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European Society of Hypertension - general practitioners' program hypertension management: focus on general practice

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In 2022, the Scientific Council of the European Society of Hypertension (ESH) decided to create a General Practitioners (GP) network program aiming to bring closer Hypertension specialists and GPs towards improved management of hypertension. Primary care workload is increasing in many countries, with saturation point reaching rapidly. A key component of this workload is the diagnosis and management of long-term chronic conditions with hypertension-related consultations playing an important role in the GP work. The prevalence of hypertension in people aged 30 to 79 years is high, ranging from about 20% in some western to (or even exceeding) 50% in some eastern European countries and most of the hypertensive patients are cared by GPs. The common comorbidities,

hypertensive patients may have, are also usually managed by GPs.

Considering the present workload and follow-up of hypertensive patients, the number of consultations and related work would increase as the prevalence of hypertension will further rise due to ageing together with unfavourable lifestyle patterns in European populations [1]. The number of patients under each GPs responsibility varies from country to country but it is always elevated, and this has an influence on the number of times GPs evaluate BP, the time invested with individual visits and the adequate diagnosis and follow-up of hypertension. The creation of the ESH GP network is important to follow the work of GPs around Europe, to obtain data and to standardise procedures in hypertension management across Europe.

ESH News corner:

Call for members in a new GP network group

The newly formed **general practitioners (GP) Network of ESH** aims to:

- Understand and obtain data from European countries, concerning the difficulties felt by GPs, when implementing hypertension guidelines. This will be done by mapping of current situation (questionnaires).
- Provide educational activities.
- Develop practice guidelines for hypertension management taking in account the time needed to treat each patient
- Support proper time management and greater effectiveness in hypertension control and supply GPs with this information.
- Disseminate the implementation of new guidelines.
- Stimulate research activities among GPs, through basic and simple epidemiological questionnaires
- Establish collaboration between National hypertension societies and European GP societies.
- Analyse countable improvements through outcome data.

Colleagues who wish to join this group may contact the ESH coordinator Mandy Elgner via e-mail: eshcoordinator@eshonline.org



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European guidelines for hypertension management are available for two decades, but their implementation by GPs is probably not effective enough as evidenced for example by the low number of BP measurements in GP offices [2]. Previous hypertension guidelines are presented in long and complex documents that are highly demanding to read [3]. Moreover, GPs often do not have sufficient time for training and translation of guidelines into clinical practice. Only few GPs are certified hypertension specialists of the ESH and GPs cannot usually cope with the suggested needs according to guidelines [3]. Therefore, GPs are urgently needed to come on board of the ESH to improve overall hypertension management beyond the care that is already provided in the highly specialised ESH hypertension excellence centres.

However, as GP services are under considerable pressure, prioritisation principles and the balance between follow-up of people with different needs is a topic for further scrutiny. Taking into account the very high hypertension prevalence and knowing that this value will rise further in ageing European populations, the number of older hypertensive people needing healthcare will considerably increase the GP-clinical load. Hence hypertension management of older multimorbid patients will pose great challenges to GPs [4]. Conversely, medical care for the increasing number of young adult patients who develop hypertension largely due to unfavourable lifestyle patterns and obesity represent an additional challenge to GPs in order to implement early preventive interventions [5].

To reduce the respective GP workload, alternative models of care using virtual care and telemedicine approaches and collaborations with other health care professionals should be considered. The evaluation of team-based care in hypertension indicated that interventions involving for example nurses or pharmacists are effective strategies to improve BP control. Yet, whether this will indeed reduce GP workload or not remains insufficiently studied [6]. An important difficulty in the GP work is the time limitation and the

clinicians' time needed to treat (TNT) each patient [7]. This was not considered by guidelines so far with the aggravating factor that GPs must care for many other conditions from all fields of medicine as well. This is an important aspect, considering that to implement the European hypertension guidelines, based on TNT for lifestyle and therapeutic recommendations, one would need many more GPs and other health professionals than are currently in practice.

With effective hypertension management, cardiovascular events and mortality can be markedly reduced. Consequently, to be able to exploit the maximum benefit of treating hypertension, penetration of hypertension guidelines to GPs should be inevitable as they attend the vast majority of hypertension patients. The role of GPs in hypertension management is thus central in hypertension management. However, there are time constraints and other barriers at the GP level prohibiting optimal implementation of guidelines. The newly formed GP Network of the ESH aims therefore firstly to understand and obtain data from European countries concerning the difficulties felt by GPs when implementing ESH guidelines. The development of concise practice guidelines and implementation strategies taking into account the 'TNT concept' is an important subsequent aim of this network. We anticipate that the GP network can make a significant contribution to improving hypertension management and thus the prevention and treatment of cardiovascular and kidney disease in line with the mission of ESH.

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Key points

- The prevalence of hypertension is rising, and the majority of patients are managed by General Physicians (GPs).
- GPs workload influences their capacity to follow and implement hypertension guidelines adequately.
- The time needed to treat (TNT) each patient at the GP level should be taken into consideration in hypertension practice guidelines.

References

- [1] NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in hypertension prevalence and progress in treatment and control from 1990 to 2019: a pooled analysis of 1201 population-representative studies with 104 million participants. *Lancet*. 2021;398:1–3. doi: [10.1016/S0140-6736\(21\)01330-1](https://doi.org/10.1016/S0140-6736(21)01330-1).
- [2] Nemcsik J, Habony N, Ábrahám G, et al. First results of the new Hungarian hypertension registry: number of daily measurements and proportion of patients in different blood pressure categories. *J Hypertens*. 2021;39(Supplement 1):e398–e399. doi: [10.1097/01.hjh.0000749200.10999.8d](https://doi.org/10.1097/01.hjh.0000749200.10999.8d).
- [3] Williams B, Mancia G, Spiering W, et al. ESC/ESH guidelines for the management of arterial hypertension: the task force for the management of arterial hypertension of the European Society of Cardiology and the European Society of Hypertension. *J Hypertens*. 2018;36(10):1953–2041. doi: [10.1097/HJH.0000000000001940](https://doi.org/10.1097/HJH.0000000000001940).
- [4] Benetos A, Persu A, Kreutz R. Hypertension in older patients: a STEP forward? *Blood Press*. 2022;31(1):118–120. doi: [10.1080/08037051.2022.2075826](https://doi.org/10.1080/08037051.2022.2075826).
- [5] Stabouli S, Erdine S, Suurorg L, et al. Obesity and eating disorders in children and adolescents: the bidirectional link. *Nutrients*. 2021;13(12):4321. doi: [10.3390/nu13124321](https://doi.org/10.3390/nu13124321).
- [6] Santschi V, Wuerzner G, Pais B, et al. Team-based care for improving hypertension management: a pragmatic randomized controlled trial. *Front Cardiovasc Med*. 2021;8:760662. doi: [10.3389/fcvm.2021.760662](https://doi.org/10.3389/fcvm.2021.760662).
- [7] Johansson M, Guyatt G, Montori V. Guidelines should consider clinicians' time needed to treat. *Br Med J*. 2023;380:e072953. doi: [10.1136/bmj-2022-072953](https://doi.org/10.1136/bmj-2022-072953).