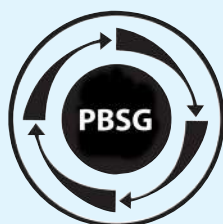




Scotland PBSG Learning Programme

Experience

Practice
Integration



Learning
Objectives

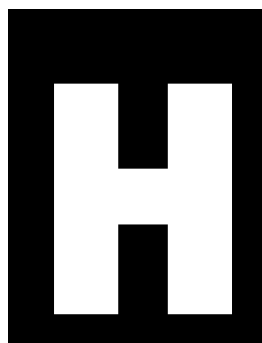
New Knowledge

The Foundation for Medical Practice Education

Practice Based Small Group Learning (PBSG) International

McMaster University
Website: www.fmpe.org

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HYPERTENSION: Implementing Evidence-Informed Management of Blood Pressure

In Scotland, 29% of adults aged 16 years and over, and 65% of those \geq age 65 to 74 are affected by hypertension.¹ There is no doubt that control of hypertension is one of the best ways to reduce the risk of heart disease and stroke. The most effective way to screen for and treat hypertension to achieve that control may be less clear. A structured approach, using evidence-based tools, interventions and organizational strategies, can improve the management — and control — of hypertension in the community.

This module aims to enable you to:

- Implement guidelines to optimise screening, diagnosis and management of hypertension.
- Employ the newer modalities for monitoring blood pressure (BP).
- Utilise the breadth of evidence-based treatments, from lifestyle to pharmacotherapy.
- Organise their clinical practice to improve screening rates and monitoring of hypertension.

This module will not address emergency treatment of hypertension, nor secondary hypertension.

CASES

Case 1: David, male, age 42

David attends your practice because of a sore back that he injured playing golf. He has been taking ibuprofen 400 mg qid for the back pain. According to his notes, his BP has not been taken for the past three years; he does not come in very often. His BP today, using a manual blood pressure cuff, is 143/89.

David cannot take time off work to come into the practice for an appointment and your extended hours clinics are overly busy for the next while. He asks if he can just go into the pharmacy to have it checked a couple of times.