

# Audit of screening for hypertension in general practice

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**SUMMARY.** An audit of a practice which has a policy of opportunistic screening for raised blood pressure showed that 80 per cent of patients born between 1930–44 had been screened in the last five years. Patients who had not been screened were identified and contacted; this increased the percentage screened to 87 per cent. Only four possible new hypertensives were identified. It is suggested that the effort and expense of achieving this result was not worthwhile and that opportunistic screening is the cheapest and easiest method of screening for high blood pressure.

## Introduction

SINCE 1975 our practice has been screening for hypertension by the opportunistic method of checking the blood pressure whenever a patient attended the surgery. Our interest in screening was stimulated by the work of Tudor Hart.<sup>1</sup>

The screening programme started with men aged 20–60 years. In 1980 after an audit showed 71 per cent of men aged 40–60 years had been screened, we extended the scheme to women.

In 1984 we re-audited the patients to identify those unscreened. We could then contact them in an effort to improve the number screened.

## Method

All patients born from 1930 to 1944 inclusive were identified by means of the Family Practitioner Committee computer. Our list size during the year was 9800. The medical record envelope was tagged and dated when a blood pressure recording was entered into the notes. The people who were unscreened in the last five years were contacted by letter and asked to attend the treatment room nurse for a blood pressure check. If the diastolic blood pressure was 100 mmHg or more the patients were asked to see their doctor. If it was 90–99 mmHg the patients were asked to return in one year. They were also given advice about giving up smoking.

## Results

The results of the audit are shown in Table 1. Of the 234 men and 133 women born between 1930–44 who were identified as

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having missed opportunistic screening for blood pressure, 78 men (33 per cent) and 63 women (47 per cent) responded to requests to attend for screening.

The results show that of the total number of 952 men born between 1930–44, 788 (82 per cent) have now been screened, with 38 (4 per cent) being known to be hypertensive (that is, having a diastolic blood pressure of 100 mmHg or more on three readings) and under supervision. Of the total of 907 women, 829 (91 per cent) have now been screened, with 45 (5 per cent) being hypertensive.

In this partial screening only two men and two women with raised blood pressure, that is, potential hypertensive patients, were discovered. Of the four new potential hypertensives identified, all had a diastolic blood pressure of 100–110 mmHg on testing by the nurse. Only one patient had a level of 100 mmHg or over on seeing the doctor. She was treated by diet and her latest diastolic blood pressure reading is 90 mmHg.

## Discussion

Michael<sup>2</sup> showed that in inner London 22 per cent of practice notes recorded a blood pressure reading taken in the last five years and in outer London 43 per cent. Owing to our screening policy, our figures were considerably better: 80 per cent of patients were already screened and this was increased to only 87 per cent after contacting those unscreened in the last five years.

The modest improvement in the number of patients screened and the small yield of possible new hypertensives makes the effort and expense of identifying, sending for and screening those missed by opportunistic screening not worthwhile.

Screening in the surgery can deliver preventive medicine to 80 per cent of the population aged 40–54 years old over a five-year period and, as this is the age group where prevention by treating hypertension is likely to be most worthwhile, this sort of screening is worthwhile and is of minimal cost and effort.

## References

- Hart JT. The management of high blood pressure in general practice. *J R Coll Gen Pract* 1975; 25: 160-192.
- Michael G. Quality of care in managing hypertension by case finding in North West London. *Br Med J* 1984; 1: 906-908.

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**Table 1.** Results of the audit, showing the number of potential new hypertensives identified by the screening system.

	Number born 1930–44 incl.	Number (%) screened in the last 5 years	Number sent for <sup>a</sup>	Number responded	Total number (%) now screened	Number of potential new hypertensives
Men	952	710 (75)	234	78	788 (82)	2
Women	907	766 (84)	133	63	829 (91)	2

<sup>a</sup>Those known to be abroad were not sent for.