

## Treating Hypertension in the Doctor's Office

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A visit to the doctor's office by a patient to be informed of or receive a confirmation of a hypertension diagnosis is the opportune time to establish what will hopefully be a lasting relationship, since this is the basis for quality care and a good doctor-patient relationship<sup>1,2</sup>.

The first step that the doctor must take is to establish an alliance with the patient. The success of any treatment depends on this. This partnership should be established from the beginning and it is up to us, since we are aware of this prerequisite, to maneuver the situation towards this objective<sup>1,2</sup>.

Knowing how to listen and being always all ears; showing an interest in every detail of this new partner's life; understanding her daily life; learning about her habits, sympathizing with her concerns and anxieties, valuing what she has to say are paths towards this end<sup>1,2</sup>.

The acceptance of a "disease" is not automatic. This acceptance is much more difficult when the alteration arises in an early stage of life. In most cases there are no symptoms and the treatment will require lifestyle changes.

The second step is information. It should be clear, simple and repetitive, keeping in mind that we only hear what interests us. Therefore, it is important to repeat and repeat, with different approaches, again and again. A well informed patient is better equipped to assume the treatment. The information is completely our responsibility; it should be verbal, written and visual<sup>1-3</sup>. It should be never ending.

The third step, just as important as the others mentioned above is availability. There is nothing better than to be within easy reach, the possibility to clarify a doubt, to offer support in a moment of insecurity. A telephone call for support, a quickly accessible reference address and these days an e-mail address<sup>1-6</sup>.

Hypertension is rarely an isolated condition, it is almost always associated with a number of risk factors. While we investigate the illness, we should begin the negotiation process for the patient to adopt a healthy lifestyle<sup>4-6</sup>. After all, life is made of exchanges.

Be firm but not inflexible, and keep on negotiating. Know when to push forward and when to back off. We

are continually interfering in habits that make up the person's culture and modification requires time. Time, information and negotiation.

More and more we are convinced that dealing with numbers is not enough; hypertension is much more than that. The more comprehensive our approach the greater the beneficial results will be. Every associated risk factor (smoking, dyslipidemia, obesity, sedentary lifestyle, stress, excessive alcohol consumption and diabetes) should receive the same degree of attention.

Treatment without the use of drugs is indicated for everyone. When this is not sufficient to control blood pressure, it will help to reduce the required medicine dosage and complement the effectiveness of the drugs<sup>4-6</sup>.

We should give the patients detailed information about all possible risks, their importance and how to modify them.

The most effective method to convince a patient to quit smoking is medical advice, we should never forget this fact<sup>4-6</sup>.

Advice about a low sodium diet should be simple and clear. Similarly, indications for low fat, low calorie or hypouricemic diets, we must be instructive and attentive to details (types of food, portion sizes, quality, hours)<sup>4-13</sup>. Repeat and reinforce the information on every return visit.

Healthy weight levels according to the Body Mass Index should be discussed. Progressive weight reduction of 10% every six to ten months makes the end result easier to achieve and helps to eliminate frustrations. Meeting this goal brings significant benefits<sup>4-7,9,10</sup>.

Physical activity counseling should also be addressed during the visit. Reinforce that any type of physical activity is welcome and encourage the person to find a pleasurable exercise. Generally speaking there are no restrictions for anyone to take a walk and should be the minimum level of recommended exercise<sup>4-6</sup>.

Information regarding alcoholic beverages should not be neglected; quantity, quality and frequency should be described in detail. This facilitates understanding and acceptance<sup>12</sup>.

Diabetes must be controlled without exceptions. This control should be rigorous and continuous. The better it

is, the greater the benefit. Once again, information is the key to success<sup>4-7,10</sup>.

The use of anti-hypertensive drugs, when required (and they are becoming more and more necessary) should also be discussed in detail. Why they should be used, length of time, type of medicine, number of doses, how often, association requirements, possible adverse effects and so on. There is currently a large variety of drugs available that are efficient and effective<sup>4-6,14,15</sup>. They have practically no collateral effects and when used alone or in association with other medications, effectively control blood pressure and diminish morbidity and mortality. The medicine must be taken regularly, in accordance with the doctor's recommendation. Once again, precise information is crucial and clarification of doubts is mandatory. In relation to this, there are still a number of negative beliefs and old wives tales about drugs and we should be active in overcoming these barriers.

The continuation of treatment is another point that always raises doubts and we must relentlessly emphasize and clarify this topic.

Supply prescriptions that are legible and clear. What appears to be intelligible for us is often confusing for the patient. A concern for simple language, notation of hours,

reference to significant moments (time of day, meals, rest, etc.) and once again the necessity of continual use should be detailed on our prescription<sup>2,3,5</sup>.

Finally, return check-ups should be scheduled in an objective manner. The freedom for the patient to schedule appointment regularity is completely detrimental to positive results. Likewise, long durations between return visits contribute to lower adhesion rates. Every return visit should take place within a defined period (never more than six months) preferably scheduled for an exact day with a follow up confirmation by telephone<sup>3,4</sup>.

Those who miss appointments should be the target of an active search by telephone, telegram or a short letter. This tool is greatly effective and reinforces the partnership relation between the patient and the doctor<sup>3-5</sup>.

Our intention here was to express our point of view, share a little of our experience with our colleagues and explain the strategy that we use for both private consultations and those conducted at the *Liga de Hipertensão* clinic, where the process is greatly facilitated by the multi-professional staff.

The use of these methods has resulted in better treatment adhesion by the patients and subsequently a better control of their blood pressure and associated risk factors.

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