

Expanding blood pressure screenings beyond primary care can improve hypertension detection

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Expanding blood pressure screenings to non-primary care settings can help identify more patients with high blood pressure, commonly called hypertension, and could contribute to better hypertension control and management, according to a Kaiser Permanente study published today in *The Journal of Clinical Hypertension*.

Researchers examined the electronic health records of 1,076,000 Kaiser Permanente Southern California patients seen over a two-year period in primary care settings and non-primary care settings, including optometry, orthopedics, and urology. The study reported the prevalence of hypertension and compared the characteristics of those patients identified with hypertension in a non-primary care setting to those identified in primary care settings.

Of the patients studied, 112,000 were found to have [high blood pressure](#) by the end of the two-year study period. Of these, 83 percent were diagnosed in a primary care setting and 17 percent in a non-primary care setting. The main non-primary care specialties to first identify a high blood pressure reading were ophthalmology/optometry with 25 percent, neurology with 19 percent, and dermatology with 13 percent. All staff members conducting blood pressure screenings in these clinical settings were certified in blood pressure measurement to ensure consistency in screenings.

According to the researchers, the number of "false positives" were comparable between both settings, suggesting that blood pressure readings in non-primary care settings were as accurate as those taken in primary care settings. Patients who were screened in non-primary care settings and found to have high blood-pressure readings were sent back for follow-up visits with their primary care provider.

"Patients who do not see their primary care providers on a regular basis may have hypertension that goes unrecognized," said study lead author and hypertension lead Joel Handler, MD, Southern California Kaiser Permanente Hypertension Lead. "For this reason, expanding hypertension screening to non-primary care settings may be an opportunity to improve early hypertension recognition and control."

The study indicated that patients identified with hypertension during non-primary care visits were more likely to be older, male, and non-Hispanic white. In addition, these patients were also more likely to smoke and to have chronic kidney disease. Researchers also found that patients with an initial high blood pressure identified during non-primary care were less likely to be obese compared to those with an initial high blood pressure identified during a primary care visit.

"The differences in the patient characteristics observed in our study suggest that expanding hypertension screening to non-[primary care](#) settings may also help identify [patients](#) who would have been missed otherwise," said study co-author Corinna Koenig, PhD, Kaiser Permanente Southern California Department of Research & Evaluation. "However, this approach requires an effective system, such as the one in place at Kaiser Permanente, to assure appropriate follow-up if a patient with high blood pressure is detected."

High blood pressure is a common and dangerous condition that affects approximately 1 in 3 adults, or 67 million people, in the U.S., according to the Centers for Disease Control and Prevention. The CDC estimates that only about half of people with [hypertension](#) have their condition under control. High [blood pressure](#), which often has no warning signs or symptoms, increases the risk for heart

disease and stroke, two of the leading causes of death for Americans.

Provided by Kaiser Permanente

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