You can lead a horse to water, but you can't

make it drink.

Effective Counselling For Hypertension Control

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Determinants of Hypertension Complications Among Adult Hypertensive Patients in Medical Wards at Kenyatta National Hospital, Nairobi

			Hypertension Complication		
			Yes	No	P value
	N	%	n (%)	n (%)	
Taking antihypertensive medication as prescribed					
Yes	71	88.8	28(39.4)	43 (60.6)	0.12
No	9	11.3	6 (66.7)	3 (33.3)	
Advised by medical professional to change lifestyle					0.084
Yes	29	36.3	16 (55.2)	13 (44.8)	
No	51	63.8	18 (35.3)	33 (64.7)	
Advised against smoking by medical professional					
Yes	24	30	12 (50)	12 (50)	0.374
No	56	70	22 (39.3)	34 (60.7)	

Isiaho Lillian Amugitsi, Ayieko A. O., Omuga B. O. Determinants of Hypertension Complications Among Adult Hypertensive Patients in Medical Wards at Kenyatta National Hospital, Nairobi. *American Journal of Nursing Science.* Vol. 5, No. 5, 2016, pp. 213-221.
doi: 10.11648/j.ajns.20160505.16

The Evidence

- Nurse Counselling on lifestyle change – motivational interviewing style used.

	Control (n=48)	Low (n=52)	High (n=56)	
Age	59	58	58	
Gender (M/F)	24/24	29/23	26/21	
Weight Change (kg)	0.05 (-0.8 to 0.9)	-1 (-2.2 to -0.1)	-1.7 (- 2.7 to - 0.6)	p<0.05
Alcohol intake (g/week)	- 12 (-57 to 32)	-164 (-274 to - 55)	-83 (-123 to - 42)	p<0.05
Sodium intake (mmol/24h)	4 (-15 to + 24)	- 38 (-59 to -17)	-21 (- 42 to -0.6)	p<0.05
Systolic BP	-4 (- 9 to 0.5)	-6 (-12 to -2)	-8 (-14 to -4)	p<0.05
Diastolic BP	+1 (-1 to 4)	-1 (-4 to 1.9)	-2 (- 5 to 0.04)	p<0.05

Values are means with 95% CI

- The decrement in level of BP achieved in the intervention groups were of similar magnitude as adding an additional drug

Wollard J, Beilin L, Lord T et al. Controlled Trial of Nurse Counselling on Lifestyle change for Hypertensive treated in General Practice. Clinical and Experimental Pharmacology and Physiology (1995) 22, 466 – 468.

Table V. *Changes in blood pressure measures from baseline to 18 months overall and by assigned and observed motivational interviewing (MI) group: HUB City Steps, Hattiesburg, MS, 2010–2011*

Assigned MI group (dose intended)							
	Overall ($n=206$)		Low dose ($n=104$)		High dose ($n=102$)		
Measure	Mean	SD	Mean	SD	Mean	SD	P[a]
Includes all participants with 18 month data							
SBP	−2.8	17.3	−2.3	17.9	−3.4	16.7	0.660
DBP	−1.7	11.7	−1.3	11.5	−2.1	11.9	0.616
Excludes 15 participants with change in hypertension medication[b]							
SBP	−2.6	15.9	−2.7	16.1	−2.5	15.8	0.920
DBP	−1.5	11.1	−1.2	10.9	−1.8	11.4	0.740
Observed MI group (dose received)[c]							
	No dose ($n=42$)		Low dose ($n=116$)		High dose ($n=48$)		
Includes all participants with 18 month data							
SBP	−3.0	20.97	−2.6	15.98	−3.2	17.20	0.979
DBP	1.9	13.30	−2.4	11.12	−3.3	11.16	0.072
Excludes 15 participants with change in hypertension medication[b]							
SBP	−4.0	16.51	−2.1	15.78	−2.4	15.98	0.822
DBP	1.2	11.61	−2.1	11.24	−2.4	10.21	0.241

DBP, diastolic blood pressure; SBP, systolic blood pressure.
[a]*P* value for between group difference.
[b]Participants who were not taking hypertension medication at 0 or 6 months but were at 18 months or participants who increased medication between 0 and 6 or 6 and 18 months.
[c]No dose = no calls completed; low dose = 1–4 calls completed; high dose = 5–10 calls completed.

Landry, A., Madson, M., Thomson, J., Zoellner, J., Connell, C., & Yadrick, K. (2015). A randomized trial using motivational interviewing for maintenance of blood pressure improvements in a community-engaged lifestyle intervention: HUB city steps. *Health Education Research*, *30*(6), 910–922. http://login.research4life.org/tacsgr0doi_org/10.1093/her/cyv058

ELSEVIER

Patient Education and Counseling 72 (2008) 115–121

Patient Education and Counseling

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Physician counseling for hypertension: What do doctors really do?

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Objective: To describe patient counseling by physicians on hypertension and lifestyle and assess its impact on participants' satisfaction.

Methods: An analysis was conducted of transcripts of audio-recorded outpatient visits, augmented with patient and physician surveys. Participants were 30 primary care physicians, 11 cardiologists, and 120 hypertensive patients. Each transcript was coded into categories descriptive of physicians' counseling behaviors. Patients and physicians completed pre- and post-visit questionnaires; patients also completed a survey 2 weeks after their visit.

Results: Most physicians assessed patient medication adherence, but counseling on hypertension and lifestyle was limited. Receipt of lifestyle counseling had a positive, short-lived impact on patient satisfaction. Physicians reported greater satisfaction with visits characterized by more lifestyle counseling. Amount of counseling provided was unrelated to the presence of cardiovascular comorbidities. Provision of counseling was not associated with physicians' perceptions of visit burden. Lifestyle counseling was associated with longer visits.

Conclusion: Hypertensive patients received relatively little information about hypertension and beneficial lifestyle changes.

Practice Implications: Office visits provide an important opportunity for physicians to reinforce key hypertension-related educational messages. Physicians could do more to underscore the importance of medication adherence and healthy living to their patients with hypertension.

So what should they do ?

- Adherence to treatment plans should be considered an ongoing process, as even adherent patients can stray with the passage of time.
- This responsibility need not fall on physicians alone; adjunctive counseling by pharmacists, nurses and other support teams can complement the physician's efforts

How to do it

- Motivation to change is elicited from the client, and not imposed from without.
- Confront Ambivalence
- Adopt a counselling style .
- Remember that Resistance and ‘denial’ are not client traits, but are a feedback regarding your counsellor behaviour.
- Establish a the therapeutic relationship that is more like a partnership or companionship than expert/recipient roles.


STOP OVEREATING, STOP DRINKING, STOP STAYING OUT LATE, STOP FIGHTING, STOP WORRYING STOP EATING SWEETS, STOP GAMBLING...
4-6
WHAT DID THE DOCTOR SAY?
I DON'T KNOW...
I STOPPED LISTENING