P-351
PATIENT CHARACTERISTICS THAT ARE ASSOCIATED WITH FAILURE OF THE TREATING PHYSICIAN TO FOLLOW GUIDELINES IN APPRAISING ACHIEVED BLOOD PRESSURE
A. Tisler, L. Kerkovits, Cs. Farsang, I. Kiss. Medicine, Semmelweis University, Budapest, Hungary; St. Emeritus Teaching Hospital, Budapest, Hungary.

Objective: (1) to determine the prevalence of discordant opinion on blood pressure (BP) control between the treating physician and national guidelines, and (2) to identify patients characteristics that contribute to the physician being less aggressive in therapy as compared to the guidelines.

Design and Methods: Data on 11063 consecutive hypertensive patient visits at 130 primary care offices were abstracted. BP at that visit was classified as controlled or uncontrolled by the physician and also according to the guidelines, and discordance rate between physician judgement and guideline recommendation on treatment effectiveness was calculated. Patient characteristics (demographics, co-morbidity, target organ damage) were used in multivariate logistic regression to identify significant predictors of the physician being satisfied with the therapy while the guidelines still suggested more aggressive treatment (i.e. patient being uncontrolled according to guidelines).

Results: BP control was achieved according to both the physician judgement and the guidelines in 41% of the cases and BP was uncontrolled according to both the physician and the guideline in 37%. The physician judged the BP to be uncontrolled while BP was controlled according to the guideline in 4% of the cases, and physicians perceived their therapy to be sufficient while the guideline would have suggested more aggressive therapy in 17% of the cases. Significant and independent predictors of the physician being satisfied with the achieved BP when the guideline recommended more aggressive treatment were renal disease of the patient (OR 16.5 [6.1-44.7]), older age (OR 2.5[2.0-3.1]), and coronary artery disease (OR 1.4 [1.1-1.9]).

Conclusions: In 17% of the cases physicians perceived their antihypertensive therapy efficient when the guidelines would have recommended more aggressive intervention. This happened most frequently in older patients, and in those with renal or coronary artery disease. Physicians attitude in being less aggressive in therapy as compared to what is suggested by the guidelines contributes substantially to failure to achieve BP control and to gain maximum benefit from treatment. More targeted dissemination of information on the benefits of aggressive treatment in older patients in those with renal and coronary artery disease may improve HT control.

The study was supported by an unrestricted educational grant from Pfizer Hungary and the Hungarian Hypertension Foundation.

Key Words: Primary Care, Hypertension Control, Control Rate

P-353
HOW MUCH DOES THE USE OF DIFFERENT CLASSES OF ANTIHYPERTENSIVE DRUGS CONFORM WITH NATIONAL GUIDELINES IN PRIMARY CARE OFFICES IN HUNGARY?
L. Kerkovits, A. Tisler, Cs. Farsang, I. Kiss. Medicine, Semmelweis University, Budapest, Hungary; St. Emeritus Teaching Hospital, Budapest, Hungary.

Objective: To determine whether the use of different classes of antihypertensive drugs (beta-blockers, ACEI-s, Ca-channel blockers, alpha-blockers, diuretics) conform with national guideline recommendations.

Design and Methods: Cross sectional treatment data on 11063 consecutive hypertensive patient visits at 130 primary care offices were abstracted. Multivariate logistic regression was used to identify patient characteristics associated with failure to achieve goal BP when the guideline recommended more aggressive treatment. Blocker use, therefore, coincided with national guidelines in two out of the four recommended clinical situations. The corresponding numbers for ACEI-s, Ca-channel blockers, alpha blockers, and diuretics were 8 out of 10, 7 out of 9, 4 out of 5, and 4 out of 5 recommendations, respectively. In total, the use of the different classes of drugs conformed with the guidelines in 25 out of the 33 recommendations.

Conclusions: The use of the different classes of drugs seems to follow the national guidelines in Hungarian primary care offices as patients with

P-352
CONTROL OF HYPERTENSION AT PRIMARY CARE OFFICES IN HUNGARY AND PATIENT CHARACTERISTICS ASSOCIATED WITH FAILURE TO ACHIEVE TARGET BLOOD PRESSURE
I. Kiss, L. Kerkovits, Cs. Farsang, A. Tisler. Medicine, Semmelweis University, Budapest, Hungary; St. Emeritus Teaching Hospital, Budapest, Hungary.

Objective: (1) To determine hypertension control rate in treated hypertensive patients seen in primary care offices in Hungary, and (2) to identify patients characteristics that are associated with failure to achieve blood pressure (BP) control.

Design and Methods: Cross sectional data on 11063 consecutive hypertensive patient visits at 130 primary care offices. Control rate was determined by comparing the BP value obtained at that visit to the national guidelines. Patient characteristics (demographics, co-morbidity, target organ damage) were used in multivariate logistic regression to identify significant predictors of failure to achieve systolic and diastolic BP control.

Results: Blood pressure was uncontrolled according to national guidelines in 55% of the cases. Failure to achieve goal BP was more frequent for systolic BP (53%) and less frequent for diastolic BP (29%). The three most important patient characteristics that significantly and independently decreased the odds of achieving systolic BP goal were renal disease (OR 0.26 [0.22-0.31]), smoking (OR 0.64 [0.58-0.70]), and old age (OR 0.70 [0.64-0.76]). The three most important patient characteristics that significantly and independently decreased the odds of achieving diastolic BP goal were renal disease (OR 0.23 [0.20-0.27]), smoking (OR 0.53 [0.48-0.58]), and obesity (OR 0.68 [0.62-0.74]).

Conclusions: Similar to other countries, control rate of hypertension in primary care offices is in Hungary is disappointingly low. Most important patient characteristics associated with failure to achieve goal BP are renal disease, smoking, and old age for systolic, and renal disease, smoking, and obesity for diastolic BP. Whether failure to achieve target blood pressure in these situations is due to the physicians being less aggressive in their therapy or due to more resistant hypertension associated with these conditions needs further study.

The study was supported by an unrestricted educational grant from Pfizer Hungary and the Hungarian Hypertension Foundation.

Key Words: Primary Care, Hypertension Control, Control Rate