

Hypertension Management Research Priorities from Patients, Caregivers and Physicians



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INTRODUCTION

Patient and stakeholder oriented research is vital to improving the relevance of research.

Historically, the scientific community and pharmaceutical industry has led research priorities and knowledge translation efforts in hypertension in Canada and around the world.

By integrating patients as co-builders in the development of research strategies, we can improve the direct relevance and impact of hypertension research on what matters to patients, their caregivers and care providers; improve clinical practice; and contribute to more effective health services, policies and products.

OBJECTIVE

To identify the 10 most important research priorities of patients with hypertension, their caregivers and care providers (family physicians, nurses, pharmacists and dieticians) for hypertension management

METHODS



Priority Setting Partnerships

Design: Prospective national questionnaire and priority setting process (March 2016 to May 2016). We used the James Lind Alliance research priority setting process with a steering committee of 15 patients, caregivers, care providers and researchers. Numbers of patient and caregivers were equally balanced with care providers and researchers to help ensure active participation of all groups. Members of the steering committee were from across Canada and were equal decision-makers at all phases of the study.

Questionnaire Development: A national web-based survey for patients with hypertension, caregivers for someone with hypertension, and care providers of hypertension (including dieticians, nurses, physicians, pharmacists) was developed by the steering committee members and focused on hypertension management. The survey included baseline data and an open ended question asking "what questions about the management of hypertension or high blood pressure (BP) that you would like to see answered by research?" Respondents were provided an example of how a questions would be written for a different disease condition but were asked to focus on hypertension management. They were also presented areas within hypertension management that they could include:

- Interaction and communication between patients and health care providers
- Education
- Monitoring and measuring blood pressure
- Blood pressure medication or adherence to medications
- Lifestyle changes for patients
- Quality of life
- Alternative/complimentary therapy



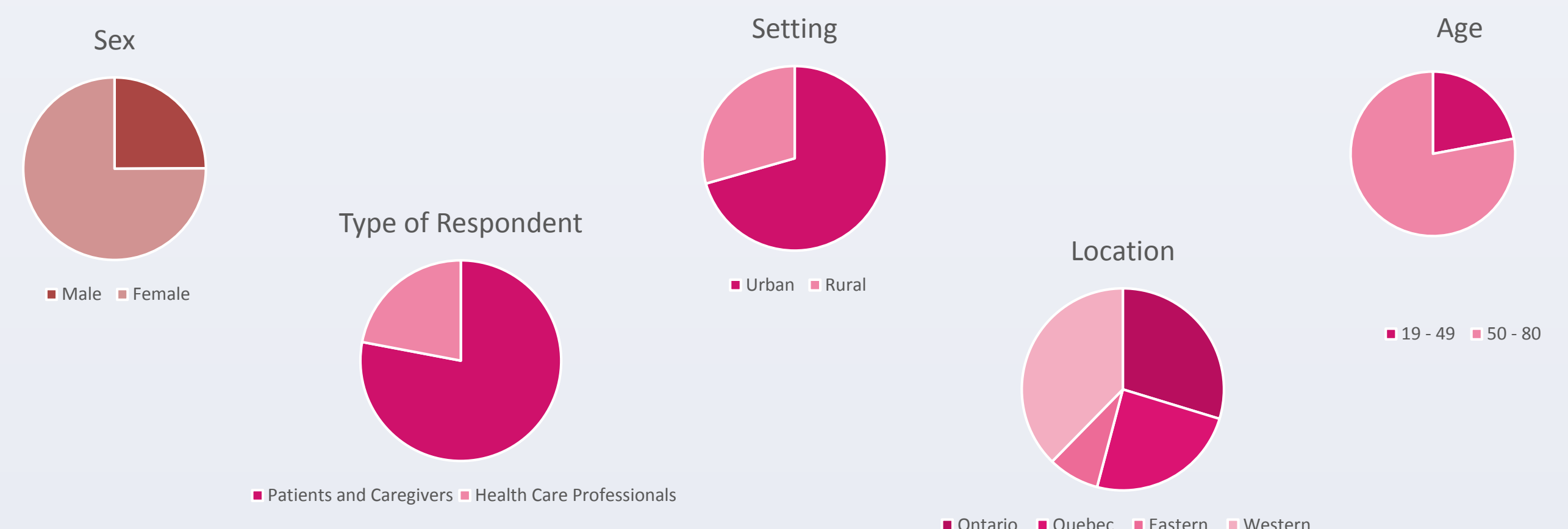
The questionnaire was launched on the Hypertension Canada website and also email invites were sent to local contacts of the steering committee and partnering organizations: Canadian Association of Cardiovascular Prevention and Rehabilitation, Canadian Council of Cardiovascular Nurses, Canadian Nutrition Society, Ontario Stroke Network, and Ontario Home Economics Association.

Priority Setting Process: Respondent questions were then collated and out of scope were excluded by an information specialist. Respondent questions were translated to PICO format (Patient – Intervention- Comparator-Outcomes) and summative questions were developed that encapsulated the individual respondent questions. Content experts then reviewed all summative questions and conducted standardized literature searches to exclude any questions that had been sufficiently answered by randomized controlled trial evidence. Questions that were also identified from major national guidelines (noted in at least 2 guidelines or noted as a survey question and guideline) were included. An interim priority setting process ranked the top 25 questions using a web based national survey. A final priority-setting workshop of patient, care giver and care-provider stakeholders ranked the top 10 research priorities from this final set of 25 questions.

RESULTS

386 responded to the survey and submitted 831 survey questions (1100 individual question entries). After excluding out of scope (n=12), out of country (n=14), no discernable question (n=39), did not have any response (n=427), 608 questions remained. The 608 questions were distilled down to 67 unique, summative questions ranked at the interim priority setting.

Survey Respondents



The interim priority process identified the top 25 questions based on a survey of 34 patients/caregivers and 29 health care professionals. On the final face to face priority setting meeting, the top 10 questions for hypertension research were identified:

TOP 10 RESEARCH QUESTIONS

- 1. What healthy lifestyle habits or combination of habits can reduce or eliminate the need for antihypertensive agents?**
- 2. Does treating stress influence BP and what is the optimal prescription?**
- 3. What is the best treatment strategy for different types of hypertension including those with a family history of hypertension and for men vs. women?**
- 4. Do treatment strategies based on control of out-of-office blood pressure (home BP monitoring or 24 ABPM) provide an advantage over strategies based on conventional office BP control?**
- 5. What are optimal educational tools, strategies and technologies to improve patient motivation and health behaviour change for hypertension?**
- 6. What are the optimal thresholds for starting and stopping antihypertensive agents?**
- 7. What is the optimal prescription of exercise emphasizing alternatives to walking/running for older individuals with and without arthritis or other health problems?**
- 8. What hypertension management strategies are most effective for patients of Aboriginal descent or other ethnic or racial groups?**
- 9. What natural and alternative treatments are safe and effective for reducing BP and don't adversely interact with antihypertensive agents?**
- 10. What is the optimal role of different health care providers and caregivers in providing support to patients with hypertension?**

CONCLUSION

These research priorities can be used to guide researchers and funding bodies on hypertension management research considered most relevant to patients, caregivers and health care professionals.

ACKNOWLEDGEMENTS: Funding support from Hypertension Canada and the Canadian Institutes for Health Research operating grant. Nadia Khan receives salary support from the Michael Smith Foundation for Health Research.

