

How much rational we are to treat hypertension!

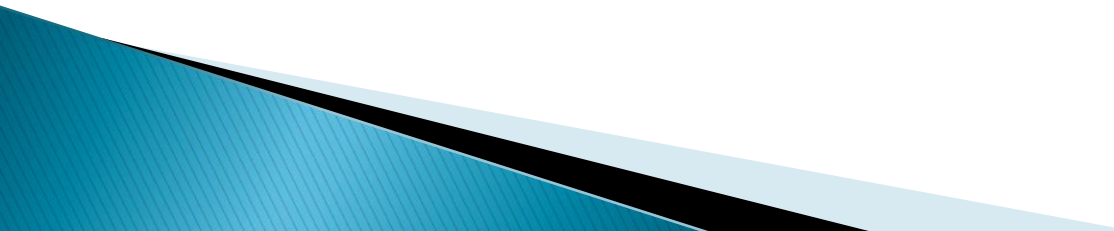
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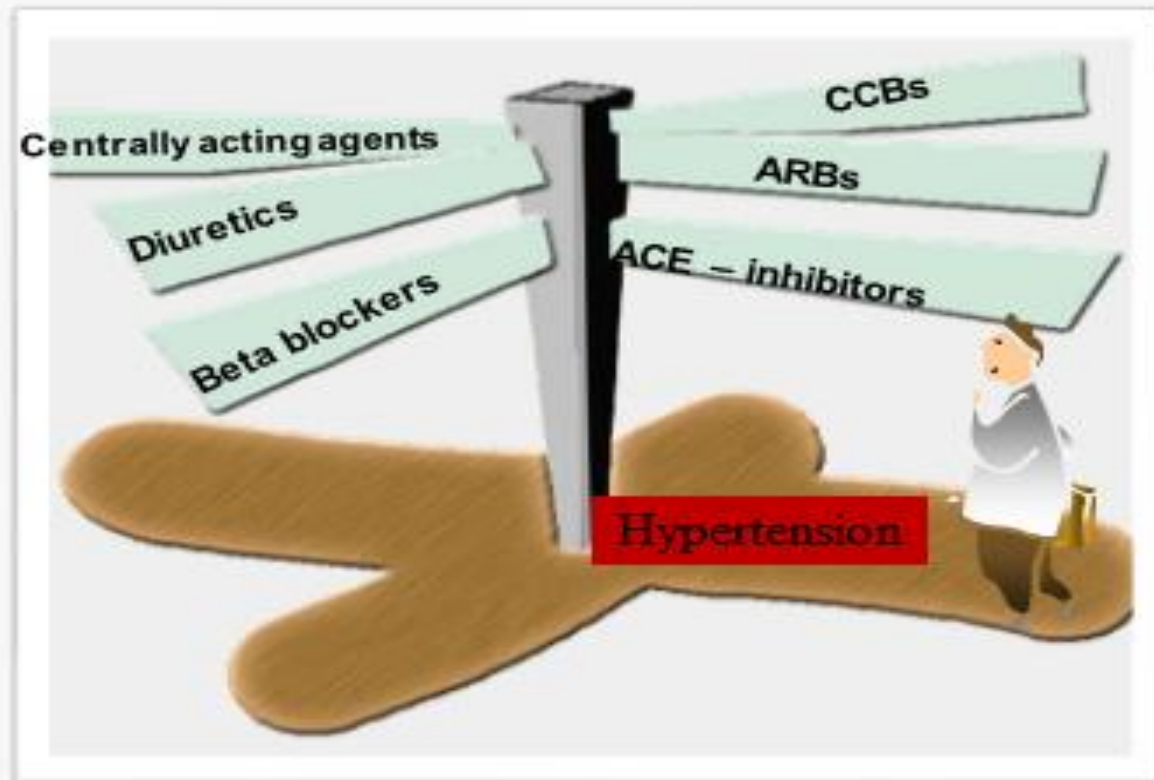
Background

- ▶ Hypertension (HTN) is the most common primary diagnosis.
 - ▶ The prevalence of hypertension is 13.5% in Bangladeshi adult population.
 - ▶ There are several guidelines for the management of hypertension.
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New Guidelines for Hypertension

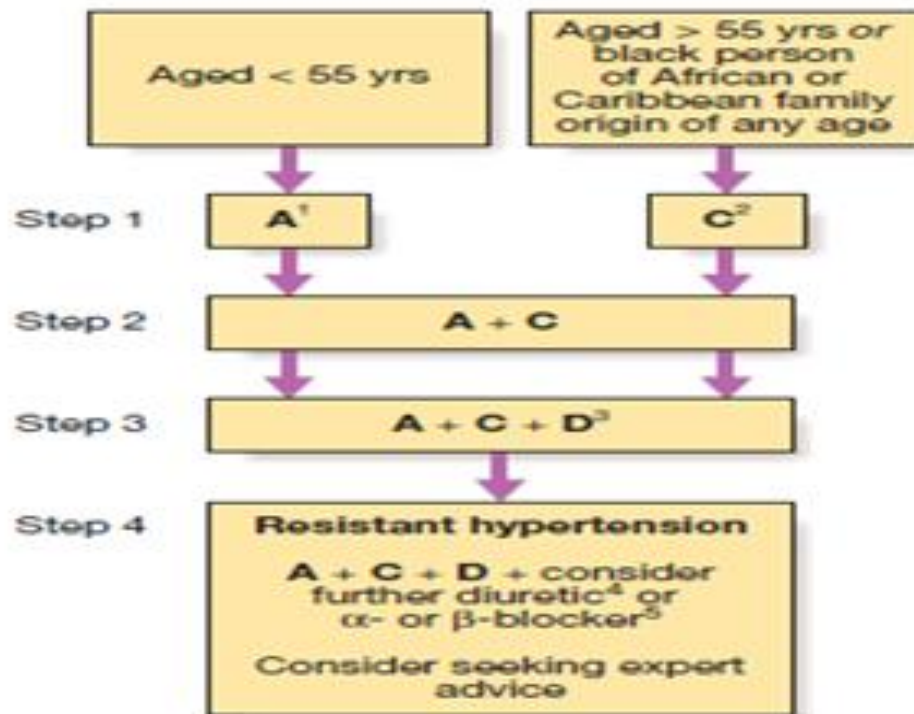
- ❑ National Institute for Health and Clinical Excellence (NICE), 2011
- ❑ Kidney Disease: Improving Global Outcome (KDIGO), 2012
- ❑ European Society of Hypertension/European Society of Cardiology, (ESH/ESC), 2013
- ❑ American Diabetes Association (ADA), 2014
- ❑ American Society of Hypertension and the International Society of Hypertension (ASH/ISH), 2014
- ❑ **Eighth Joint National Committee (JNC8), 2013**

The Many Faces of HT Therapy Today



Eighth Joint National Committee (JNC8) Guideline

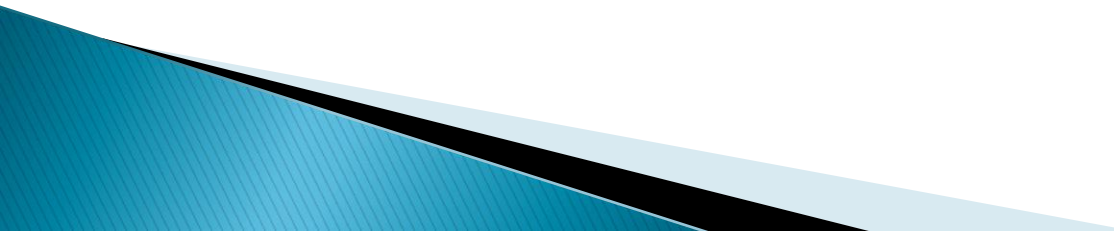
Antihypertensive drug treatment



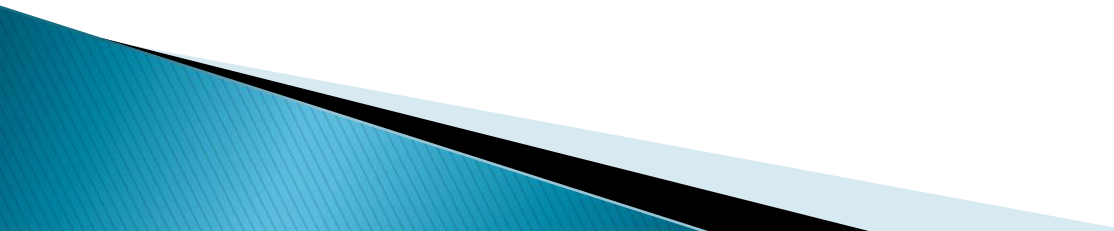
Aims

- ▶ To see how far we are rational to treat hypertension as per guideline.

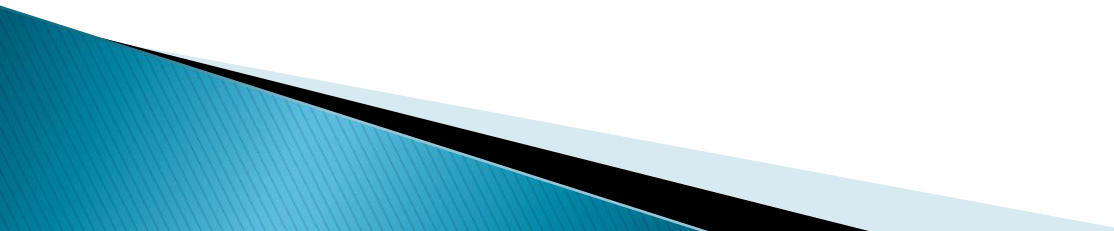
Methods

- ▶ This is an observational study conducted in my chamber from March-August 2018 collecting prescriptions of different doctors.
 - ▶ Pregnant women and patients with heart disease and chronic kidney disease are excluded from study.
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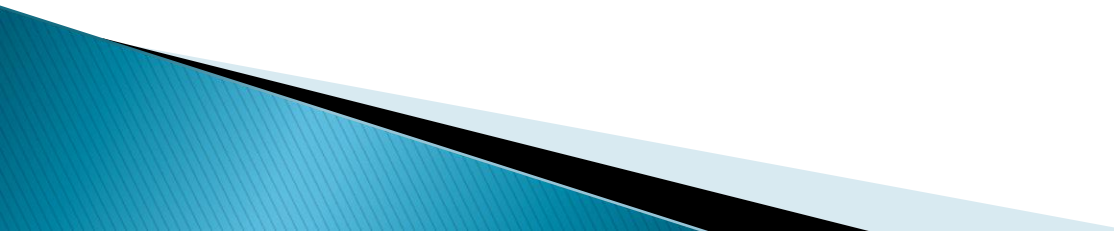
Results

- ▶ 365 prescriptions are collected and analysed.
 - ▶ Among 365 prescriptions, 276 are of male patient and 89 of female patients.
 - ▶ Age ranges from 40 to 75 years having 215 patients below 55 years and 150 above 55 years.
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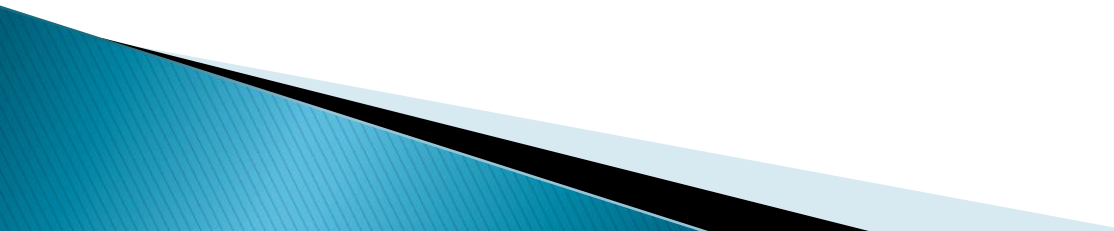
Results

- ▶ Among 365 prescriptions, 211 are from graduate practitioners and 154 from specialist doctors.
 - ▶ Among specialists, 72 prescriptions are from medicine specialist, 24 from cardiologists and remaining 58 from other specialists.
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Results

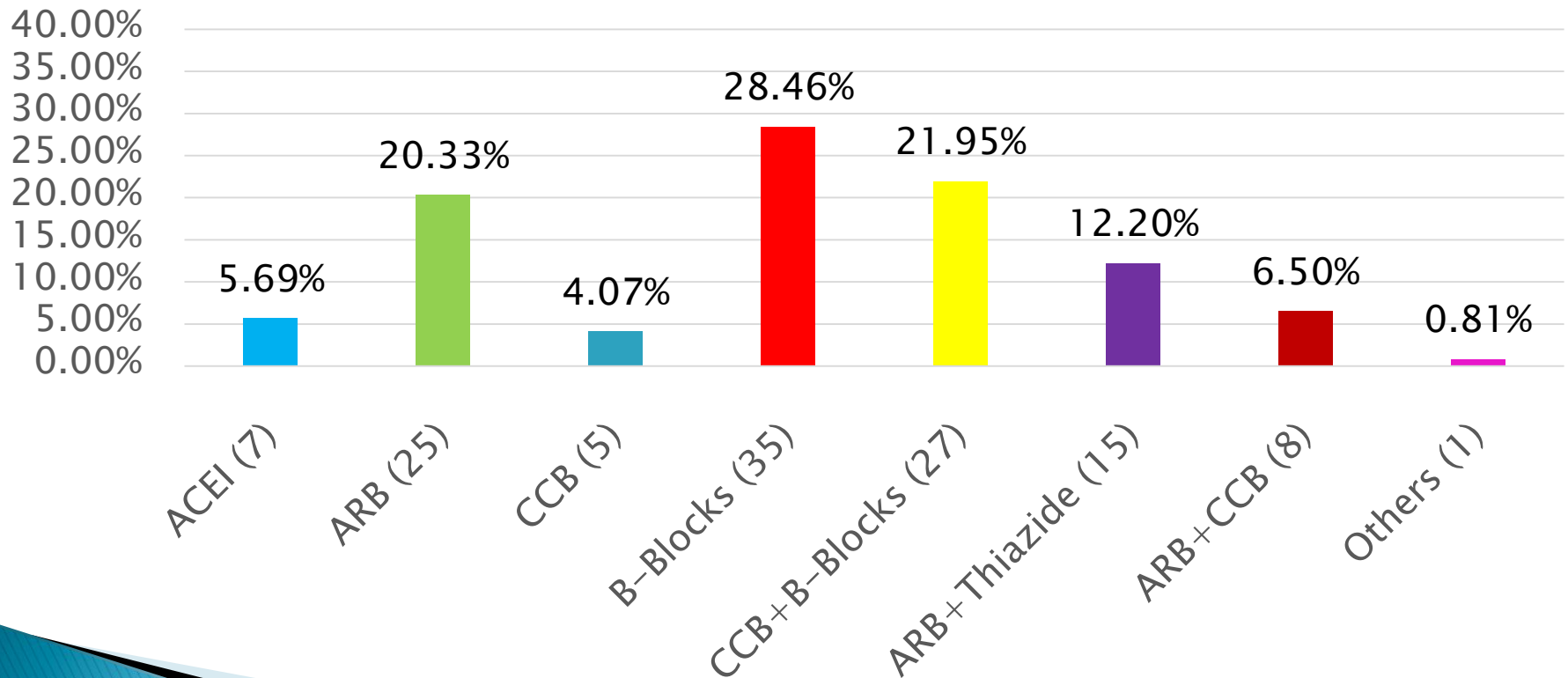
- ▶ Among 211 patients of graduate doctors, 123 are of below 55years and 88 above 55 years.
 - ▶ Among 154 patients of specialist doctors, 92 are of below 55years and 62 are of above 55years.
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Commonly used drugs

- ▶ ACE-I (ramipril)
 - ▶ ARB (Losartan, valsartan, olmesartan, telmisartan)
 - ▶ β - blocker (Bisoprolol, atenolol)
 - ▶ CCB (Amlodipin, cilnidipine)
 - ▶ Diuretics (Thiazide, indapamide)
 - ▶ α - blocker (Prazocin)
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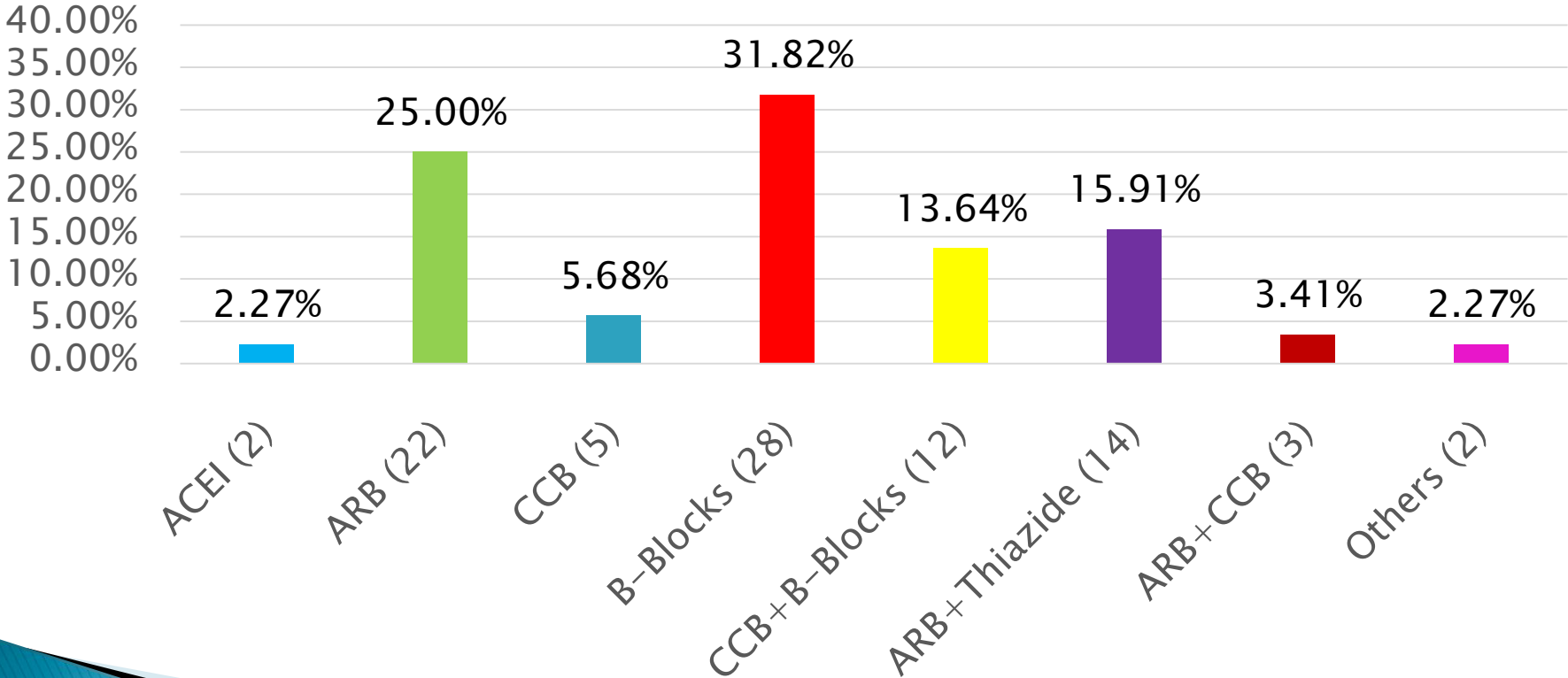
Graduate doctor prescriptions analysis

Below 55 years (123 in total)



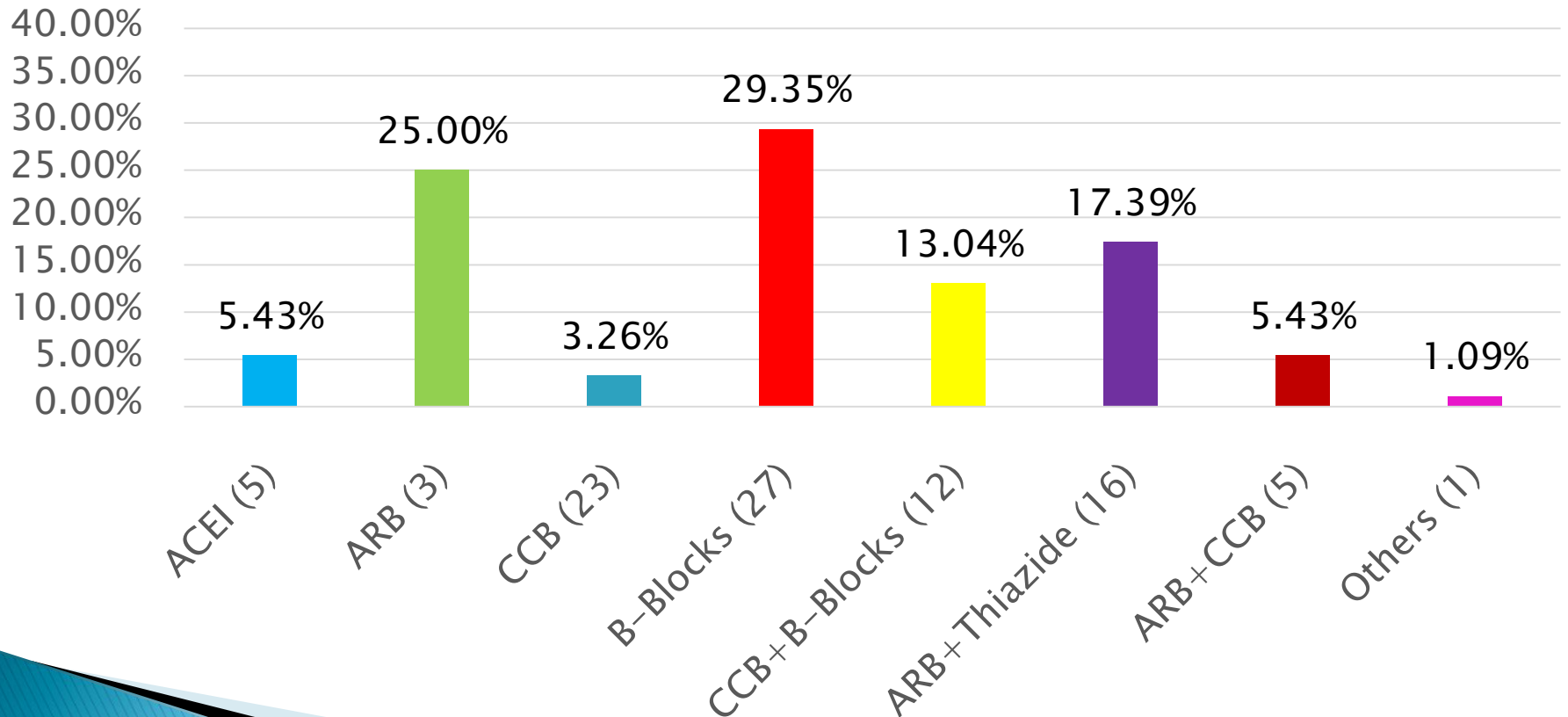
Graduate doctor prescriptions analysis

Above 55 years (88 in total)



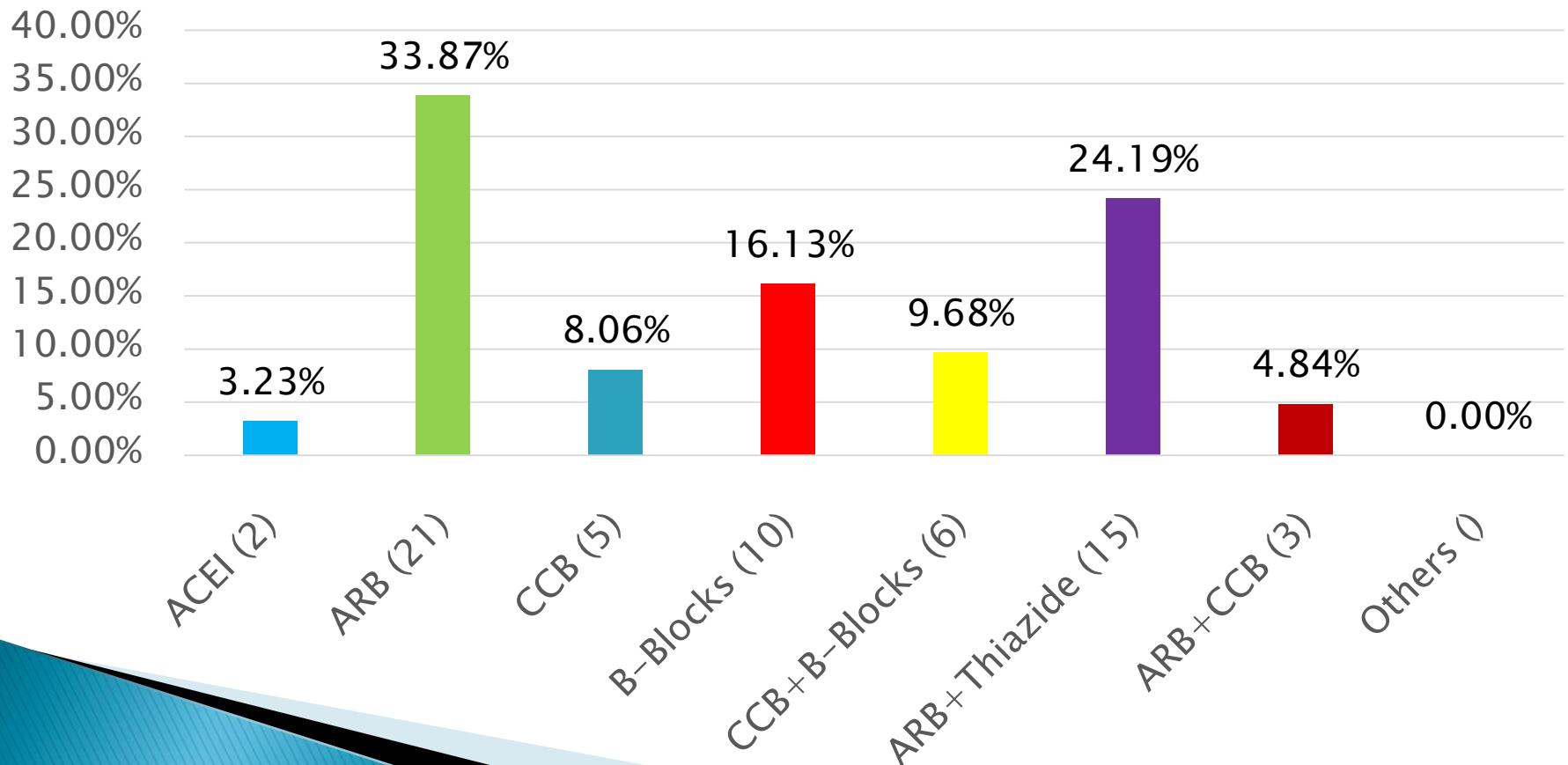
Specialist doctor prescriptions analysis

Below 55 Years (92 in total)



Specialist doctor prescriptions analysis

Above 55 Years (62 in total)



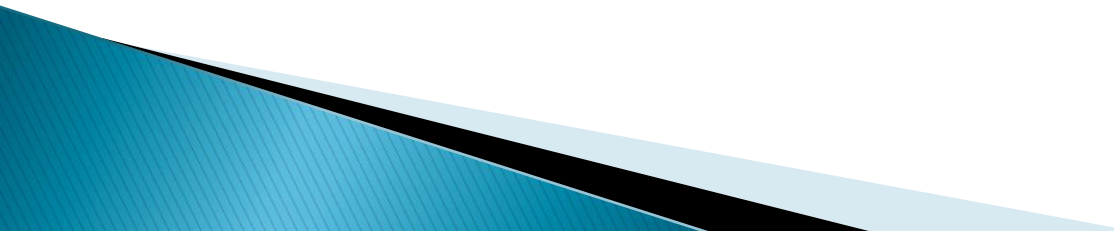
Conclusion

- ▶ Graduate doctors prescribed β - blocker more followed by β - blocker+ CCB, then ARB in below 55 years group and in above 55 years group, β - blocker \rightarrow ARB \rightarrow ARB+thiazide, then β - blocker+ CCB.

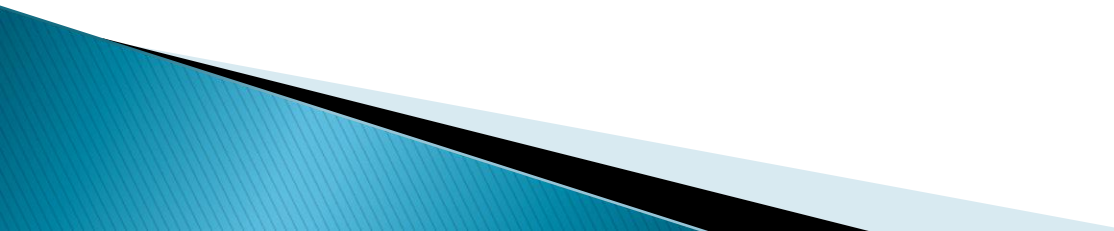
Conclusion

- ▶ Specialist doctors prescribed β - blocker more followed by ARB, ARB+thiazide, then β - blocker+ CCB in below 55 years group and in above 55 years group, ARB \rightarrow ARB+thiazide, β - blocker, then β - blocker+ CCB.

Conclusion

- ▶ Highest prescriptions are of β - blocker in both graduate and specialist doctors group, especially after introduction of Bisoprolol and Metoprolol in the market; though β - blocker is at the bottom of all guidelines.
 - ▶ Only 9% of graduate doctors and 11% of specialist doctors follow guideline.
 - ▶ Each and every doctor should follow national or international guidelines to treat their patients.
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Conclusion

- ▶ Days are coming when each and every doctor should justify and explain his or her activity regarding management of patient (**Medical audit**).
 - ▶ This is a small study which does not represent whole picture of the country; so needs further study.
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Thank you

