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## Non-Primary Care Settings Can Improve Detection of Hypertension



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According to a study published in *The Journal of Clinical Hypertension*, expanding blood pressure screenings to non-primary care settings can help identify more patients of hypertension and could also lead to better management and control of this health condition.

Researchers at Kaiser Permanente examined the health records of 1,076,000 patients in Southern California. Patients were seen over a two-year period in both primary and non-primary care settings, including optometry, orthopaedics and urology. The researchers reported the prevalence of hypertension and compared the characteristics of patients identified with hypertension in a non-primary care setting to those identified in primary care settings.

112,000 patients were found to have hypertension by the end of the two-year study period. 83 percent of these patients were identified in a primary care setting while 17 percent were identified in a non-primary care setting. The main non-primary care specialties to identify such patients include ophthalmology/optometry, neurology and dermatology.

False positives in both settings were comparable suggesting that blood pressure readings in both primary and non-primary care settings were accurate.

"Patients who do not see their primary care providers on a regular basis may have hypertension that goes unrecognized," said study lead author and hypertension lead Joel Handler, MD, Southern California Kaiser Permanente Hypertension Lead. "For this reason, expanding hypertension screening to non-primary care settings may be an opportunity to improve early hypertension recognition and control."

The study also indicates that those identified in non-primary care visits were likely to be older, male and non-Hispanic white. They were also likely to smoke and have chronic kidney disease. In addition, patients with an initial high blood pressure in a non-primary care setting were less likely to be obese as compared to those in a primary care setting.

Study co-author Corrina Koebnick, PhD, Kaiser Permanente Southern California Department of Research & Evaluation, points out that these differences in patient characteristics suggest that expanding hypertension screening to non-primary care settings can help identify patients who would be otherwise missed. She does caution that this approach requires an effective system to ensure appropriate follow-up of patients who have been identified as having high blood pressure.

Hypertension can be a dangerous condition and affects approximately 67 million people in the US. The Centers for Disease Control and Prevention estimates that only about half of people with hypertension have their condition under control. This is mainly because it has no warning signs or symptoms but can be fatal as it increases the risk of heart disease and stroke.

Source: Kaiser Permanente

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