Control of Hypertension  
Is the Goal Reached?  

Denis L. Clement

The data on 9255 adult participants in the National Health and National Examination survey 2003 to 2012 were used to determine the number of hypertensive patients showing controlled blood pressure defined as <140 and <90 mmHg. In general, the number of hypertensive adults with controlled hypertension clearly increased; among patients taking antihypertensive medication, uncontrolled hypertension decreased from 38% to 30% (P trend < 0.01).

The results of the National Health and Nutrition Examination Survey study are in line with other articles reporting on a higher number of treated hypertensive patients reaching target blood pressure. It is a pity that most studies in this topic only produce data from cross-sectional surveys and that no long-term follow-up data of the same individuals are available; this would give a more realistic insight in the progress of the actual care given to hypertensive patients all during the years. Also, comparison of the evolution of blood pressure control in countries worldwide is important as inequalities in prevalence of hypertension are reported.

The National Health and Nutrition Examination Survey results should not put us in a state of total optimism. Although the data indeed show an improvement in the control of blood pressure in treated hypertensive patients, it should be realized that the numbers of patients who are not at control are still far too high. Several factors may play a role.

Doctor’s inertia is often cited as a first possible cause. Inertia means that the physician detects a blood pressure figure not at target but does not take action to improve on it. Often this is because of a lack of realizing the risk of hypertension, especially in totally asymptomatic patients. In some individual cases, physicians could fear to induce side effects; also, the presence of specific conditions such as orthostatic hypotension may withhold the physician’s taking action. In many instances, physicians do not take action because they presume that blood pressure measured at the office is not representative of the true value at home. Indeed, it is well recognized that ambulatory blood pressure correlates better with long-term prognosis than office pressure.

Low adherence of the patient to treatment is another important issue in this respect. This again could be linked to the fear of side effects, to a complex treatment schedule and to the costs of the drugs; also in large part it may be because of underestimation of the substantial benefit treatment could bring in preventing life-threatening events. Motivation of patients and their family is essential—they need to understand that treatment is not only crucial but also a life-lasting program.

Healthcare systems should help in the pursuit of these goals. In this respect, longitudinal studies should be encouraged...
and inequalities of the care all over the world should be outlined. The population at large should be informed on the risk of hypertension but also on the tremendous possible means to combat it. Everyone, not only physicians busy in the cardiovascular domain should help. In Europe, at the European Union of Medical Specialists, a Thematic Federation on Hypertension is recently formed, which could help in giving information to all physicians, whatever their function, including their collaborators (nurses, technicians); in this respect, we should not forget the important role of pharmacists.

Summarizing on what can be done (Table), we should reorient the teaching in hypertension to the topic of blood pressure control. It should be clear that blood pressure in hypertensive patients can be controlled in the majority of the patients; unfortunately, we are not there yet: the goal is not reached although we have the means to attain it! Physicians should obtain crystal clear information on the blood pressure levels in their patients recorded by validated instruments; the format of the information should be easy to grasp with a visible warning each time pressure is too high. The ability to compare the values obtained with the target blood pressure as indicated in the different guidelines published recently is an essential tool to go ahead. The National Health and Nutrition Examination Survey study published in this issue helps us to remain alert on the progress achieved to date.

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Disclosures

None.

References


Table. Recommendations to Improve Blood Pressure Control

| Make repeated blood pressure measurements with validated instruments. |
| Realize that in many patients, goal pressure is not reached! |
| In doubt: order ambulatory or home recordings. |
| Teaching needs to be more focused at this issue. |
| Authorities should support actions on measurement and control of blood pressure. |
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