Optimizing the clinical management of hypertensive patients in Out-patient setting: 2-year service review

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Introduction
Most of the hypertensive patients are managed in outpatient clinics. The Ambulatory blood pressure monitoring (ABPM) was introduced since January 2014. It provides a more reliable and objective measure of patient's blood pressure than isolated clinic measures. With the use of ABPM, it was expected that patients with elevated blood pressure, suspected hypertension and suboptimal controlled hypertension will receive better clinical care in order to reduce the related cardiovascular complications.

Objectives
(1) to identify patients with suboptimal controlled hypertension
(2) to identify patients with white coat hypertension
(3) to review the clinical management after performing ABPM
(4) to review the blood pressure control after performing ABPM

Methodology
The clinical notes of patients with ABPM performed from January 2014 to December 2015 were reviewed at the end of year 2016. The following clinical aspects were recorded (1) diagnosis, (2) drug management, (3) latest blood pressure, (4) open follow up option

Result
A total of 205 ABPM were performed. 31% were male patients. The average age was 61.6. Concerning the diagnosis, 5% were normal blood pressure, 18% were white coat hypertension, 77% were hypertension.
Among those patients with white coat hypertension, antihypertensives were not started in most of the cases and 58% were given an open follow up.
Among those hypertensive patients, 45% were found to have suboptimal control and 61% of these suboptimal controlled patients were offered drug adjustment (either increase dosage or add new medication). 77% of those suboptimal controlled patients had their blood pressure decreased after the ABPM.
In conclusion, ABPM identifies hypertensive patients effectively, aids doctors in treating them properly especially for those hypertensive patients with suboptimal control and avoid overtreating patients with white coat hypertension.