



Management of Uncontrolled Hypertension in Urgent Care Setting:



A Self-Management Educational Program

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INTRODUCTION: Hypertension is a chronic disease affecting approximately one billion people worldwide, and this number is projected to reach 1.56 billion by year 2025 (Sadeghi et al., 2013). Uncontrolled hypertension has been identified as a primary cause of heart disease and death. Uncontrolled hypertension continues to be a major health problem in U.S. predisposing 43 million Americans to cardiovascular diseases (WHO, 2014).

BACKGROUND & SIGNIFICANCE:

The report released by WHO in 2014, specified that the number of individuals with uncontrolled hypertension has grown dramatically to approximately 1 billion globally within the past three decades (WHO, 2014). Despite the fact that the U.S. healthcare system spends approximately \$46 billion yearly on hypertension, uncontrolled hypertension still remains one of the major problems facing today's health care system with the cost of treatment averaging \$73 billion yearly nationally.

NEEDS ASSESSMENT: A target population for this project comes from an outpatient clinic providing both primary and immediate care to over 2,000 patients. Fifty six percent of these patients were diagnosed with hypertension and a quarter of this population continued to live with uncontrolled hypertension and present to the clinic with hypertensive urgency periodically.

PROBLEM STATEMENT: The effective management of hypertension requires adopting preventive behavior, adherence to treatment, and controlling risk- factors.

RESEARCH QUESTION: Would self-management interventions, in addition to pharmacological treatment reduce the rate of uncontrolled hypertension among patients of urgent care?

AIMS & OBJECTIVES: The primary aim of this project was to implement a hypertension self-care management educational program, that focused on teaching self -management skills to patients with uncontrolled hypertension in urgent care settings to manage their blood pressure effectively.

METHODOLOGY: This was a social/behavioral study that examined the feasibility of using self-management educational program in addition to pharmacological treatment to manage uncontrolled hypertension in urgent care settings. This study recruited patients with uncontrolled hypertension from an urgent care facility in NJ. The sample size was 30 patients with each participant receiving four educational session on self-management. The researcher evaluated the knowledge level of the participants before and after the educational sessions using pre-test and post-test assessment and analyze the data using paired sample *t*-test.

FINDINGS: The findings from this study indicated a decrease in both systolic and diastolic blood pressure after the study. The mean test score increased at the post-test stage to 99.7% from 56.3% during pre-test stage. Every participant scored at least 90% on the knowledge assessment of uncontrolled hypertension and associated complications test. The t-test statistical analysis also indicated a statistically significant decrease in participants' blood pressure post study. The result will be disseminated in conference presentations and also will be presented for publication in a hypertension journal.

IMPLICATIONS: The outcome of this study demonstrated an improvement in blood pressure control as a result of incorporating BP self-management into the treatment of uncontrolled hypertension. The outcome of this study may provide a long-term guidance towards effective management of uncontrolled hypertension, reducing the associated complications and health care cost of treating such complications.

FUTURE SCOPE: This study suggests a longer-term studies to ensure sustainability of the benefits demonstrated in the study. Based on the result of this study, incorporating BP self-monitoring, in addition to pharmacotherapy, into clinical guideline for the management of hypertension will contribute to overall reduction in the rate of hospital admissions, complications, mortality, and cost associated with cardiovascular diseases in US healthcare system.