

Why not screen for hypertension?

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SINCE the Veterans Administration Study Group (1967, 1970) showed the benefits of treating patients with severe hypertension, it has been important that such patients should be identified. Because hypertension is almost always asymptomatic it needs to be sought by a programme of screening, and indeed all such programmes have discovered a substantial number of previously undiagnosed hypertensives (Hart, 1970; Coope, 1974; Hawthorne *et al.*, 1974; Miall and Chinn, 1974; Barber *et al.*, 1979).

Some general practitioners have written to their patients inviting them to special clinics (Coope, 1974; Hawthorne *et al.*, 1974), but I decided to use the ordinary practice consultation instead. In 1975 I searched the records of the patients of one partner in our two-man practice and inserted a long strip of coloured plastic in those records of patients aged 20 to 64 inclusive who had not had their blood pressure recorded in the previous four years. I searched the records of patients joining the list in the same way. When a patient with a 'marked' record attended for any reason the blood pressure was taken unless the patient was seriously ill or very anxious.

Table 1 shows that 60 per cent of the men and 78 per cent of the women had had their blood pressure recorded in 1975 and that three years later this had risen to 97 per cent of the men and 98 per cent of the women. We practise in an area of relatively high demand, and so it might take longer than three years to get the same result in other areas.

The World Health Organization has defined hypertension as a casual blood pressure greater than 160/95 mm Hg, and on this basis 16 per cent of the men and 20 per cent of the women screened were hypertensive (I used phase 4 to measure the diastolic pressure). Whether they were treated was left to the doctor who saw them and depended on several factors, including the blood pressure after three readings, age, and sex. Of those studied, 45 men (five per cent) and 65 women (seven per cent) were treated. Very high pressures were not uncommon. Twelve men (1.4 per cent) and 38 women (4.2 per cent) had a systolic pressure > 200 mm Hg, and 13 men (1.6 per cent) and 33 women (3.7 per cent) had a diastolic pressure > 120 mm Hg.

Table 1. Number of patients on list aged 20-64 and number screened (percentages in brackets).

	1975		1978	
	Number on list	Number screened	Number on list	Number screened
Males	874	526 (60)	864	834 (97)
Females	925	718 (78)	923	901 (98)
Totals	1,799	1,244 (69)	1,787	1,735 (97)

This method of screening is cheap and easy to administer and requires no extra staff or surgery sessions such as are needed for special clinics. It also saves the patients making a special trip to a clinic. Furthermore, it is probably less worrying for a patient to be screened as part of an ordinary consultation than at a special clinic, and if further readings need to be taken this can be explained by the general practitioner in a way that will minimize anxiety and secure maximum co-operation by the patient. The only tedious part of screening this way is searching and marking the records, which took about 20 hours spread over several weeks. In retrospect, this could have been delegated to a secretary or a nurse. Extra work after the search is minimal and the results show that a considerable number of patients requiring treatment for hypertension can be discovered.

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References

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