

Blood pressure study points to more equitable care in England than America

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In the US but not in England, patients on low incomes with high blood pressure have their condition managed poorly compared with those who earn more.

A new study comparing [blood pressure](#) management in the US and England found that although there is little difference between the two countries overall, the level of socioeconomic inequality is much higher in the US, with wealthier Americans more likely to meet targets for bringing their blood pressure under control than poorer patients.

The study, by Imperial College London researchers, is published in the journal *PLOS ONE*.

High blood pressure, or [hypertension](#), is the leading cause of ill health worldwide and affects 76 million people in the US and 16 million in the UK. It is diagnosed if someone's blood pressure consistently measures 140/90 millimetres of mercury or higher. Doctors usually recommend lifestyle changes to control blood pressure, and may prescribe antihypertensive drugs.

The research aimed to determine whether differences between the British and American health systems influence the quality of hypertension management and disparities between socioeconomic groups, using data from national surveys.

People aged 65 and over, who have universal coverage through Medicare

in the US, were considered separately from those aged 50-64, who have varying coverage under a market-based system. In England, the National Health Service offers [universal health coverage](#) with free care at the point of delivery for all ages.

In over-65s, American patients with hypertension were modestly more likely to meet clinical targets for [blood pressure control](#) than those in England. In patients aged 50-64, there was no significant difference between the countries.

However, in both age groups in the US, wealthier patients were more likely to meet targets for bringing their blood pressure under control than poorer patients. There was no disparity based on wealth or income in English patients.

Lead author Dr Andrew Dalton, now at Oxford University, said: "These findings show that for patients with [high blood pressure](#), the English universal healthcare model provides a similar quality of care to the US market-based system, but does so much more equitably across the population."

Dr Christopher Millett, the senior author of the study, from the School of Public Health at Imperial College London, said: "Our finding of equitable care for hypertension in England is probably due to the strong primary care system and the negligible cost of care to [patients](#) in the NHS, features lacking in the US system. The findings suggest that the US competitive market approach being introduced into the NHS may not produce the improvements in quality the government is hoping for and could reduce equity in care between poor and rich groups."

More information: A.R.H. Dalton et al. 'Impact of universal health insurance coverage on hypertension management: a cross-national study in the United States and England.' *PLOS ONE*, 2014.

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