

# Service Priorities and Programmes Electronic Presentations

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Submitting author: Miss Ka Yun FUNG

Post title: Registered Nurse, Queen Mary Hospital, HKWC

Home Blood Pressure Monitoring (HBPM) among the clients with Hypertension: A Survey Study on clients who are living with Chronic Disease in Outpatient Clinics

Ho C(1)(2), Lee LL(1)(2), Fung F(1)(2), Fung KYK(1)(2), Wong SMQ(1)(2), Sin WC(1)(2), Lau WH(1)(3), Tsang K(1)(3), Lam C(1)(3) (1) General Outpatient Clinic (2) Hong Kong West Cluster (3) Kowloon West Cluster

### **Keywords:**

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### <u>Introduction</u>

Hypertension is the commonest chronic disease in GOPCs. Although blood pressure monitoring is performed in each clinic visits, such episodic measurement may not be able to reflect the patients' actual blood pressure since various bio-psychological and environmental factors may cause fluctuations including the well-known "White Coat Effect". Therefore, enhancement of home blood pressure monitoring (HBPM) is not only to empower patients' ability of disease self-management, but also provide reliable blood pressure values in one's familiar environment.

# **Objectives**

1.To explore patients' attitude and health practices towards HBPM 2.To design and deliver an education program on HBPM 3.To impart knowledge and skills for hypertensive patients in performing HBPM

#### Methodology

A questionnaire, pre and post assessment forms were administered before and after the HBPM education program. Subjects recruited were (1) aged 30 or above, (2) confirmed suffering from Hypertension in the Clinical Management System (CMS), (3) ability to communicate and complete questionnaire and, (4) with regular follow up in HKWC & KWC GOPCs. Data collected under analysis were (1) the health practices of patients towards HBPM, (2) the knowledge and skills attained in performing HBPM and, (3) Patients satisfactory survey.

## Result

Results From 1st October 2012 to 30th November 2012, 60 hypertensive patients were assessed. 29.7% patients learnt to perform HBPM from health care workers. 44% did not record readings properly and 53% performed HBPM in irregular time. After attending education program, the passing rate of HBPM knowledge and skills assessment was improved from 46.7% to 100%. It also increased patients to practice HBPM from 56.7% to 65%. Moreover, 91% patients gained confidence in HBPM and

reflected that HBPM was useful in self-monitoring. Conclusion HBPM facilitates physician to assess patients' condition and make adjustments in drugs regime so as to minimize possible complications due to poor blood pressure control. A well design education program increases patients' motivation and improves their competency in performing HBPM, thus in return enhance their active roles in chronic disease self-management.