

Key Elements of the Canadian hypertension prevention and control programs

Norm Campbell MD

The Canadian Effort to Prevent and Control Hypertension. Can Other Countries adopt Canadian Strategies?
Current Opinion in Cardiology
2010;25:366-372.

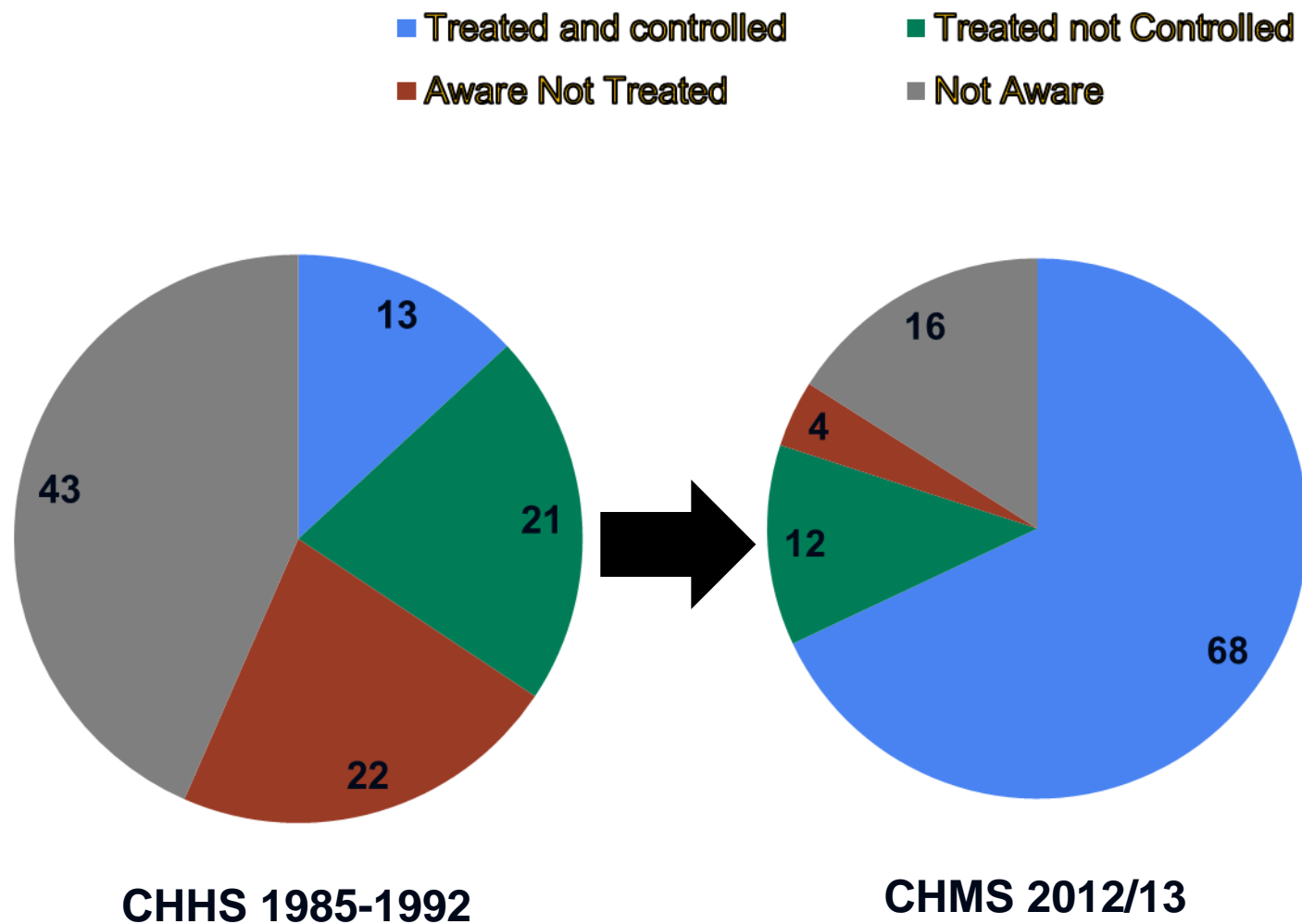
Scientific and clinical summaries, for health care professionals and scientists as well as for people with hypertension are freely available at

www.hypertension.ca

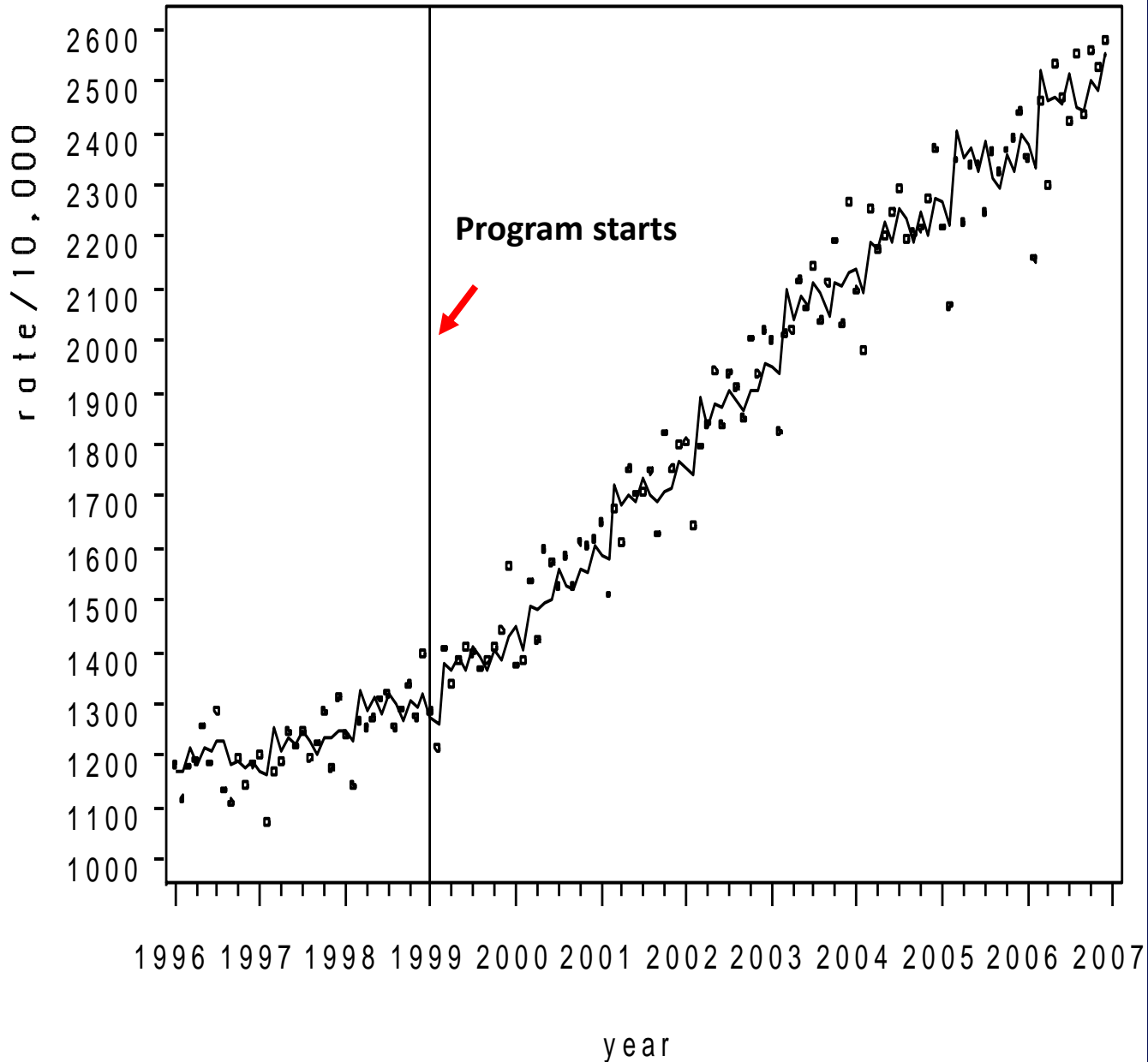
Objectives

- Review some of the impact of the Canadian programs
- Review the evolution of the Canadian effort

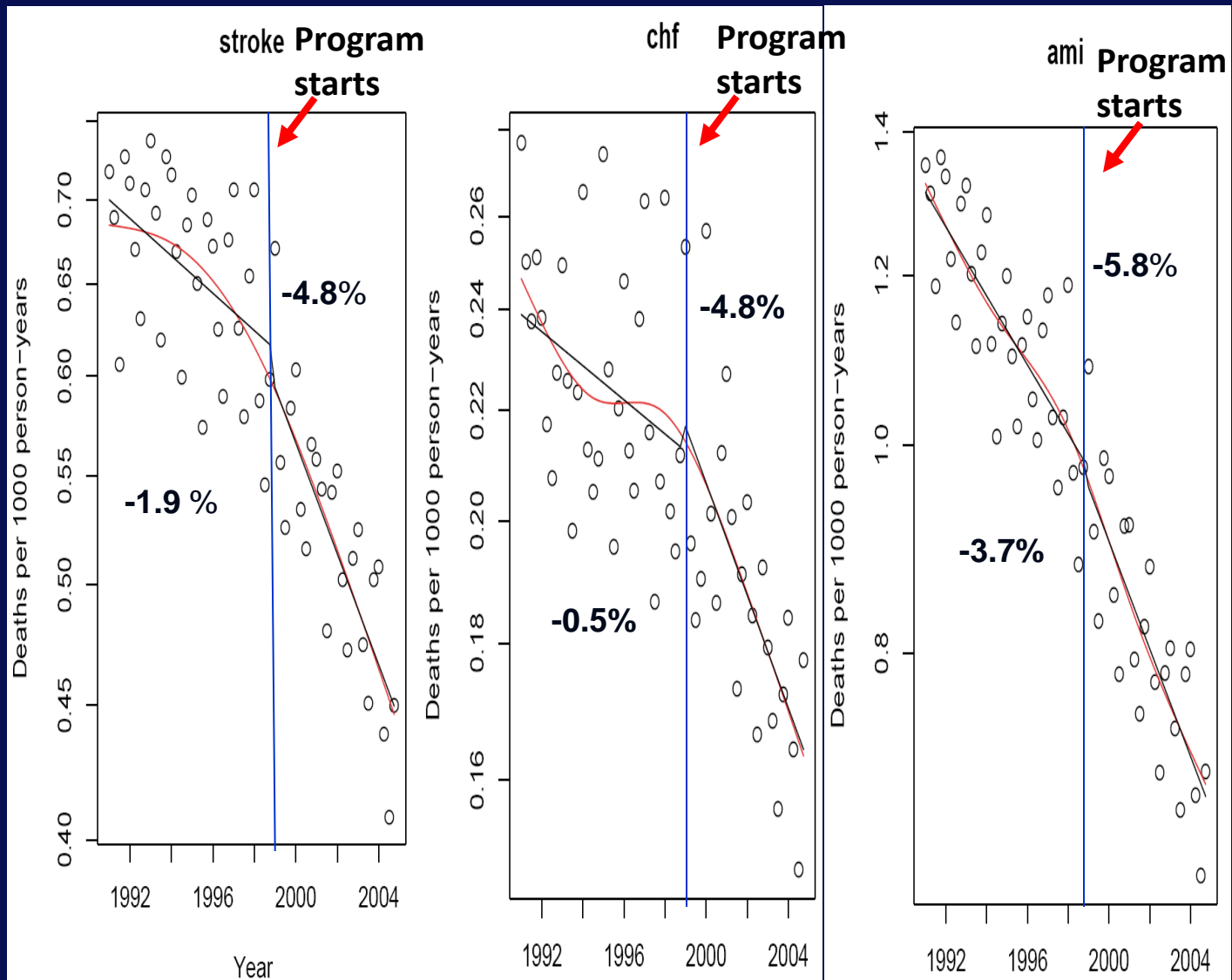
Improvement in key clinical indicators of hypertension management in Canada



Antihypertensive Drug Prescription rate in Canada



Changes in Stroke, Heart failure (chf) and Acute Myocardial Infarction (ami) after CHEP starts in 1999



Other outcomes

- In people with hypertension, BP is usually well controlled but other CVD risks are not (CVD risk is also not well controlled in Canadians without hypertension)
- BP control increased with CVD risk
- Few had low risk hypertension (about 10%); those with low risk hypertension are much more often untreated
- Resistant hypertension 4-8%
- Young men – unaware- undiagnosed
- Older women uncontrolled - SBP

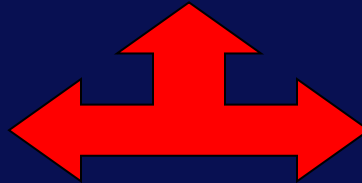
Hypertension Canada

Steering committee- now operations committee

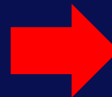
**Evidence-Based
Recommendations
Task Force**

**Implementation
Task Force**

**Outcomes
Research
Task Force**



HSFC CIHR Chair in Hypertension Prevention and Control



**Public policy
Oversight for National
Hypertension Strategy**

CHEP Recommendations Task Force



The Recommendations Development Process is Designed to

Convince **Canadians** and especially Canadian health care professionals that the recommendations are the **right** ones for Canadians

But it is not the recommendations that are important- it is what you do with them

CHEP: IMPLEMENTATION

Can J Cardiol 2006;22:595-98

Implementation

- The program needs multiple leaders-champions from each community and discipline
- The need to engage the public and patients
 - to understand the need for prevention, screening, diagnosis, treatment and control
- The need to engage ALL health care professionals
 - To ensure the public and patients receive consistent information
- The active participation of those directly involved in the management of hypertension (key individuals and organizations)
- The active participation of those who oversee the health care system

Implementation

- People want educational materials that suit them (education level, interest level, amount of time and method of learning (visual, auditory))
- Simplify to focus on what is important for population awareness, treatment and control but ... also keep it new and interesting
- Positive messaging on treatment-default is to treat.

Implementation

- Develop resources that actively engage people
- Remove all identified barriers to accessing resources
- Agreement of other national organizations to harmonize hypertension recommendations
- Networks of health care professional organizations and training schools



- For your patients
 - ask them to sign up at www.hypertension.ca for free access to the latest information & resources on high blood pressure
- For health care professionals
 - sign up at www.hypertension.ca for automatic updates and information on current hypertension educational resources

Interprofessional Executive Summaries

Canadian Hypertension Recommendations.

“ A summary suited to all health care professionals”

Annual theme

Key messages

1 page – clinical

4 page – short summary – clinical

6 page – scientific

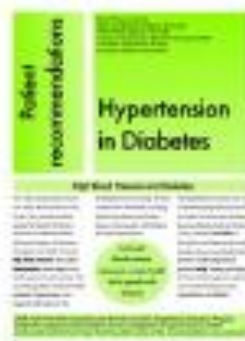
Large scientific document

CHEP booklet

Spiral book (Full recommendations and scientific summary)

6 standardized slide sets

Public Recommendations – Order Public Recommendations soallu@ucalgary.ca



Hypertension Action Tool Binder

A resource to be used by health care professionals in educating individual patients about hypertension with the purpose to improve self-efficacy in management. Includes 3 motivating tools.



Comprehensive PowerPoint Slide Sets on Hypertension



The Canadian Hypertension Education Program: Key messages

- Know the current blood pressure of all your patients
- Assess and manage CV risk in hypertensives including: high dietary sodium intake, smoking, dyslipidemia, dysglycemia, abdominal obesity, unhealthy eating, and physical inactivity
- Sustained lifestyle modification is the cornerstone for the prevention and control of hypertension and the management of CV disease
- Treat blood pressure to $<140/90$ mmHg In people with diabetes target to $<130/80$ mmHg and more than one drug is usually required including diuretics to achieve BP targets

Option

- Encourage the use of approved devices and proper technique to measure blood pressure at home

The need to evaluate

- To determine how well the program is working
- To assess where care gaps remain
- To ensure the sustained enthusiasm of those contributing

Critical success factors-Evaluation

- 1) Use of existing data sources (e.g. administrative data) and population-based surveys to identify gaps and monitor temporal changes
- 2) Partnership with government agencies to develop new surveys and revise existing surveys and surveillance strategies
- 3) Joint academic–clinical–government task force to develop analytical plans, conduct analyses and disseminate results
- 4) Comprehensive, ongoing assessment of major hypertension indicators

Have hypertension management and outcomes changed in Canada since CHEP?

- ✓ Improvements in awareness
- ✓ Improvements in treatment
- ✓ Changes mirror CHEP recommendations
- ✓ Increasing intensity of therapy over time
- ✓ Improvements in BP control
- ✓ Improvements in outcomes

Summary-Discussion

- Canadian program was designed to be a model that could be expanded to CVD risk and or to other substantive chronic non communicable diseases /risks
- Aspects of the Canadian program can be used in other countries with adoption to local context (Yaroslavl Russia, Iran etc.)
- Can be sustained at relatively low cost with Government support, volunteers and leadership from Non governmental organizations



Pan Canadian Hypertension Framework

An opportunity to discuss how to improve the prevention and control of hypertension in Canada



http://www.hypertensiontalk.com/canadian_hypertension_framework/

Presented by: Norm Campbell MD FRCPC, Michael Adams, Denis Drouin MD, Judi Farrell, Janusz Kaczorowski MA PhD, Barbara Legowski BSc Phm, MHSc, Richard Lewanczuk, Margaret Moy Lum-Kwong, Sheldon Tobe and Eric Young.



*"Stop asking if we're there yet!
We're nomads, we're never going to be there!"*