

## Treatment Inertia: Care about ‘Hypertension’

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**Abstract:** High blood pressure is the most common cause of death and the greatest risk factor for death. More than 1.3 billion people worldwide and more than 220 million people in India suffer from hypertension. According to the ICMR, 1 in 4 people in India suffer from hypertension. Undetected and untreated hypertension increases the risk of heart attack, damage to arteries, stroke, kidney failure etc. Most people are unaware of this because, on the one hand, there are no warning signs and, on the other, there is a great deal of inertia in treatment after diagnosis.

Treatment inertia is a failure of the healthcare provider to initiate or intensify treatment when treatment goals are not being met. Many people are inert because they deny the diagnosis of high blood pressure, do not take the consequences seriously, fail to take medication, are unaware of the consequences and some doctors underestimate the consequences. High blood pressure is not a disease, but the main cause of other diseases. This study addresses inertia in the treatment of hypertension and comparatively analyses how people manage their blood pressure through proper treatment. Fifty samples were collected through interviews and secondary data to achieve the objective of this study.

**Keywords:** Hypertension, Treatment inertia, Cardio-vascular disease, Asymptomatic, Co-morbidity.

### Introduction

High blood pressure is the most common cause of mortality and comorbidity. Cardiovascular diseases, which include heart attacks and strokes, are the leading cause of mortality and morbidity worldwide and account for one-third of all deaths in India. While the number of deaths from cardiovascular diseases is declining in rich countries, it is increasing in low- and middle-income countries. India is facing the rising burden of non-communicable diseases (NCDs) in general and hypertension in particular. The National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) has duly recognised this and has set a target to reduce the number of deaths from non-communicable diseases by 25 by 2025.

Hypertension is a serious condition that can increase many diseases and the risk of co-morbidity. Worldwide, an estimated 1.4 billion people over the age of 30 suffer from high blood pressure. Of these, 650 million are known to have high blood pressure. 510 million people are being treated and only 190 million of them have their blood pressure under control after regular treatment. About one in five adults suffer from hypertension and less than one in seven hypertensive patients worldwide are under control. According to the Indian Council of Medical Research, more than 220 million people in India suffer from hypertension. Around one in four adults has high blood pressure. It is estimated that there are more than 20 million adults with hypertension in India. Uncontrolled blood pressure is one of the major risk factors for cardiovascular disease and is estimated to be responsible for more than 1 million deaths per year, more than all infectious diseases combined. Hypertension contributes to an estimated 1.6 million deaths per year in India due to ischemic heart disease and stroke. Therefore, in 2006, the United Nations declared May 17 as World Hypertension Day, which is observed every year to raise awareness and educate people about hypertension.

**‘Blood pressure is the force exerted by circulating blood against the walls of the body’s arteries, the major blood vessels in the body. Blood pressure is measure of the force that our heart uses to pump blood around our body’.** High blood pressure is when the blood pressure is too high’. The systolic pressure (SBP) indicates the pressure in the blood vessels when the heart is ejecting or beating the blood, and the diastolic pressure (DBP) indicates the pressure in the vessels when the heart is resting between beats. Blood pressure is measured in millimetres of mercury (mmHg). The ideal blood pressure is considered to be between 90/60 and 120/80 mmHg. In general, we speak of high blood pressure when the blood pressure is more than 120/80 mm/Hg or too high. There is evidence that the cardiovascular risk increases with each mmHg of rise in blood pressure above SBP 115mmHg and DBP 75mmHg.

High blood pressure is known as the **silent killer**. Most people suffering from hypertension are unaware of the problem as there are no warning signs or symptoms in our daily lives. Yet high blood pressure is a major cause of co-morbidity and a risk factor for premature death. Hypertension is not a disease but a risk factor for other diseases such as cardiovascular diseases, brain and kidney diseases, etc. Unrecognised and untreated high blood pressure increases the risk of heart attack, arterial damage, stroke, kidney failure, etc.

**‘Treatment inertia is the failure of a healthcare provider to initiate or intensify therapy when therapeutic goals are not achieved’.** Inertia is therefore the tendency to do nothing or to remain unchanged. In other words, an object at rest remains at rest until a force causes it to change. Inertia can be observed in many people, such as denial of the diagnosis of BP, ignoring the consequences, neglecting medication, ignorance

and some negligence on the part of doctors, such as underestimating the consequences. Treatment inertia is defined as the failure to increase the dose of medication or add another medication when a patient's BP is not under control. The possible reasons and solutions can be found below. The doctor may not notice the recording of high blood pressure because the clinics are overcrowded. A nurse or other staff member might mark the elevated blood pressure reading for the doctor (they do not use a coloured pen/highlighter or a symbol). The doctor suspects that the patient has not been taking their medication (the nurse should take a detailed history to understand if the patient is compliant with their medication). Borderline blood pressure measurements are very complicated. It is difficult for the physician to make a decision with a single high blood pressure reading. A well-maintained record of multiple blood pressure readings can help the doctor understand the trend of blood pressure and make an informed decision.

Inertia, then, means that an object at rest remains at rest until a force causes it to change, which is seen in many physicians during treatment and is also seen in most patients. This inertia in the treatment of high blood pressure is therefore one of the main causes of uncontrolled high blood pressure in patients. This study speaks about the inertia of hypertension treatment and comparatively analysis how people easily control their blood pressure through proper treatment.

## Literature Review

I have looked at some articles to understand and analyse the scenario of hypertensive patients. Many research articles show the scenario of hypertension globally as well as in India and discuss about comorbidity, major causes of comorbidity and reasons for increase in premature mortality. Some articles report on the inertia in treatment, especially in the treatment of hypertension, among both patients and physicians.

One study shows how high-income countries have improved hypertension control through community- and clinic-based interventions. For example, Canada, Thailand, etc. I also have many research papers and articles on the negative aspects of hypertension, prevalence rate of hypertension, awareness, treatment and control and survey reports like Canadian Heart Health Survey, Canadian Health Measures Survey, Thailand National Health Examination Survey, Hypertension: survey of World Health Organisation, India Hypertension survey of ICMR, India Hypertension Control Initiative (IHCI) project progress of ICMR, etc. to fulfil the objectives of this paper.

## Objectives

- To show scenario of Hypertension in India and worldwide.
- Analyses doctors and patients negligence about the treatment of Hypertension.
- Awareness about Hypertension and its role on premature death.

## Methodology

100 respondents (80 patients and 20 doctors) were selected for this paper. The primary data were collected from the rural area of Howrah district, West Bengal. Data was collected directly from the respondents through random sampling with the help of structured interview schedule and secondary data was collected from the Govt. portal, related books, journals and few international reports which have already been conducted.

## Result

Controlling high blood pressure can save a maximum number of lives by preventing fatal heart attacks and strokes; it can reduce disability by preventing non-fatal heart attacks and strokes and avoiding dialysis treatments; it can reduce the cost of medical care for patients with heart attacks and strokes and for care after a stroke or heart attack; it can improve productivity by reducing the number of people who are unable to work due to cardiovascular disease and who may need long-term care. But we are not aware of this issue. We have no knowledge about it. We don't know about the effects, the negative aspects on our bodies. It's not just the average person; doctors do not take this issue seriously either. They do not take high blood pressure seriously, but it has the power to kill a person in conjunction with other diseases. We all have certain inertia when it comes to treating high blood pressure, diabetes, etc.

During the interview, I noticed some confusion among both hypertensive patients and doctors about the treatment of hypertension. This is mentioned point by point below –

### *Doctors Inertia for un-control hypertension*

- Ignorance of standard protocol and treatment goals
- Difficult decision making when values are borderline.
- Unable to stand out in her busy schedule.
- Refuses to change medications/doses.
- Underestimates consequences.

### *Patients Inertia for un-control hypertension*

- Refusal to take blood pressure.
- Denial of diagnosis of hypertension.
- Not taking consequences seriously.
- Missed medication problem and elderly patient.
- Cost of medication and not taking more than 1 medicine.

Since I selected 100 interviewees for prepare this paper, of which 80 are patients and 20 are physicians, I observed some points about the inertia of hypertension treatment. And this inertia in hypertension treatment is not only observed among patients, but also among many physicians. After analysing the primary data, I get some positive results about the inertia in the uncontrolled hypertensive patients.

**Table 1: Patients perspective about hypertension**

People know about hypertension	Before diagnose	15
	After diagnose	85
People know the downside of hypertension	Yes	5
	No	95
Diagnosed as hypertensive patient	While other treatment	90
	Normal BP checking	10
Found blood pressure was high.	On first time checking	87
	Others	13
Patients faced any symptoms.	Yes	18
	No	73
Measure Blood Pressure monthly	Yes	86
	No	14
Patients have miss medication problem.	Yes	11
	No	89
Tendency to discontinue of medication after control	Yes	13
	No	87
Patients maintain diet and do physical exercise regularly.	Yes	50
	No	50

### ***Inertia among the patient found from primary data***

1. Before diagnose 85% patients didn't know what is high Blood Pressure and after knowing they have no seriousness about it.
2. 95% respondents didn't know what downsides of high blood pressure are. But after diagnose or consult with doctors few patients are aware but this percentage is very low.

3. After first time BP checking 87% respondents knows that they have hypertension. So, usually most of the people don't want to measure their Blood pressure unless they have a physical problem.
4. 90% respondents are diagnosed as hypertensive patients when he/she consult to a doctor. Going to the doctor for any other problem and may find out that they are hypertensive patients. So don't know that their BP is high and they live their daily life with it.
5. I have already told that it has no symptoms. So, most of the patients have no warning signs. Few patient`s feels weakness before checking their blood pressure but this percentage is very less, almost 1%.
6. 73% respondents feel some problems like dizziness, different types of pain and 18% patient already faced different types of attack, stroke etc. After facing some problems they consult with the doctor and then they recognized that their blood pressure was high.
7. 86% respondents checked their BP every month but 14% patients not doing this regularly after knowing that they have high blood pressure. Almost 89% patients take medicine everyday but 11% patients have miss medication problem. They don't take medicine regularly or forget to take medicine. 13% patient stop their medication when pressure is under control or feel better, they stop taking the medicine without consulting the doctor.
8. And last, 50% patients out of total 80 patients are not maintain the diet and physical exercise as advised by the doctors, so they not follow the life style advice which is very important hypertension as well as for good health.

**Table 2: Observations from Doctors treatment of hypertension**

Does the doctors insisting to control blood pressure.	Insisting	29
	Not Insisting	71
Did the doctors discusses the effects of high blood pressure with patients	Yes	30
	No	70
Does the doctors ignored borderline blood pressure	Yes	77
	No	33
Did the doctors change the medicine dose after 1 or 2 month when BP is uncontrolled	Yes	20
	No	80
Tendency to discontinue of medication after control.	Yes	2
	No	98

### ***Inertia about hypertension treatment among the doctors found from primary data***

Out of 100 samples 20 respondents are doctor. A little bit inertia can be observed among the doctors, which are,

1. More than 71% doctors were not insisting patients to keep their blood pressure under control and after diagnose they says casually your blood pressure is quite high you take this medicine daily. So doctor also is not serious about the hypertension.
2. 70% doctors do not discuss about the effects of high blood pressure with their patients. What is the downside of high blood pressure? So they are not doing proper counseling and as well as patients are not even aware of about hypertension.
3. 77% doctors ignored this borderline result and not start the treatment which it is not perfect way. If blood pressure is less than or equal to 120/80 doctors will be start the treatment according to medical guideline. But maximum doctors are not follow this guideline and they not take seriously because it is little bit higher then borderline. This is one kind of inertia on treatment.
4. Almost 80% doctors are not increase the medicine dose or not change the medicine when pressure is constantly high two or three month treatment. Doctors should change the drugs or increase the medicine dose as per guideline but they do not do that because they think that it has subsided a little bit and they prescribe the same.
5. 2% doctors stop their treatment when blood pressure is under control after few month treatments. But hypertension treatment is long lime treatment. If you stop taking medicine after few days or months it will be increase again. So you cannot stop the treatment.

### **Conclusions and Suggestions**

Repeated cross-sectional surveys have shown that the prevalence of high blood pressure has almost doubled in the last 20 years, although the urban-rural divide has narrowed. While the number of people with hypertension has increased over the years, rates of blood pressure control have remained low.

High blood pressure is not a disease, but it is associated with another disease and a developed risk factor for premature death. Every adult should have their blood pressure checked once a year. But normally we never check our blood pressure. We don't know how high our blood pressure is because we don't attach much importance to blood pressure. It has already been said that high blood pressure has no symptoms or warning signs to recognise that it is high blood pressure. If you have any problems (dizziness,

weakness, etc.) or an accident, measure your blood pressure. Even when diagnosed with high blood pressure, people do not take medication regularly, do not change their eating habits and do not exercise as recommended by the doctor`. This is because we are not aware of high blood pressure and its negative aspects. None of us pay attention to high blood pressure (do not give it much importance), and young people do not care about it at all. Many people start treatment, but they do not take the medication daily, they do not control the blood pressure regularly and they do not take the medication regularly. Many patients who are prescribed antihypertensive medication do not take their tablets regularly. Many doctors are not as strict as they should be when it comes to controlling the blood pressure of their hypertensive patients. Inertia is the tendency of an object to remain at rest or in uniform motion, and all doctors and patients should be freed from this inertia by becoming aware of the negative effects of high blood pressure.

The report summarizes how low awareness, therapeutic inertia and lack of adherence to treatment can be addressed in relation to hypertension. It is crucial that doctors shed their inertia and people are educated about hypertension. Inertia towards treatment should be reduced, which will help to improve adherence and ultimately reduce the serious adverse events associated with hypertension.

An international study shows that physicians not only in India but all over the world have certain inertia in treating hypertension. Therapeutic inertia has also been observed in uncontrolled hypertensive patients in developed countries like Netherlands, Spain, Belgium etc.: Netherlands, Spain, Belgium, etc. International experience shows that high control rates in hypertension are achievable. In the early 1990s, control rates for hypertension in Canada were low. The Canadian Hypertension Education Project (CHEP) recognized the gaps in hypertension awareness, treatment and control and focused on linking everyone to a primary health care system for screening, treatment and follow-up of hypertension. As a result, hypertension control in the population improved from 13% in 1992 to 63% in 2013. The project also demonstrated a reduction in stroke and heart failure rates. In Thailand, a team-based approach to the treatment of hypertension in primary care was also applied. And a subsequent survey showed significant improvements in hypertension control. From 2004 to 2014, hypertension control rates increased more than threefold (8% to 29%).

Controlling blood pressure is very simple, affordable and important. High blood pressure is easy to diagnose and only requires a well-functioning blood pressure monitor. Treating high blood pressure is not complicated. It is a very simple process. The drugs used to treat hypertension are inexpensive and available in generic form. Patients in all countries have access to the same drugs, which are very affordable, safe and effective. We vaccinate children to prevent the development of diseases. We vaccinate and this is important because we cannot predict exactly what diseases will affect the children.



We treat people with high blood pressure because there is (currently) no way to predict which patients will have a heart attack or stroke or other complications. And although many heart attacks and strokes occur in older people, death or disability from cardiovascular disease at a younger age is particularly tragic and preventable. Treating hypertension in adults in primary care can save more lives than any other primary care program. Deaths due to hypertension are largely preventable. Compared to other evidence-based interventions for non-communicable diseases, hypertension control has the greatest potential to save lives. In addition, most hypertension management interventions can be performed by non-physicians, nurses, pharmacists or other trained healthcare professionals. 90% of hypertension cases can be treated by a primary care physician using a standard practical protocol and generic medications. Although hypertension can be treated at any government health facility with free medication.

The exact cause of high blood pressure is often unclear, but unhealthy diet, high cholesterol, overweight and obesity, tobacco and alcohol use, lack of exercise and stress have a strong influence on high blood pressure. The treatment of high blood pressure must go hand in hand with a healthy lifestyle. This complements and addresses various aspects of healthy choices aimed at improving overall health. The practical advice is as follows:

- Discourage all people from using tobacco and alcohol.
- Suggest they increase their physical activity to improve their overall health and control their weight.
- Adopt a healthy diet - reduce salt intake (less than 5 grams of salt per day, including salt in processed foods and salt added when cooking or eating), use healthy oils, reduce consumption of fried foods, processed foods and foods high in saturated fat, and avoid added sugars.

Finally, we would ask all of you to measure your blood pressure every three months or at least once a year and take doctor's prescribed medication regularly and do physical activity every day.

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