



ORIGINAL ARTICLE

Hypertensive patients in a general practice setting: Comparative analysis between controlled and uncontrolled hypertension[☆]



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KEYWORDS

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Non-steroidal
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Abstract

Objectives: To study the differences between controlled and not controlled hypertensive patients.

Methods: This was a cross-sectional observational study of the hypertensive population on the lists of three general practitioners in the district of Coimbra in central Portugal in 2013, with a margin of error of 6% and 95% confidence interval in each sample, organized in ascending order of health care user numbers. Data were gathered electronically by the investigators after approval by the Regional Health Authority's ethics committee.

Results: A sample of 201 individuals was studied, of whom 104 (51.7%) were male and 86 (42.8%) were aged under 65 ($p=0.127$ for gender and age-group). Hypertension was controlled in 130 (64.7%). We found significant differences in target organ damage, more frequent in those with controlled hypertension (33.1% vs. 19.7%, $p=0.031$), in hypertension control, better in those taking at least one anti-hypertensive drug at night (56.9% vs. 29.6%, $p=0.001$), and in prescription of non-steroidal anti-inflammatory drugs, more frequent in those with uncontrolled hypertension (11.3% vs. 3.8%, $p=0.043$).

Conclusion: Hypertension control is significantly associated with target organ damage, taking at least one anti-hypertensive drug at night and not taking non-steroidal anti-inflammatory drugs simultaneously.

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PALAVRAS-CHAVE

Hipertensão arterial;
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Anti-inflamatórios
não esteroides

Pacientes com hipertensão arterial em ambiente de medicina geral e familiar: análise comparativa entre controlados e não controlados

Resumo

Objetivos: Determinar a prevalência e comparar diferenças entre pacientes hipertensos controlados e não controlados.

Metodologia: Estudo observacional, analítico, em junho de 2013, na população de três ficheiros clínicos de médicos de uma unidade de saúde familiar no concelho de Coimbra, com hipertensão arterial (HTA) diagnosticada e registada pela codificação ICPC-2 (com e sem complicações) até ao dia 13 de maio de 2013. Amostra calculada para um intervalo de confiança de 95% e margem de erro de 6% em cada um dos ficheiros, após obtenção de listagens por ordem ascendente do número nacional de utente, assumindo uma frequência de controlo de 50%. Colheita dos dados pelos autores, por consulta de todos os processos aleatorizados, com reposição, no programa específico de HTA e no ambiente de prescrição do serviço de apoio ao médico (SAM), após parecer positivo da Comissão de Ética da Administração de Saúde Regional do Centro. Controlo de HTA se nas três últimas espaçadas leituras o valor era inferior a 140/90 mmHg.

Resultados: Estudou-se uma amostra de $n = 201$ indivíduos, sendo 104 homens (51,7%) e tendo menos de 65 anos 86 (42,8%) ($p = 0,127$ entre sexo e grupo etário). Para $n = 130$ (64,7%) da amostra há controlo da HTA. A lesão em órgão-alvo é significativamente mais frequente nos pacientes com HTA controlada (33,1 versus 19,7%, $p = 0,031$). Quando há toma de pelo menos um medicamento à noite há maior frequência de controlo (56,9 versus 29,6%, $p < 0,001$). A simultaneidade de prescrição de anti-inflamatórios não esteroides é mais frequente nos pacientes com HTA não controlada (11,3 versus 3,8%, $p = 0,043$).

Conclusão: São fatores significativamente mais frequentes no controlo da HTA o prévio acidente cardiovascular, a toma de pelo menos um anti-hipertensor à noite e a ausência de simultânea prescrição de anti-inflamatórios não esteroides.

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Introduction

Hypertension (HTN) is a common disease with a wide range of causes, high morbidity and mortality and considerable drug therapy costs, and is the subject of three sets of guidelines by the Portuguese Directorate-General of Health.¹⁻³ The prevalence of HTN in Portugal is estimated at 42.62%. According to the VALSIM study, 47.62% of hypertensive patients are prescribed a single anti-hypertensive drug, 36.16% two drugs and 16.22% three or more drugs; diuretics are prescribed in 47.40%.⁴

Various studies^{2,5-8} support initial treatment with diuretics, and bedtime chronotherapy, in which at least one drug is taken at night, has been shown to reduce cardiovascular events due to HTN in the long term.⁹

The prevalence of HTN increases with age.^{4,7} It is also known that some medications, particularly non-steroidal anti-inflammatory drugs (NSAIDs), result in a lower level of HTN control.⁹

Hypertensive therapy should include at least two different classes of drugs, and chlorthalidone should be the first-line agent, despite minor clinical issues and changes in laboratory parameters associated with this drug.^{2,7,8}

Differences in patients' individual circumstances can lead to different attitudes to adherence to therapy, particularly a previous vascular event, associated disease or risk factors. What is undeniable is that in Portugal, few treated hypertensive patients are in fact controlled.¹¹⁻¹³

Adherence to therapy is essential in HTN control and non-adherence should be viewed not as forgetfulness, but rather as the result of the patient's subjective experience of living with HTN and the ability to accept the diagnosis and its treatment, since it usually does not give rise to symptoms or signs until complications appear. Cardiovascular events or complications may thus be related to non-adherence to therapy.¹²

The need to treat must be balanced against the risk of harm or waste, particularly in cases of moderate HTN, as shown in a 2012 review.¹⁴ There is debate concerning which cut-offs should be used to define HTN – the current 140/90 mmHg or the previous 160/100 mmHg – in order to determine whether the investment in anti-hypertensive therapy on the part of individuals, their families and society is justified.^{15,16} There may be other factors, including diet, medications and level of awareness, that physicians should take into consideration to improve the efficiency of HTN treatment.¹⁷

This situation highlights the need to understand the differences between patients with controlled and uncontrolled HTN.

Objective

Our aim was to study the differences between the characteristics of patients with controlled and uncontrolled HTN, particularly in terms of age, gender, previous

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