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**Improving hypertension control via a team-based educational and refill monitoring (term) intervention, Sharjah, United Arab Emirates**Sameh Mahdi  
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**Background:** There are insufficient blood pressure control rates even in high-performing health systems, and effective management of hypertension remains a challenge in a real-life general practice. This is because of many factors including unhealthy life style, improper prescribing and poor medication adherence. Cost effective and innovative interventions to improve BP control are therefore needed.

**Aim:** We aimed to study the impact of a 6-month Team- based Educational and Refill Monitoring (TERM) intervention in improving BP control among UAE adult citizens diagnosed with hypertension.

**Methods:** This is a clinical trial, where, 214 hypertensive UAE citizens  $\geq 18$  years participated in a 6 months TERM intervention compared with 214 hypertensive UAE citizens receiving usual care, Primary Health Care Department, Sharjah Medical District (SMD), United Arab Emirates (UAE). Before the intervention, all physicians, pharmacists and nurses of the TERM group were enrolled in a one week medical education three sessions. These sessions provided information in two domains: practice guidelines based on guidelines of the Joint National Committee (JNC 7) (13) and principles of health education and communication. As well, a monthly health education session, telephone calls and SMS messages have been used to intensify medication adherence and hypertension self- management of TERM patients. The primary outcomes were changes in systolic blood pressure (SBP), diastolic blood pressure (DBP), medication refill adherence (MRA) and blood pressure (BP) control. Results: Participants had a mean age of  $57.4 \pm 11$  years (TERM) and  $57.5 \pm 11.1$  years (control). 57.1% were males (TERM) and 57.9% were females (control). At baseline there was no significant difference between both groups in regard to occupation, education, smoking, blood lipids, body mass index (BMI), SBP, DBP and MRA. Meanwhile, at baseline, only 35% of TERM patients compared to 34.9% of usual care patients had controlled blood pressure (defined as  $BP < 140/90$  mmHg). At 6 months, TERM participants achieved greater improvements compared to usual care group in regard to SBP ( $139.3 \pm 14.2$  mmHg vs.  $152 \pm 13.4$  mm Hg,  $P < 0.001$ ), DBP ( $85.3 \pm 9.3$  vs.  $92.4 \pm 6.8$  mm Hg,  $P < 0.001$ ), BP control (50% vs. 36%,  $P = 0.01$ ) and medication refill adherence (92% vs. 86%,  $P < 0.001$ ).

**Conclusion:** A team-based educational intervention for both staff and patients led to significant improvement in SBP, DBP, MRA and BP control in adult hypertensive patients, primary health care setting, Sharjah Medical District, UAE.

**Biography**

Sameh Mahdi works at Ministry of Health & Prevention and is located at the same building of Sharjah Medical District. His research interest is Cardiovascular Perfusion, Hypertension perfusion and Primary Care.

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