

Management of hypertensive patients in primary health care setting, auditing the practice

To the Editor

I have read with interest the article on the audit of hypertension (HTN) management in primary care (PHC) by Al-Rukban and colleagues.¹ Although the rationale of the study is valid, and the sample size is carefully calculated, few comments deserve rising for the benefit of the readers, as follows:

The methodology. 1) It is not clear what the authors meant with “electronic filling search”. 2) The authors refer to reference number 13 as evidence-based article for criteria for good supervision and record efficiency. This article presents the patterns of systolic and diastolic blood pressure (BP) in household random samples of the Saudi population. Thus, which criteria are the authors referring to in this article? 3) Family history of HTN was considered as part of cardiovascular risk factors. This is not true; rather, it is a well-known risk for developing HTN. 4) It is not clear what authors meant with “past history of IHD”. Once diagnosed, IHD is a persistent problem. 5) Funduscopic examination, renal function tests, and electrocardiogram were referred to as outcome measure, while they are measures of process. 6) The level of BP control is not defined.

The authors tried to compare BP control in PHC with that in Shared Care. This comparison might not be justified, unless the characteristics of patients in

both groups are similar. These characteristics include the presence of co-morbidity and age of the patients, which are known to make control of blood pressure difficult.^{2,3}

In more than one instance, the authors mentioned that poor compliance is the greatest obstacle to BP control. However, nothing in their data supports this issue.

The authors mentioned that their results are inconsistent with the fact (not hypothesis) that women have lower BP than men in early adult life. It is not clear, why the authors related this to their finding that there was no significant difference in BP control between both sexes.

Bader A. Almustafa
*Quality Improvement in Chronic Care
Qatif Primary Health Care
Qatif, Kingdom of Saudi Arabia*

Reply from the Author

No reply was received from the Author.

References

1. Al-Rukban MO, Al-Sughair AM, Al-Bader BO, Al-Tolaihi BA. Management of hypertensive patients in primary health care setting, auditing the practice. *Saudi Med J* 2007; 28: 85-90.
2. Akbar DH, Al-Ghamdi AA. Is hypertension well controlled in hypertensive diabetics? *Saudi Med J* 2003; 24: 356-360.
3. Pavlik VN, Hyman DJ, Vallbona C. Hypertension control in multi-ethnic primary care clinics. *J Hum Hypertens* 1996; 10: S19-23.