Letters

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Home blood pressure monitoring

Shah and colleagues found patients with heart failure who lived in areas of socioeconomic deprivation were less likely than those in more affluent areas to be treated with recommended beta blockers.¹ We recently investigated use of home blood pressure (BP) monitoring in stroke patients registered at a deprived inner city general practice in Lambeth. In March 2008 we sent confidential postal questionnaires, backed up by a telephone call if required, to 74 patients listed on the stroke register at an inner London general practice. We excluded 57 patients in nursing homes and four patients with severe illness because of the difficulty of completing and posting questionnaires. The questions included asking patients whether they measured their BP at home and whether they were aware of their target BP. The protocol, patient information leaflet, and questionnaire were reviewed by Wandsworth Research Ethics Committee. Data were entered and analysed using SPSS (version 13).

The response rate was 61% (45/74) of which 35 were postal and 10 were telephone questionnaires. The mean age of the responders was 71 years (range 31–94 years) and 58% (26) were male. The majority of those answering the questionnaire (69%, 31/45) described their ethnicity as white. However, 20% (9/45) described their ethnic group as black-Caribbean, a group known to have a high risk of stroke. A further four responders described their ethnicity as Indian, Pakistani, Chinese, and 'Other' respectively.

We found that only eight patients (18%) were monitoring their BP at home of whom six checked their BP at least once a week. Only two of them had been shown by a health professional how to measure their own BP. However, the majority (62%, 23/37) of those who did not use a home BP monitor believed that the use of one in the future would help them to control their BP. An important finding was that 89% (40/45) of responders were unaware of their target BP (<140/85 mmHg): 33 (73%) said they did not know, and a further four patients gave a target that was too high. Only 5/45 (11%) of patients gave the correct target BP. Regarding the potential for using IT to help monitor BP at home, 80% (36/45) had a landline, 20% (9/45) a personal computer with internet access, and 13% (6/45) knew how to use a mobile telephone for texting.

Good control of high blood pressure is effective in both primary and secondary prevention of strokes.^{2,3} However, in this study only one in 10 stroke patients knew their recommended target BP and only one in five were monitoring their BP at home. We agree with Shah and colleagues that there is potential for improvement in both uptake and access to secondary prevention of cardiovascular disease.

Pippa Oakeshott,
Reader in General Practice, St George's, University of London.

Linzie Long,
Medical student, St George's, University of London.

Chiara Morrison,
Medical student, St George's, University of London.

E-mail: m0106104@sgul.ac.uk

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Depression in general practice

The February issue of the *BJGP* devoted space to research into depression and attempted to put this work into context. Here I try to set the scene in a different way — by relating what we do in the consulting room to what is happening in the community at large. I have taken percentages from the literature and converted them to round numbers on a human scale. Suppose a part-time UK GP has 600 adults on their list, sees 200 in a month and discusses a few of them over coffee (see figure).

Each month, 15% of adults report having felt depressed and 4% consult their doctor about this.¹ So each month, in an adult population of 600, 100 feel depressed and 27 consult.

The prevalence of depression in general practice is around 10% and its diagnosis by GPs has a sensitivity of 36% and specificity of 84%.² So of the 200 patients seen in a month, depression is diagnosed in 20 of the 180