

Intervention helps improve and maintain better blood pressure control

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An intervention that consisted of home blood pressure (BP) telemonitoring with pharmacist management resulted in improvements in BP control and decreases in BP during 12 months, compared with usual care, and improvement in BP that was maintained for 6 months following the intervention, according to a study in the July 3 issue of *JAMA*.

"High [blood pressure](#) is the most common [chronic condition](#) for which patients visit [primary care physicians](#), affecting about 30 percent of U.S. adults, with estimated annual costs exceeding \$50 billion. Decades of research have shown that [treatment of hypertension](#) prevents [cardiovascular events](#); and many well-tolerated, effective, and inexpensive drugs are readily available. Although BP control has improved during the past 2 decades, it is controlled to recommended levels in only about half of U.S. adults with hypertension," according to background information in the article. "Several recent studies suggest that a combined [intervention](#) of telemedicine with nurse- or pharmacist-led care may be effective for improving hypertension management, but none included postintervention follow-up. Also, previous studies excluded patients with comorbidities [other illnesses] and more severe hypertension."

Karen L. Margolis, M.D., M.P.H., of the HealthPartners Institute for Education and Research, Minneapolis, and colleagues conducted a study to determine the effect and durability of home BP [telemonitoring](#) with [pharmacist](#) case management in patients representative of the range of comorbidity and hypertension severity in typical primary care practices. The [randomized clinical trial](#) included 450 adults with uncontrolled BP recruited from 14,692 patients with [electronic medical records](#) across 16 [primary care](#) clinics in an integrated health system in Minneapolis-St. Paul, with 12 months of intervention and 6 months of postintervention follow-up.

Eight clinics were randomized to provide usual care to patients (n = 222) and 8 clinics were randomized to provide a telemonitoring intervention (n = 228). Intervention patients received home BP telemonitors and transmitted BP data to pharmacists who adjusted antihypertensive therapy accordingly. The primary measured outcome was control of systolic BP to less than 140 mm Hg and diastolic BP to less than 90 mm Hg (

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