

Current Challenges in Family Practice for the Management of Hypertension: Systematic Review

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Abstract: High blood pressure is usually identified and handled in the outpatient setting and is among the most typical needs to check out a family doctor. This review was aimed to evaluate and discuss the challenges facing family practice in management of hypertension, through demonstrating different studies from different countries concerning this topic. Three electronic databases (Medline, Embase and HealthStar) were searched by using the following Mesh headings: Family Practice or General Practice, and Quality of Health Care, Hypertension, high blood pressure, Clinical Competence, Guideline Adherence, Healthcare Peer Review. The search was limited to English language journals and to the period from 1990 to 2016. The titles and abstracts of all papers identified by the electronic search were inspected by Authors. This review indicate that some of family physicians in primary health care lack detailed knowledge about guideline for the diagnosis and treatment of hypertension, many problems facing the primary care physicians in the implementation of guidelines. Therefore strategies to improve patient medication compliance and persistence are needed. Whether audit and feedback or more self-reflection on hypertension management by physicians will lead to further improvements warrants investigation.

Keywords: family practice, management of hypertension.

1. INTRODUCTION

Hypertension is the first highest risk factor for death worldwide ⁽¹⁾ and a crucial threat aspect for heart disease and stroke ^(2,3). In Western nations, it impacts 28- 44% of the population ⁽⁴⁾. In Arabic nations, epidemiological research studies have actually exposed a large range of figures: 26.3% in Kuwait, 32.1% in Qatar, 33% in Oman and 20.1% in Egypt ^(5,6,7,8). A current epidemiological research study discovered that 26% of the grownups in the Kingdom of Saudi Arabia had HTN ⁽⁹⁾.

High blood pressure is usually identified and handled in the outpatient setting and is among the most typical needs to check out a family doctor ⁽¹⁰⁾. With practically a quarter of the adult population and nearly half of individuals aged 50 years and older having high blood pressure, the concern of this disease is unquestionably high ⁽¹¹⁾. As treatment of high blood pressure is connected with a 20% to 25% decrease in cardiovascular occasions ⁽¹²⁾, getting control of this normally asymptomatic disease may be among the most essential preventive steps that family doctor can take ⁽¹²⁾.

There are numerous obstacles to the adoption of evidence-based standards into the scientific practice of medical care physicians, ^(13,14,15,16,7) and an agreement has actually emerged from the literature that having understanding is seldom enough to alter practice habits ⁽¹⁸⁾. Aspects that influence on physicians' capability to supply excellent management of high blood pressure have actually formerly been examined ⁽¹⁹⁾. Both patient- and physician-related aspects have considerable influence on high blood pressure control in hypertensive patients ⁽²⁰⁾.

This review was aimed to evaluate and discuss the challenges facing family practice in management of hypertension, through demonstrating different studies from different countries concerning this topic.

2. METHODOLOGY

This study was a systematic review with a quantitative synthesis of the literature examining the overall challenges and factors facing family practice for the management of Hypertension in Primary setting. We used the guidelines outlined in the PRISMA statement for reporting systematic reviews (21)

Three electronic databases (Medline, Embase and HealthStar) were searched by using the following Mesh headings: Family Practice or General Practice, and Quality of Health Care, Hypertension, high blood pressure, Clinical Competence, Guideline Adherence, Healthcare Peer Review. The search was limited to English language journals and to the period from 1990 to 2016. The titles and abstracts of all papers identified by the electronic search were inspected by Authors.

3. RESULTS AND DISCUSSION

Several studies have revealed the significance of an appropriate practice company for following and spotting up patients at danger, and have actually advised execution of avoidance by enhancing the company of preventive services^(22,23,24). In the majority of research studies, various elements of the company have actually been attended to individually^(25,26). Mindsets and self-efficacy expectations are likewise frequently stressed as crucial, as these are viewed as predictors of objectives and, eventually, behaviour^(25,26). It has actually been shown, for instance, that GPs have especially various views on their duties for avoidance and on the reputation and expediency of avoidance^(27,28).

We determined one research study⁽²⁹⁾ that consisted of Ontario Survey on the Prevalence and Control of Hypertension that yielded 2 essential findings. The general frequency of high blood pressure stays high, especially amongst older individuals. Rather remarkably, frequency appears not to have actually increased in current years. Second, high blood pressure management has actually enhanced significantly, with significant boosts in both treatment rates and control rates. On an international scale, the existing control rates seem amongst the greatest⁽²⁹⁾.

One large study⁽³⁰⁾ was conducted at Al-Manhal Post-Graduate Family medicine Centre, which remains in Abha city, the capital of Aseer Region, KSA was consisted of, which involov overall of 295 medical records were evaluated and examined. Many patients were Saudi, married, and about 50% were informed. Two-hundred and thirty-one records were examined for procedures and results of HTN care. And The goal of this research study was to evaluate the quality of HTN care at Al-Manhal Family Practice, Aseer Region, Saudi Arabia. This research study exposed that the rate of defaulter was high, which suggested an inefficient recall system. Since of the absence of lab centers and bad coordination with medical facilities, a high portion of patients did not have yearly check-ups. Most of HTN patients had actually improperly managed HTN. and they recommended bad HTN control might be triggered by bad compliance to medications or way of lives. It might be due to the impacts of the associated morbidities such as diabetes and weight problems or might be due to non-compliance of the physicians to the present standards on the management of HTN⁽³⁰⁾.

We likewise determined crucial cross-sectional research study (31) on all patients who went to the Health Care Specialty Center of King Abdul-Aziz Medical City, Riyadh, KSA for high blood pressure follow-up throughout the research study duration from October to December 2004. From the 242 records we evaluated, 201 were consisted of in the research study. The patients' mean age was 58.3 +/- 12.5 years. All were Saudis and 78.6% were women. This research study shows the shortages in BP control and physicians practice. recommending that presenting a list or electronic medical records might assist the enhancement of care. Regular auditing is suggested to make sure the needed advancement⁽³¹⁾.

Anohter A cross-sectional research study⁽³²⁾ was carried out by evaluating medi-cal records of hypertensive patients throughout May and June 2001. 2 hundred fifty-five medical records were picked by a stratified randomization procedure according to the circulation of 73 primary health care (PHC) focuses in Riyadh and the overall number of hypertensive patients signed up in the mini-clinic of each PHC. Of 255 patients, 121 (47.5%) were males and 134 (52.5%) were women; the mean age was 57.2+/- 11.1 years and 8.3% were cigarette smokers. The bulk, 204 (85.7%), had higher than typical body weight. The research study showed bad blood pressure control in the mini-clinics in PHC. To enhance the quality of take care of hypertensive patients, they suggest an enhancement in PHC doctor understanding of and mindsets towards the value of attaining targeted high blood pressure levels⁽³²⁾.

One included a cross-sectional survey (33) that was performed in the 5 health areas of Kuwait. All PHC physicians who were presently working as family doctor were asked to take part in the research study. The research study exposed that 49.1% and 42.1% of family doctor were rather familiar or really familiar with the standards respectively, 92.1% remained

in contract, and 79.8% showed that they constantly or typically follow these standards when dealing with patients. Concerning the right option of the standard declarations, just 8.8% of the family doctor select properly less than 10 of the 20 declarations, 64% pick 10 to less than 15, and just 27.2% pick 15 declarations. When inquired about viewed patient barriers to high blood pressure control, 84.0% of the participants ranked overcrowded centers as essential or essential barrier to high blood pressure control while, 87.4% thought about absence of patient understanding as essential or essential barrier. Non schedule of the drugs in the center was thought about by 88.4% of the physicians, and bad adherence to antihypertensive drugs by 90.1%. And the research study concluded that there is a have to develop across the country academic and quality tracking programs to assist in the proper execution of high blood pressure standards in PHC scientific practices in Kuwait.

In numerous (34,35,36) other research studies about 2 3rd of family doctor specified properly the BP worth as hypertensive for senior after duplicated procedures. This remains in contract with information readily available from other research studies utilizing the meaning of high BP inning accordance with WHO/ISH standards report. The details acquired seemed extremely appropriate, as it records that a big percentage of family doctor has actually restricted familiarity with the basic problems dealt within the 1999 WHO/ISH standards: The restricted or low rate of appropriate responses worrying a concern such as the meaning of the upper normality worth of self-measured BP is connected to various normalcy limits reported in the significant high blood pressure standards (37,38).

In previous pointed out research study (33) relating to making use of antihypertensive drugs when FPs particularly inquired about the most suitable first-step drug for patients who were 40 years of ages, with BP 150/95 without any contraindication, no co-morbidity, 41.8% chosen Thiazide-diuretic as the first-line treatment and 84.8% of the FPs suggested that the addition of 2nd antihypertensive drug was essential if mono-therapy had actually cannot manage high blood pressure listed below the target level for the last 6 months. Other research study that was intended to evaluate the understanding of primary healthcare (PHC) physicians and the degree of their adherence to the suggestions of scientific practice standards worrying care of hypertensive patients. The evaluation was made in the Aseer area of KSA utilizing a customized variation of the World Health Organization. reported that the majority of PHC physicians do not properly think about the significance of thiazide-diuretics as the basis of preliminary antihypertensive treatment, either alone or in mix with among the other classes of drugs (39).

4. CONCLUSION

This review indicate that some of family physicians in primary health care lack detailed knowledge about guideline for the diagnosis and treatment of hypertension, many problems facing the primary care physicians in the implementation of guidelines. Therefore strategies to improve patient medication compliance and persistence are needed. Whether audit and feedback or more self-reflection on hypertension management by physicians will lead to further improvements warrants investigation.

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