Sollecitare il monitoraggio domiciliare della pressione arteriosa nell'iperteso noto o "di nuova diagnosi".

Un continuum tra il Medico di PS e il Curante successivo alla dimissione.

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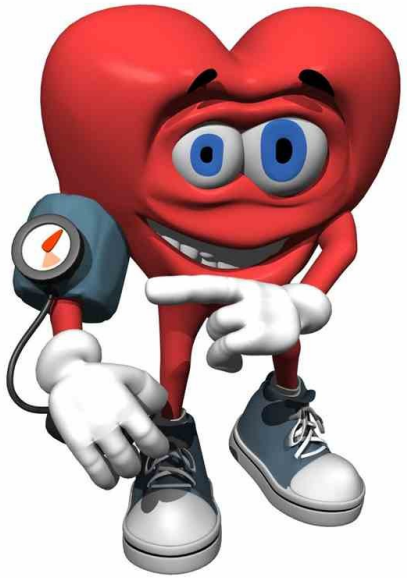
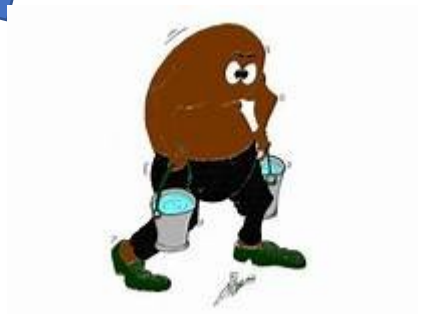
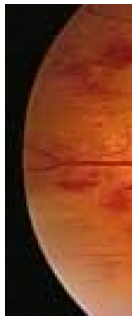
Epidemiologia dell'IA

- Prevalenza 1,13 bilioni (2015) -> 150 mln in Europa centrale/Est Europa



Complicanze legate alle crisi ipertensive	
Complicanze cardiovascolari	Scompenso cardiaco
	IMA
	Dissezione aortica
Complicanze cerebrovascolari	Infarto cerebrale, emorragia intracranica
Complicanze renali	Insufficienza renale





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La popolazione è sensibilizzata sul problema IA?

Alarming Prevalence of Emergency Hypertension Levels in the General Public Identified by a Hypertension Awareness Campaign

Stephanie P. B. Caligiuri,[1,2] Jose Alejandro Austria,[1] and Grant N. Pierce[1,2]

NO

BACKGROUND
Hypertension is a major cause of mortality and morbidity today. The "silent" nature of hypertension makes it critical to determine its prevalence and its severity in the general public and to identify strategies to identify people unaware of its presence. A mobile hypertension awareness campaign was created to: (i) determine the prevalence and types of hypertension in an urban North American center, (ii) increase hypertension awareness, and (iii) identify reasons for lack of therapy adherence.

METHODS
Mobile clinics were provided at shopping malls, workplaces, hospitals, and community centres to measure blood pressure in the public. Blood pressure recordings were done on a voluntary basis.

RESULTS
Of 1097 participants, 50% presented with high blood pressure which was higher than expected. Of particular clinical significance, an unexpectedly large number of participants (2%) exhibited a hypertensive urgency/emergency. Most of these people were non-adherent to medications (if their hypertension was detected previously), were unaware of their hypertensive state, and/or unwilling to acknowledge or ignored the clinical significance of the extremely high pressure readings. Reasons for lack of adherence included: denial, being unaware of health consequences, and proper management of hypertension.

CONCLUSIONS
A relatively large segment of an urban population lives unaware of severe emergency levels of hypertension. A public mobile hypertension clinic provides a valuable strategy for identifying hypertension in the general public and for knowledge translation of hypertension management.

Keywords: blood pressure; drug adherence; emergency blood pressure; hypertension; incidence of hypertension.

doi:10.1093/ajh/hpw136

American Journal of Hypertension 30(3) March 2017

Documentation and treatment of hypertension: quality of care and missed opportunities in a family medicine resident clinic

Phillip So,[1] Steven Y Lin[2]

ABSTRACT
Background In the USA, uncontrolled hypertension contributes to 1000 deaths a day. However, little is known about the quality of hypertension management in family medicine resident clinics.
Objectives To examine rates of documentation and treatment of elevated blood pressure, and to identify missed opportunities to address hypertension.
Study design A cross-sectional chart review of 1011 adult patient visits between 2 January and 4 February 2013 was performed in a resident-run federally qualified health centre. For patients with elevated blood pressure at time of visit, we noted whether or not the residents had documented a diagnosis or discussion of hypertension and the presence or absence of a treatment plan. We compared these rates with those from a national sample of primary care physicians.
Results 262/1011 (26%) of adult patients had elevated blood pressure at time of visit. Of those, 115/262 (44%) had documentation and a plan for treatment, 79/262 (30%) had documentation but no plan, and 68/262 (26%) had neither documentation nor plan. Nationally, 45% of patients are diagnosed and treated compared with 44% of study visits with documentation and treatment.
Conclusions Fewer than half of visits of patients with elevated blood pressure resulted in both documentation and a treatment plan. Nevertheless, these rates are comparable to national providers. Elevated blood pressure was more likely to be missed during acute visits and in patients with less elevated blood pressure.

physicians in training understand the importance of documenting elevated blood pressure and initiating a follow-up or treatment plan at every visit. Previous studies on the quality of hypertension care in resident clinics have focused on meeting treatment goals in patients with diagnosed hypertension.[9 10] To the best of our knowledge, there are no studies that have examined how often residents diagnose, discuss or treat elevated blood pressure at time of visit. The goals of this cross-sectional study were to: (1) assess the quality of hypertension management by family medicine residents using documentation of hypertension diagnosis or discussion and presence of treatment plans as outcome measures; (2) identify missed opportunities by investigating differences in documentation and treatment by visit type and severity of hypertension; (3) compare family medicine resident documentation and treatment rates with those of a national survey of primary care physicians.

METHODS
Study setting
The setting for this study was the Family Health Center at O'Connor Hospital, a federally qualified health centre that provides primary and urgent care to a predominantly low-income, underinsured (mostly Medicaid), ethnically diverse (largely Hispanic and Vietnamese) population in San Jose, California. The clinic is staffed by 24 family medicine residents from the San Jose-O'Connor Family

So P, Lin SY. Postgrad Med J 2015;91:30–34.

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E dopo il discharge dalla saletta/reparto?

J Clin Hypertens (Greenwich). 2017 Nov;19(11):1137-1142. doi: 10.1111/jch.13083. Epub 2017 Sep 3.

Hospital and out-of-hospital mortality in 670 hypertensive emergencies and urgencies.

Guiga H[1], Decroux C[2], Michelet P[2,3], Loundou A[4], Cornand D[1], Silhol F[1], Vaisse B[1], Sarlon-Bartoli G[1,5].

Author information

Abstract

Long-term mortality in patients with acute severe hypertension is unclear. The authors aimed to compare short-term (hospital) and long-term (12 months) mortality in these patients. A total of 670 adults presenting for acute severe hypertension between January 1, 2015, and December 31, 2015, were included. A total of 57.5% were hypertensive emergencies and 66.1% were hospitalized: 98% and 23.2% of those with hypertensive emergencies and urgencies, respectively (P = .001). Hospital mortality was 7.9% and was significantly higher for hypertensive emergencies (12.5% vs 1.8%, P = .001). At 12 months, 106 patients died (29.4%), mainly from hypertensive emergencies (38.9% vs 8.9%, P = .001). Median survival was 14 days for neurovascular emergencies and 50 days for cardiovascular emergencies.

KEYWORDS: hypertensive emergencies; hypertensive urgencies; mortality; outcome

Acad Emerg Med. 2017 Feb;24(2):168-176. doi: 10.1111/acem.13122. Epub 2017 Jan 30.

Screening and Treatment for Subclinical Hypertensive Heart Disease in Emergency Department Patients With Uncontrolled Blood Pressure: A Cost-effectiveness Analysis.

Twiner MJ[1], Marinica AL[2], Kuper K[3], Goodman A[4], Mahn JJ[5], Burla MJ[1], Brody AM[1], Carroll JA[5], Josiah Willock R[6], Flack JM[7,8], Nasser SA[9], Levy PD[8].

Author information

Abstract

OBJECTIVES: Poorly controlled hypertension (HTN) is extremely prevalent and, if left unchecked, subclinical hypertensive heart disease (SHHD) may ensue leading to conditions such as heart failure. To address this, we designed a multidisciplinary program to detect and treat SHHD in a high-risk, predominantly African American community. The primary objective of this study was to determine the cost-effectiveness of our program.

METHODS: Study costs associated with identifying and treating patients with SHHD were calculated and a sensitivity analysis was performed comparing the effect of four parameters on cost estimates. These included prevalence of disease, effectiveness of treatment (regression of SHHD, reversal of left ventricular hypertrophy [LVH], or blood pressure [BP] control as separate measures), echocardiogram costs, and participant time/travel costs. The parent study for this analysis was a single-center, randomized controlled trial comparing cardiac effects of standard and intense (<120/80 mm Hg) BP goals at 1 year in patients with uncontrolled HTN and SHHD. A total of 149 patients (94% African American) were enrolled, 133 (89%) had SHHD, 123 (93%) of whom were randomized, with 88 (72%) completing the study. Patients were clinically evaluated and medically managed over the course of 1 year with repeated echocardiograms. Costs of these interventions were analyzed and, following standard practices, a cost per quality-adjusted life-year (QALY) less than $50,000 was defined as cost-effective.

RESULTS: Total costs estimates for the program ranged from $117,044 to $119,319. Cost per QALY was dependent on SHHD prevalence and the measure of effectiveness but not input costs. Cost-effectiveness (cost per QALY less than $50,000) was achieved when SHHD prevalence exceeded 11.1% for regression of SHHD, 4.7% for reversal of LVH, and 2.9% for achievement of BP control.

CONCLUSIONS: In this cohort of predominantly African American patients with uncontrolled HTN, SHHD prevalence was high and screening with treatment was cost-effective across a range of assumptions.

Se non impostato un corretto iter diagnostico/terapeutico: Cattiva prognosi a breve- lungo termine

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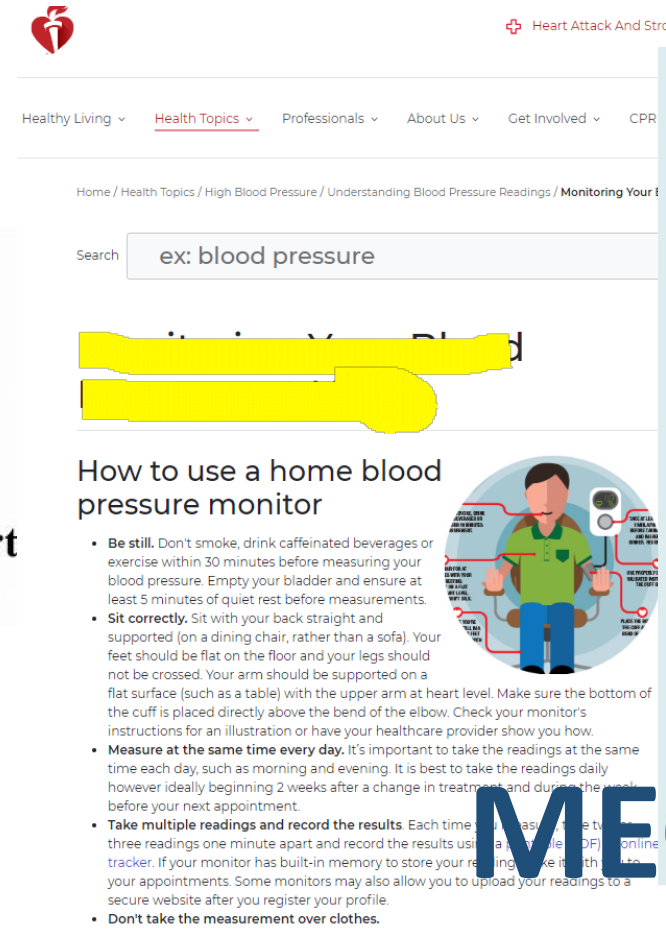
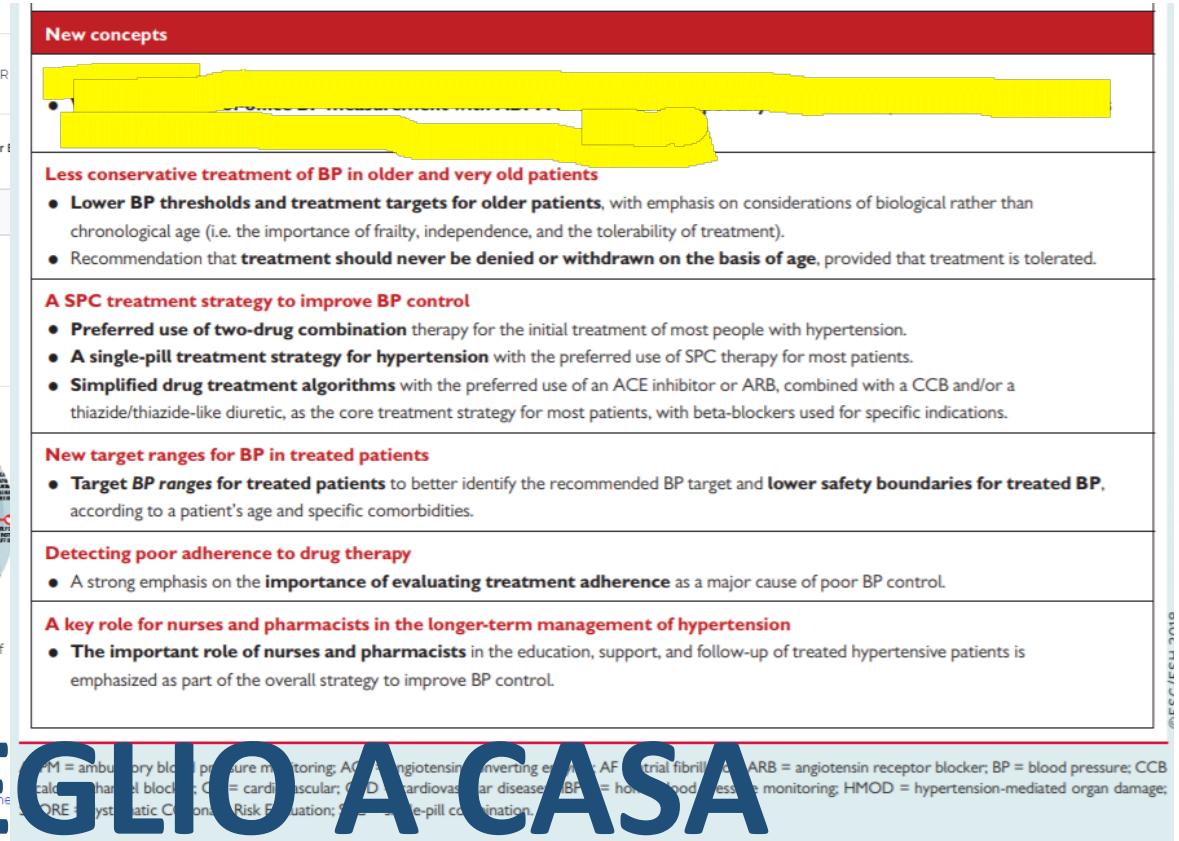
Che dicono le linee guida sulla misurazione della PA?

American Heart Association





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MEGLIO A CASA

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Conclusioni

- IA (EX-NOVO O NOTI) È FREQUENTE NEGLI ACCESSI IN PS
- LA CRISI IPERTENSIVA: CORRELATA CON PESSIMA PROGNOSI BREVE/LUNGO TERMINE.
- LG ESC 2018: OK MISURAZIONE DELLA PA A DOMICILIO PER UN CORRETTO INQUADRAMENTO DG/TP DELL'IPERTESO
- MEDICO DI PS: PARTE **INTEGRANTE** DEL TEAM DI MANAGEMENT DELL'IPERTESO NOTO O «EX-NOVO»: SOLLECITARE IL PZ IN FASE DI DISCHARGE A REDAZIONE DI DIARIO PRESSORIO DA PRESENTARE AL CURANTE

GRAZIE PER L'ATTENZIONE