

High blood pressure research in Australian general practice

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Hypertension is the most frequently managed individual problem in general practice, comprising 6% of all problems.¹ In this issue, patient adherence to management, is found in a highly innovative research study to be intermixed with patients' understanding and beliefs.² What is fascinating is the finding that patients believe their high blood pressure usually gives them symptoms. We, in contrast, consider hypertension to be merely a symptomless risk factor! The differences between professional opinion and patient perceptions are well explored by Taylor and Ward. Both are seemingly equally unreliable when it comes to estimating absolute risk for cardiovascular events.

Australian general practice can participate in hypertension research. When the second Australian National Blood Pressure Study (ANBP2)³ – a comparative outcome trial of diuretic and ACE inhibitor based treatment of hypertension in 6083 elderly subjects – was being conceived it was recognised that it would need to be conducted entirely in the general practice environment. Its success was dependent upon the goodwill and collaboration of 2681 general practitioner co-investigators, an astonishing 11% of all GPs in Australia.

Only a small number of large scale clinical outcome trials relevant to the management of cardiovascular disease had previously been conducted in Australia. Two such trials were the Australian Therapeutic Trial in Mild Hypertension and the LIPID trial.^{4,5}

Neither of these were conducted in general practice.

ANBP2 was feasible in the general practice environment because the research question was relevant and important to practising GPs and their patients and could be integrated into everyday practice. The use of the pragmatic Prospective Randomised Open Blinded Endpoint (PROBE) study design, billing under Medicare for both GP consultations and pathology, and prescribing under the PBS and RPBS, were important to its success.

The ANBP2 joined university departments of general practice in each state to provide local infrastructure.⁶ This exploited local knowledge of the often complex and regionalised medicopolitical environment of general practice. The later contribution of divisions of general practice was also important as they are more geographically focussed, allowing us to target areas with an appropriate elderly demographic profile.

One anecdote underlines the success of ANBP2. The events we measured occurred at much higher rates than previous similar trials. Was this a sign that GPs were not managing patients as well as specialists? No. The data showed that our blood pressure control was as good, if not better. The explanation was superior documentation of cardiovascular events – clearly a strength of general practice, where, as the coordinating site for patient information, few events were missed.

Hopefully this heralds more clinical trials in general practice. Our participation depends on their relevance to daily practice. The next trial using the infrastructure of ANBP2: ASPIrin in Reducing Events in the Elderly (ASPREE) is a randomised controlled trial scheduled for late 2003. It will investigate the use of low dose aspirin in the 70 years and over age group for the primary prevention of cardiovascular disease and other endpoints relevant to the elderly, such as cognitive decline, quality of life, depression, institutionalisation and disability.⁷

References

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