

# Community health worker-led care meaningfully improves blood pressure control in hypertensive patients

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kidney diseases.

At the end of the study, the decline in mean systolic BP was 5 mmHg greater in the intervention group versus the control group, which received the usual care. Reduction in mean diastolic BP and BP control (

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Publishing in the *New England Journal of Medicine* today, an international research collaboration led by Professor Tazeen H. Jafar from the Health Services and Systems Research Programme at Duke-NUS Medical School, Singapore, has found that a low-cost, multi-component intervention comprising home visits by community healthcare workers to monitor blood pressure (BP) and provide lifestyle coaching, coupled with physician training and coordination with the public health care infrastructure, led to clinically meaningful reductions in BP as well better BP control in the intervention group.

Uncontrolled hypertension, a major risk factor for cardiovascular and kidney diseases, is a leading cause of death globally. In rural parts of low- and [middle-income countries](#), particularly in Asia, where [health](#) systems are suboptimal, one in four adults suffers from hypertension—70 percent of which is uncontrolled—leading to some of the highest death rates from both cardiovascular and

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