

Letters

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Nurse-led management of hypertension

In their comprehensive review of recent advances in cardiology in primary care, Fahey and Schroeder¹ looked at new models of care including nurse-led management of hypertension. We analysed trials from UK general practices of change in systolic blood pressure after a nurse-led intervention until 2002. These showed a combined reduction in systolic blood pressure of only 3mm Hg — a fall that could just be due to accommodation.² By contrast the landmark American Hypertension Detection and Follow-up trial showed that an organised system of regular follow up and review of hypertensive patients using a stepped care approach to treatment reduced not only blood pressure but also mortality over 5 years.³ The vital difference between this and the British community-based trials is that it included change in drug treatment to achieve target blood pressure.

The introduction of quality payments is encouraging UK general practices to improve management of people with high blood pressure. Although not yet tested in randomised trials, it is likely that this will involve an enhanced role for practice nurses. This could include adherence to protocols, agreed target blood pressure, better prescribing and compliance, and regular follow up.⁴ The development of supplementary prescribing by practice nurses will also be important. What a pity that the new NICE (National Institute of Clinical Excellence) recommendations for management of hypertension in primary care fail to include the simple, user-friendly British Hypertension Society ABCD guidelines.⁵

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Teenage motherhood

Seamark and Lings¹ draw attention to some of the positive consequences of teenage motherhood. Major US research² confirms that many teenage mothers make up their initial disadvantages in education and finance.

Seamark and Lings also plead for further research on long-term consequences. This would be valuable in several areas. The role of the teenager's own mother might be vital. In a sample of

100 teenage mothers, the teenager's first response on finding she was pregnant was almost in every case 'what will my mother think?'.³ Other areas worth looking at are the role of the baby's father, and the best way for stage agencies to provide assistance. Advice from healthcare professionals may conflict with that from the immediate family. Dependence on financial support from the state is almost universal in the immediate period of teenage motherhood.

It would be a pity if such research opportunities were lost. The common 'solution' to the 'problem' of teenage pregnancy in earlier decades — shotgun marriages — has passed into history with no attempt having been made to evaluate its costs and benefits.

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Analysis of 'one-stop' referral system for ophthalmic minor operations by GPs

Currently most ophthalmic units receiving referral letters for minor