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VENezUELAN HYPERTension PROGRAM (VHP) TO REINFORCE KNOWLEDGE ON THE MODIFIABLE RISK FACTORS OF arterial HYPERTENSION
Freddy Contreras, Elmina Peña, Julio Cabrera, Solangel Rodríguez, Manuel Velasco, Christian Fouilloux. Department of Pharmacology, Vargas School of Medicine, Central University of Venezuela, Caracas, D.F., Venezuela.

Arterial hypertension (AHT) is one of the most important public health problems because of its high prevalence, complications, mortality and morbidity rates and costs that its control and treatment imply. The objective of this study is to determine the effects of an educational program aimed at reinforcing knowledge on the control of the modifiable risk factors of arterial hypertension. A transversal descriptive study was designed in which the population was made up of all the workers (330) in Pequiven’s head office in Caracas. The sample was made up of 80 workers selected according to the following criteria: Age (20 to 55 years), Subjects with mild to moderate primary arterial hypertension, with a family history of AHT and non-controlled modifiable risk factors for AHT, previously diagnosed.

Patient’s knowledge of etiology, modifiable risk factors and complications and treatment of AHT, were insufficient and sometimes fragmented in the pre-test, but there was a significant statistic difference between the pre-test results and the answers gotten at the end of the program. We conclude that these findings concur with those obtained in other educational programs, emphasizing thus the importance of educational programs aimed at the modification of risk factors in the population susceptible to the development of AHT

Key Words: Hypertension, Risk Factors, Educational Program

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A COMPARISON OF PRESCRIBING PATTERN OF ANTIHYpertensive DRUGS BY FAMILY PHYSICIANS AND GENERAL PRACTITIONERS IN PRIMARY CARE
Reginald P. Sequeira, Khalid J. Al Khaja, Awatif H. Al Dammanhori, Vijay S. Mathur. Pharmacology & Therapeutics, Arabian Gulf University, Manama, Bahrain; Primary Care, Ministry of Health, Manama, Bahrain.

Identifying deficiencies in prescribing is a prerequisite for planning interventions aimed at improving prescribing behavior of physicians We have analyzed prescribing of antihypertensives by qualified family physicians (FPs; n=77) and compared with that of the general practitioners (GPs; n=41) by auditing 1791 prescriptions of FPs and 914 prescriptions of GPs issued to patients with uncomplicated hypertension, at 15 out of 20 health centres in Bahrain. The choice of antihypertensive(s) by FPs and GPs was comparable and conformed with the WHO/ISH guidelines as regards preference for: (i) beta-blockers (B), angiotensin converting enzyme inhibitors (ACE-I) and calcium channel blockers (CCBs) as monotherapy; (ii) two drug combinations (D+B; B+CCBs); (iii) three drug combinations (D+B+CCBs; D+B+ACE-I; B+ACE-I+CCBs) and choice of drug used for the elderly, either alone (CCBs) or as combinations (D+B; B+CCBs and D+B+ACE-I; D+B+CCBs). In several instances the prescribing by both FPs and GPs was not in accordance with the guidelines : reluctance to prescribe diuretics (D) as monotherapy; use of suboptimal combinations (B+ACE-I); extensive use of beta-blockers and irrational use of immediate-release nifedipine in elderly. A statistically significant prescribing difference between FPs and GPs was evident in the following: beta-blockers as monotherapy (p=0.01); D+CCBs (p=0.046), and D+CCBs+methyldopa (p=0.01), and immediate-release nifedipine monotherapy in the elderly (p=0.027), were more often prescribed by the GPs. However, B+ACE-I+CCBs combination was more often prescribed by FPs (p=0.046 ). In conclusion, we found remarkable differences in the prescribing pattern of antihypertensives between the FPs and GPs. Although the general pattern supported a superior prescribing profile of the FPs as expected, there is need for improving the prescribing pattern of both GPs and FPs. Educational programs, both graduate and residency training, and continuing professional education should specifically address these deficiencies in order to assure quality primary health care.

Key Words: Prescription-Audit, Antihypertensive Drugs, Primary Care Physicians

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CROSS-CULTURAL VALIDATION OF THE HILL-Bone COMPLIANCE TO HIGH BLOOD PRESSURE THERAPY SCALE IN A SOUTH AFRICAN, PRIMARY HEALTH CARE SETTING
Estelle V. Lambert, Krisela Steyn, Martha N. Hill, Stacie C. Stender, Nicholas J. Everage, Gregory Breeden. Chronic Diseases of Lifestyle Unit, Medical Research Council, Cape Town, South Africa.

In Black South Africans, hypertension (≥160/95 mmHg) is prevalent (14.1% of men and 15.7% of women), under-diagnosed, inadequately treated, and little studied. Prior to conducting a clinical trial to improve HTN control in Black South Africans, we validated the Hill-Bone Compliance Scale which has demonstrated predictive validity in young urban Black American males with HTN. Black, hypertensive patients (N=98) were recruited from primary health care clinics in metropolitan Cape Town. The questionnaire was translated into Xhosa, the first language of the subjects, back-translated into English, and adapted to the local context and vernacular. Weight, height and BP (using the Omron electronic monometer after 5 min of seated rest) were measured. Mean BP was 150/94 mmHg. Item analysis was conducted to determine internal consistency of the Scale and the 9-item medication subscale. Spearman’s rank order correlations were used to assess the relationship between compliance scores and BP. The subscale demonstrated good internal consistency with item-total correlations all exceeding 0.32, and a standardized Cronbach’s alpha of 0.75, with an average inter-item correlation of 0.26. The subscale had significant predictive validity in that non-compliance predicted higher systolic blood pressures (ro = 0.24, P < 0.03 for total scale and ro = 0.20, P < 0.04 for subscale). These analyses provide evidence of criterion validity and internal consistency for the Hill-Bone Compliance to High Blood Pressure Therapy Scale, in black, urban hypertensives living in Cape Town. These results compare favourably with those from an urban African-American setting.

Key Words: Hypertension, Questionnaire, Compliance

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DEMOGRAPHICS AND DRUG USAGE PATTERNS IN PATIENTS REFERRED TO A HYPERTension PROGRAM
Aayu Israni, Tulsi Mehta, Raymond R. Townsend. Medicine, University of Pennsylvania, Philadelphia, PA, United States.

With the growing acceptance of hypertension programs and the recent subspecialty certification in hypertension, information on the successful blood pressure control in patients referred to hypertension programs is critical. We examined the records of a single practitioner based hypertension program (RRT) at a university hospital outpatient hypertension practice in whom subjects were seen on at least two occasions between 1995 and 2000. Using a predetermined survey tool a random sample of 81 subjects were included for this analysis.

The subjects were 58±14 (Mean±SD) years old, 51% were female, 52% were white, 33% AA, 4% Hispanic and 10% were diabetic. Seated