A Retrospective case review of the characteristics of patients with suboptimal blood pressure control despite 3 or more anti-hypertensive agents in Cheung Sha Wan Jockey Club GOPC

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Introduction
A number of patients in our clinic are noted to have suboptimal blood pressure (BP) control (ie. >=150/90) despite 3 or more anti-hypertensive agents. There are various reasons affecting the control of disease in different patients and therefore individualized management should be given.

Objectives
- Investigate the common features among the target patients and reasons of suboptimal BP control. - Propose individualized management to optimize BP control and minimize the cardiovascular risk

Methodology
Retrospective case review of patients with hypertension was performed from 1/6/2013 to 30/9/2013 in our clinic. Patients with BP >=150/90 AND currently having 3 or more anti-hypertensive agents AND no co-existing diabetes mellitus were recruited.

Result
45 patients were included, with 24 male and 21 female patients. Risk of cardiovascular disease over 10 years was evaluated. 21 patients had high risk, while 17 and 7 patients had medium and low risk respectively. Majority(41) of patients with suboptimal BP control were not yet on maximal tolerated dose of anti-hypertensive agents. 36 were overweight/obese. 31 and 19 patients had lacked exercise and unsatisfactory diet control respectively. 6 patients had young onset of hypertension
and 5 patients had family history. 6 patients were smoker. 2 patients had poor insight and therefore poor drug compliance. This case review study aimed at identifying the common features of the target patients in order to formulate an individualized management plan. Not only the BP has to be controlled, more importantly we would like to minimize the cardiovascular risk of the patients, especially those with high or medium cardiovascular risk over 10 years. Multidisciplinary patient care is important and doctors have a key role in coordinating with nurses and allied health colleagues. Doctors should titrate up the regime while being aware of the possible side effects and contraindications. More education and counselling from both doctors and nurses can hopefully enhance patients' knowledge about the disease and improve drug compliance. Non-pharmacological advice is as important as drug treatment. Weight control, healthy life style and smoking cessation have direct impact on disease control. Smokers should be referred to smoking cessation program. Referral to dietician for low salt diet and physiotherapy for weight reduction exercise is highly recommended.