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Therapeutic inertia in the management of blood pressure control amongst patients with hypertension: a cross-sectional study in the primary care setting

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Introduction

The concept of therapeutic inertia (TI) in hypertension management can be traced back to Okonofua in 2006. He defined it as a failure of health care providers to begin new treatment or increase dosage when abnormal clinical parameters are recorded. O'Connor (2005) identified TI as having three attributes: physician, patient, and office system factors.

Objectives

To study the prevalence of therapeutic inertia in hypertension management in the primary care setting and to explore associated factors.

Methodology

Cross-sectional study involving hypertensive patients with poorly controlled hypertension, who had been followed up in all general outpatient clinics (GOPC) of Kowloon Central Cluster (KCC) in Hong Kong from 1 July 2015 to 30 June 2016. Main outcome measures include prevalence of true therapeutic inertia among hypertensive patients and its associated physician and patient characteristics.

Result

Based on the agreed criteria, blood pressure (BP) control was suboptimal in 5,138 patients (10.3%) among all hypertensive cases (n= 49,800) who had attended for a regular follow up at KCC GOPCs during the study period. Among the sampled 568 hypertensive patients with suboptimal blood pressure control, TI was found to be present in 59 cases, with a prevalence rate of 10.4%. Patients from the TI group were mostly females, with more advanced age and closer to normal BP readings compared with non-TI group. In

addition, they had a longer duration of hypertension and a higher comorbidity rate with diabetes and ischaemic heart disease (IHD). There was no statistically significant physician characteristics. Logistic regression analysis revealed the presenting diastolic BP readings were negatively associated with the presence of TI whereas concomitant IHD was found to

be positively associated with the presence of TI.