
WHY NOT?

Why not blood pressure screening by casualty departments?

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ONE of the major risk factors in coronary artery disease and cerebrovascular disease is hypertension (Veterans Administration Cooperative Study Group, 1967; National Heart Foundation of Australia, 1980).

Hypertension may be unrecognized and undiagnosed until it presents with serious complications such as stroke, cardiac failure or myocardial infarction. Some of these complications may be prevented by antihypertensive therapy. It is often difficult, because time is short, to measure blood pressure in all patients irrespective of the reason for which they attend.

It has been estimated that about half the hypertension cases which need treatment are missed (Hart, 1970). This view is based on detection in the general practitioner's consulting room. An epidemiological survey showed that nearly 50 per cent of subjects aged 45 to 64 years had a diastolic blood pressure of 100 mmHg or greater, and that 51.7 per cent of the individuals had previously been undiagnosed (Beevers *et al.*, 1975). A recent survey of blood pressure screening by pharmacists found that 5 per cent of the subjects examined were hypertensive (Edwards, 1981).

During a recent three-week locum in a casualty department I checked the blood pressures of all patients between the ages of 25 and 65 whom I was asked to see when I was on duty (217 in all). Even those who attended with minor injuries or complaints had their blood pressure taken. I regarded normal blood pressure as 160/90. If the systolic or diastolic reading was higher than this, I regarded the patient as having a high blood pressure and referred them to their general practitioner for a further reading.

My survey showed that 23.5 per cent of patients in the age groups 25–65 attending casualty had a blood pressure greater than 160/90 which had previously been undetected. Most of those discovered were in the age range 36–55. Women in this age range were detected at a

rate of 30 per cent and males at 20 per cent of those screened. Of course, this was only one reading and it can rightly be assumed that some of these patients would have normal blood pressures when retested by their general practitioners. However, the study has shown that a sizeable proportion of patients in the age group 25–65 attending a casualty department, for whatever reason, will have a blood pressure raised above normal limits.

Thus it is my firm view that a significant increase in detection of hypertension could be achieved if all patients between 25 and 65, and especially between 36 and 55, attending a casualty department had their blood pressure recorded. This strategy might eventually lead to a real reduction in the incidence of coronary artery and cerebrovascular disease.

References

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