



Clinical management of patients with hypertension and high cardiovascular risk in specialised centers and in general practice. Analysis from an Italian Survey Questionnaire

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Abstract *Background and aim:* Hypertension control remains poorly achieved worldwide, despite the use of modern diagnostic tools and advanced therapeutic strategies. We aimed to evaluate the preferences expressed by either specialised physicians (SPs) or general practitioners (GPs) for the clinical management of hypertension and high cardiovascular risk in Italy.

Methods and Results: A predefined questionnaire was anonymously administered to a large community sample of physicians, stratified according to clinical expertise.

From a total of 64 questions, 557 physicians (478 male, mean age 54.2 ± 7.1 years, average age of medical activity 28.0 ± 8.1 years), including 261 (46.9%) SPs and 296 (53.1%) GPs, provided 9564 answers to the survey questionnaire. Involved clinicians spent the majority of their time and practice for hypertension management and control. SPs aimed to achieve the recommended BP targets ($<140/90$ mmHg), whereas GPs tended to achieve more rigorous BP goals ($<130/80$ mmHg); nonetheless, they both reported a very high rate of BP control (about 70%). Concomitant presence of diabetes, organ damage, as well as comorbidities, was reported to be relatively frequent (26–50%), mostly by SPs. ESH/ESC 2007 risk score stratification was preferred by SPs compared to GPs, who favored a comprehensive clinical evaluation. ACE inhibitors or ARBs were considered the best pharmacological option to start antihypertensive treatment, thus adding diuretics or calcium-channel blockers, if needed.

Conclusions: This predefined analysis of a survey questionnaire showed relatively different opinions with respect to recommended BP targets and distributions of cardiovascular risk profile, and similar diagnostic and therapeutic choices between GPs and SPs.

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Introduction

Hypertension management and control still represents a major clinical challenge for treating physicians, worldwide

[1–4]. Also in Italy, several studies reported relatively low proportions of treated hypertensive patients that achieved the recommended therapeutic goals of blood pressure (BP) levels, despite the impressive improvement of diagnostic

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options and pharmacological strategies observed during the last decade [5,6].

Various interventions have been proposed by international guidelines and scientific societies over the last few years to improve overall rates of BP control in treated hypertensive patients [7,8]. Among these activities, a proper selection of diagnostic tools for individual global cardiovascular risk stratification, a more extended use of effective, sustained and well-tolerated combination therapies, and a larger use of technological web-based devices to ensure adherence to prescribed medications currently represent the cornerstones of any modern strategy, aimed at ensuring higher rates of treated controlled hypertensive patients than those reported in the past [7,8]. The effectiveness of these interventions, however, might be further improved by ameliorating our knowledge about the unmet needs expressed by physicians who are involved in the daily clinical management of patients with hypertension and hypertension-related comorbidities. In this latter regard, recent surveys have reported the preferred diagnostic and therapeutic options reported by physicians for the clinical management of hypertension and high cardiovascular risk, thus providing a large amount of information on how hypertensive patients are currently treated in Italy [9,10].

In the present manuscript, we illustrate the main findings of a predefined analysis of a survey questionnaire, which has been administered to a large community sample of physicians, during an educational program performed in Italy in 2013 [9]. In this analysis, data were stratified according to type of referring physicians, including either specialised physicians (SPs) or general practitioners (GPs), in order to evaluate potential differences and similarities in a setting of real practice of hypertension and high cardiovascular risk.

Methods

Aims of the survey

The methodology of the study has been previously described [9]. Briefly, the primary aim of this study was to evaluate answers expressed by a large community sample of both SPs and GPs to a predefined survey questionnaire, which was administered during the first six months of 2013 [9].

According to the study protocol, the present manuscript reported the main findings of the first predefined analysis, aimed at exploring answers provided by either SPs or GPs, in order to evaluate potential differences and similarities between these two groups in a setting of a real practice of hypertension and high cardiovascular risk.

Methodology of the survey

This is an observational, non-interventional, cross-sectional study, designed to evaluate physicians' solutions for the daily clinical management of hypertension, hypertension-related clinical conditions and high

cardiovascular risk through the administration of a specifically designed survey questionnaire.

The study conformed to the Declaration of Helsinki and its subsequent modifications. Confidentiality on demographic and personal data of each physician included in the present survey was carefully preserved and strictly protected during each phase of the study. Written consent to participate to the educational program was obtained by all involved physicians.

Survey questionnaire

The survey questionnaire was specifically designed for the purposes of the survey [9]. As such, it has not been previously validated or tested, since this was out of the intention of the descriptive nature of the present survey.

The survey questionnaire covered two main sections [9]. The main body of the questionnaire included a total of 17 questions, ranging from multiple-choice responses to inquiries designed to encourage unprompted comments on specific issues, and prepared to cover the main areas of the clinical management of outpatients with hypertension and high cardiovascular risk in a setting of clinical practice. The additional body of the questionnaire included 15 specific items, each of them based on three-to-four questions, and developed to further address not only physicians' attitudes and preferences for daily clinical practice of hypertension and associated clinical conditions, but also for analysing clinical, therapeutic and socio-economical differences and discrepancies, as well as difficulties and troubles for the clinical management of outpatients with hypertension and high cardiovascular risk by physicians who have practice in Italy. The present analysis was limited to the answers provided for the main body of the survey questionnaire.

Physicians' recruitment

Physicians' recruitment was carried out during the first 6 months of 2013. Participants involved in the present survey were randomly selected from a community sample of physicians, including both GPs and SPs, operating in different clinical settings (outpatients clinics and/or in-hospital divisions), and geographical locations (north-east, north-west, center and south of Italy).

Physicians were invited to participate to an educational program, aimed at implementing strategies for improving BP control in Italy. These invitations were phrased in general terms and physicians were asked to participate to one from a list of educational meetings, distributed during the whole national territory from March to May 2013, during which the survey questionnaires were administered. In other words, participating physicians were blind to the real purposes of the survey. Acceptance of this initial invitation placed physicians under no obligation and interviewees were entitled to drop out of the survey at any stage. Participation of physicians to educational meetings did not include any compensation.

Before starting each educational meeting, involved physicians were asked to fill the survey questionnaire

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