

# Letters

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## Patient-held clinical guidelines for hypertension – a step too far?

The aim of the study by McKinstry and colleagues<sup>1</sup> was to determine if a clinical guideline posted to patients with hypertension improved their blood pressure control with the underlying assumption that any improvement would probably be due to patient empowerment.

As part of the routine patient–health professional relationship patients should be fully informed about what high blood pressure is, why it needs to be treated and how this could be achieved, including a discussion of possible lifestyle interventions. However, rather than empowering patients to take control of their health, the guideline was in effect asking patients to audit their own treatment. It should not have to be the patients' responsibility to ensure that they receive good basic health care.<sup>2</sup>

The study design used by the investigators was also unlikely to show any difference between the intervention and standard care, regardless of the underlying assumptions. The same health professionals were providing treatment to both groups of patients. Therefore, when they became aware of the guidelines, which presumably occurred during the set up of the trial, it would be difficult for them not to provide the same care to all patients. The power of the study was also reduced – according to the data at baseline, the accuracy of which is unknown, 50% of participants already had controlled blood pressure. Finally, the conclusion that it caused no harm needs to be reviewed. The HADS depression

and anxiety scores were both increased at the end of the trial to higher levels in the intervention group, although not significantly.

An alternative use of the resources used in the study would have been to train the health professionals to provide good care, use the hypertension register to set up a system of routine appointments and develop clinical audit to ensure standards. If problems arose, such as patients not attending, an analysis of the reasons could then be undertaken, with perhaps a more suitable, targeted intervention being designed and piloted.

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### REFERENCES

- McKinstry B, Hanley J, Heaney D, et al. Impact on hypertension control of a patient-held guideline: a randomised controlled trial. *Br J Gen Pract* 2006; **56**: 842–847.
- National Institute of Health and Clinical Excellence. *Hypertension. Management of hypertension in adults in primary care*. NICE clinical guideline 34. London: National Institute of Health and Clinical Excellence, 2006.

## Authors' response

We agree with Dr Smith and his colleagues that as part of routine care patients should be fully informed about blood pressure and how it may be ameliorated. We also know

that there are well defined, agreed guidelines for blood pressure control with which doctors, for one reason or another, do not comply. This intervention was an attempt to empower patients, partly through education and partly through exhortation to challenge their care, to ensure that they were getting the best possible treatment. Clearly, it would have been better if their care had been superb and such intervention was unnecessary, but we believe the practice that undertook this study at the time was little different from most others with regard to the management of blood pressure.

We included patients whose blood pressure was already controlled because a significant portion of such patients will become uncontrolled over time. If that were not the case then there would be little point in following up patients once control was achieved.

We anticipated that the biggest impact on the HADS of the intervention would be shortly after patients had read the guideline and possibly became concerned about their care. In fact the HADS score for both intervention and control information fell significantly in the 2 weeks after the guideline was distributed ( $P = 0.02$  for the anxiety component and  $P = 0.001$  in the depression component). The rise at the end was not statistically significant.

We agree that well organised care is an effective method of managing blood pressure, but our trial was to determine if a simple patient intervention (such as is being proposed for many chronic illnesses) improved outcomes. Our work, for all its limitations suggest that this is not a course of action, despite its seeming logic, that should be undertaken without further study.

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