

PEARLS

Practical Evidence About Real Life Situations



Organised systems of regular follow-up and review can improve blood pressure control

PEARLS No. 16, September 2007, written by Brian R McAvoy

Clinical question: What interventions can improve control of blood pressure in patients with hypertension?

Bottom line: An organised system of registration, recall and regular review allied to a vigorous stepped care approach to antihypertensive treatment reduced blood pressure and all-cause mortality in a single, large randomised controlled trial. Health professional (nurse or pharmacist) led care appears to be a promising way of delivering care but requires further evaluation.

Caveat: Trials of educational interventions directed at patients or health professionals were heterogeneous and appear unlikely to be associated with large net reductions in blood pressure by themselves.

Context: Hypertension is a common problem in general practice. International community based studies show that blood pressure goals are achieved in only 25–40 per cent of patients who take antihypertensives (Burnier M. J Hypertens 2002;20:1251–3). There is a paucity of evidence as to how care for hypertensive patients should be delivered in the community to help improve blood pressure control.

Cochrane Systematic Review: Fahey T, Schroeder K, Ebrahim S. Interventions used to improve control of blood pressure in patients with hypertension. Cochrane Database of Systematic Reviews 2006, Issue 4. Article No. CD005182. DOI: 10.1002/14651858. CD005182.pub3
Note: This review contains 56 trials with sizes ranging from 15 to 7772 participants.



Effectiveness of contracts for improving patient adherence not demonstrated

PEARLS No. 22, October 2007, written by Brian R McAvoy

Clinical question: Can contracts between patients and healthcare practitioners improve patients' adherence to treatment, prevention and health promotion activities?

Bottom line: There is limited evidence that contracts can potentially contribute to improving adherence. However, large, good quality studies do not provide evidence to routinely recommend contracts for improving adherence to treatment or preventive health regimens.

Caveat: Trials evaluated the use of contracts in the treatment of addiction, hypertension, weight control and a variety of other areas. Effects on adherence were not detected when measured over longer periods, eg, 6 or 12 months.

Context: Contracts are a verbal or written agreement that a patient makes with themselves, with healthcare practitioners or with carers, where participants commit to a set of behaviours related to the care of a patient. Contracts aim to improve the patient's adherence to treatment or health promotion programmes.

Cochrane Systematic Review: Bosch-Capblanch X, Abba K, Prictor M, Garner P. Contracts between patients and healthcare practitioners for improving patients' adherence to treatment, prevention and health promotion activities. Cochrane Database of Systematic Reviews 2007, Issue 2. Article No. CD004808. DOI: 10.1002/14651858. CD004808.pub3.

Note: This review contains 30 trials involving 4691 participants.

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PEARLS

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PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

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