

EFFECTIVENESS OF A TRAINING PROGRAM TO REDUCE CARDIOVASCULAR RISK IN HYPERTENSIVE PATIENTS

Autores: MA Gómez Marcos;L García Ortiz;P Bodego Sánchez;A Mendoza Petite;L Melón Barrientos;C Herrero Rodríguez
La Alamedilla Health centre. Salamanca. Spain.

OBJETIVE:

To evaluate the effect of a training formation program to medical personnel, based in clinical guidelines, to reduce cardiovascular risk factors and cardiovascular risk in hypertensive patients.

METHODS:

DESIGN: Cuasi-experimental study

SETTING: Two primary care health centres in Spain.

PARTICIPANS: Seven Family doctors were assigned to intervention group and other seven to control group. We selected by aleatory simple sampling 849 hypertensive patients, 419 from intervention group (IG) and 430 from control group (CG), 21% were diabetics.

Mean age 69,83(IC95%69,05-70,6) without differences between groups, (64%♀, 36% ♂).

INTERVENTIONS: Combined program of quality improvement including: audit, feed-back, formation sessions, and implemented guidelines with the medical personnel during 6 months

MAIN OUTCOME MEASURES: Systolic (SBP) and diastolic blood pressure (DBP), smoking, total cholesterol (TC), LDL-cholesterol (LDL-C), fasting glycaemia, Body index mass (BMI), coronary risk (Framingham) and cardiovascular mortality risk (SCORE) previous and one year after the intervention were analysed.

RESULTS:

The intervention realized achieve decreased: SBP: 9,75 (IC95%:7,5-11,9) mmHg, DBP: 3,8 (IC95%:2,4-5,2) mmHg, Total Cholesterol: 7,46 (IC95%:3,5-11,7) mg/dl, LDL-Cholesterol: 10,10 (IC95%:5,7-14,5) mg/dl, fasting glycaemia 6,95 mg/dl (IC 95%:-7.3-21.4), HbA1C 0,28% (IC 95%:-0.17-0.74) (diabetics patients), and BMI 0,38 (IC 95%: 0,08-0,51).

The cardiovascular risk too decreased: Coronary total risk: 2,28 (IC95%:1,35-3,21); Coronary hard risk: 1,92(IC95%:1,1-2,72); Relative Risk 0,25(IC95%:0,15-0,36) and Cardiovascular mortality risk 0,96 (IC95%:0,62-1,30).

The intervention increased the percent patients with blood pressure control (BP <140/90 mmHg) in 32,2 percents points and LDL-Cholesterol control (NCEP III criteria) in 13,4 percents points.

CONCLUSIONS:

The quality improvement intervention was effective to decreased blood pressure, lipids, BMI and cardiovascular mortality and mortality risk. The intervention too increased the patients with blood pressure and cholesterol LDL control according clinical guidelines.