



Telemonitoring, Phone Counselling Lowers Blood Pressure



Adding phone-based lifestyle counselling to home blood pressure telemonitoring is an effective strategy to improve long-term blood pressure control among minority stroke survivors with uncontrolled high blood pressure, according to late breaking science presented today at the American Stroke Association's International Stroke Conference 2020.

Uncontrolled high blood pressure, or hypertension, is a major predictor of racial disparities in stroke outcomes in the United States. Improving blood pressure control among minority stroke survivors is key to secondary stroke prevention. Although home blood pressure telemonitoring and lifestyle counselling by nurses have proven effective in controlling blood pressure, this study is the first time this strategy has been tested specifically among minority stroke survivors.

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Researchers randomly assigned 450 black and Hispanic stroke survivors with uncontrolled blood pressure (average age 62; 51% black; 44% women) to home blood pressure telemonitoring alone with monthly feedback to primary care providers, or home blood pressure telemonitoring plus telephone-based counselling by nurses. The nurses counseled patients via telephone on lifestyle behaviours and strategies to improve their blood pressure and reported the blood pressure readings to the patient's doctor.

After 12 months, patients who received the home blood pressure telemonitoring plus lifestyle counselling by nurses, experienced a 14-point reduction in their systolic blood pressure, while those who received only home blood pressure telemonitoring had only a 5-point drop in their systolic blood pressure.

"The magnitude of reduction in systolic blood pressure for those who received lifestyle counseling and support was much larger than we expected," said Gbenga Ogedegbe, M.D., M.P.H., lead study author, director, Division of Health and Behavior and the Center for Healthful Behavior Change in the Department of Population Health at NYU Grossman School of Medicine in New York City. "The reduction in systolic blood pressure of 14 mmHg among these patients would be expected to translate to at least a 20% decrease in stroke deaths and 34% fewer secondary strokes. These are pretty robust findings."

Ogedegbe said, "The results suggest that hypertension management in patients at high risk for recurrent stroke should involve telephone-based lifestyle counselling by a non-physician health worker coupled with home blood pressure telemonitoring. The role of the nurse case manager could be played by the patient's pharmacist or other trained non-physician health workers."

Source: [American Heart Association](#)
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