Family Physician Corner

Management of Hypertension in Local Health Centers in Bahrain

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Hypertension is the most prevalent health problem among adult primary care patients throughout the world[1]. Hypertension is a multi-system disease with multi-system complications and a high rate of morbidity and mortality. Because of the associated morbidity and mortality, hypertension is an important public and govermental health challenge. Although, there is an ample evidence from several large-scale randomized, controlled studies that treatment of hypertension reduces morbidity and mortality. Current management of hypertension is characterized by underdiagnosis, misdiagnosis, undertreatment, overtreatment, and misuse of medications[1]. In Bahrain, regardless of the recent advances of hypertension management, still there are no hypertension committee, specilized clinc, register system, updated hypertension sheet or standarized national guideline. Furthermore, there is no preventive screening program and follow up strategies. This and the existing hypertension management may directly affect the rate of morbidity and mortality. Therefore, to improve the quality of hypertension management in our service, an urgent need to develop a well designed strategy should be initiated.

Essential hypertension has become one of the most widespread diseases in many countries. In Bahrain, the prevalence is 6.3 % of total population and it ranges from 22- 23% in people aged between 50-69 years old[2]. The treatment of hypertension is the second most common reason for office visits to physicians in United States and for the use of prescription drugs[3].

Hypertension is the most important modifiable risk factor for coronary heart disease (the leading cause of death in North America)[4]. It causes stroke (the third leading cause), congestive heart failure, end-stage renal disease and peripheral vascular disease in the younger and older population[5]. Hypertension is quantitatively the major risk factor for premature cardiovascular disease, being more common than cigarette smoking, dyslipidemia and diabetes[4].

Active treatment with antihypertensive medications led to statistically significant 16 % reduction in the number of coronary events and 40 % reduction in stroke[6].

There are several evidence based guidelines on prevention, detection, evaluation, and treatment of high blood pressure[7-10]. The current management of hypertension is characterized by underdiagnosis, misdiagnosis, undertreatment, overtreatment, and misuse of medications[1].

In Bahrain, although hypertension is a very common problem among adult primary care patients[2], this problem was not addressed properly.

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Currently, there is no hypertension committee, proper evidence based national guidelines and no locally agreed referral criteria. Furthermore, there are no specialized hypertension clinics, register system, chronic diseases card, well-trained health professionals and proper continuous medical education program.

In addition, the available hypertensive sheet in local health centers is not agreed between the secondary and primary care sectors and is hardly used. This is probably due to heavy workload in the health centers (an average visit per patient is 3-7 minutes) and unavailability of the sheet itself in most of health centers.

Bahrain does not have national preventive program. There are improper standardized measurement technique and inadequate number of BP measurements obtained. Moreover, BP apparatus is not maintained and checked regularly.

In Bahrain practice patients are not involved in the treatment plan and decision making. The majority of patients are not compliant with the therapy, nor controlled, yet they are followed every 3-6 months. The lifestyle modification treatment modalities are frequently either ignored or insufficiently stressed before initiation of antihypertensive medications. In addition, most of the patients are not on primary prevention of cardiovascular events, with either aspirin or statin.

Why in Bahrain there are no changes in the quality of hypertension management, despite all advances in the hypertension management, well established health centers and qualified medical professionals? Is it because of financial constrains, heavy workload or poor continuous medical education?

In conclusion, to improve the quality of hypertension management in our service, an urgent need to develop a well designed strategy should be initiated with collaboration between the secondary and primary care sectors to establish the hypertension committee, register system, specialized clinic and preventive program.

REFERENCES

1. Trilling SJ, Froom J. The Urgent Need to Improve Hypertension Care. Arch Fam Med 2000;9:794-801.

2. Naseeb T, Farid S. Bahrain Health Survey. Ministry of Health, 2000.

3. Woodwell DA. National ambulatory medical care survey: 1998 summary. Adv Data 2000;315:1.

4. Wilson PW. Established risk factors and coronary artery disease. The Framingham study. Am J Hyprtens 1994;7:7 S.

5. Staessen JA, Fagard R, Thijs L, et al. Randomised double-blind comparison of placebo and active treatment for older patients with isolated systolic hypertension. The Systolic Hypertension in Europe (Syst-Eur) Trial Investigators. Lancet 1997;350:757-64.

6. Collins R, Peto R, MacMahon S, et al. Blood pressure, stroke and coronary heart disease. Part 2. Short-term reductions in blood pressure: overview of randomised drug trials in their epidemiological context. Lancet 1990;335:827-38.

7. Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. The Sixth Report of the Joint National Committee on Prevention,

Detection, Evaluation, and Treatment of High Blood Pressure. Arch Intern Med 1997;157:2413-46.

8. Guidelines Subcommittee. 1999 World Health Organization-International Society of Hypertension. Guidelines for the Management of Hypertension. J Hypertens 1999;17:152-83.

9. Ramsay LE, Williams B, Johnston DG, et al. Guidelines for management of hypertension: report of the third working party of the British Hypertension Society, 1999. J Hum Hypertens 1999;13:569-92.

10. Canadian recommendations for the management of hypertension including Case-based applications of the recommendations- Supplement to CMAJ 1999;161(12 Suppl).