty to Differentiate Appropriate Inaction From Therapeutic Inertia, *The Annals of Family Medicine* (2020). [DOI: 10.1370/afm.2491](https://doi.org/10.1370/afm.2491)

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