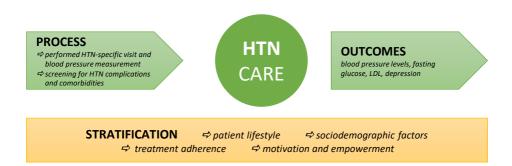# Management of Patients with Hypertension at Family Medicine Practices at the Community Health Centre Ljubljana (Slovenia): A Protocol of a Cross-Sectional Study

Črt Zavrnik [1,2], **Matic Mihevc** [1,2], **Tina Virtič** [1,3], **Majda Mori Lukančič** [1],
Zalika Klemenc Ketiš [1,2,3], **Antonija Poplas Susič** [1,2]

[1] Primary Healthcare Research and Development Institute, Community Health Centre Ljubljana, Metelkova ulica 9, SI-1000 Ljubljana, Slovenia
[2] Department of Family Medicine, Faculty of Medicine, University of Ljubljana, Poljanski nasip 58, SI-1000 Ljubljana, Slovenia
[3] Department of Family Medicine, Faculty of Medicine, University of Maribor, Taborska ulica 8, SI-2000 Maribor, Slovenia

PROCESS
⇨ performed HTN-specific visit and blood pressure measurement
⇨ screening for HTN complications and comorbidities

HTN CARE

OUTCOMES
blood pressure levels, fasting glucose, LDL, depression

STRATIFICATION   ⇨ patient lifestyle   ⇨ sociodemographic factors
⇨ treatment adherence   ⇨ motivation and empowerment

INTRODUCTION

Hypertension is a major public health problem worldwide due to rapid urbanization, an aging population, and the global spread of unhealthy lifestyles. In 2011, model primary care practices were established in Slovenia to improve hypertension care at the primary level. Patients with hypertension undergo a standardized examination by a nurse practitioner every year. However, a proportion of patients with hypertension still do not meet the criteria for controlled disease. Therefore, there is an urgent need to identify the bottlenecks of current hypertension care in family medicine practices in Slovenia in order to improve it for the future.

AIM

The aim of this study is to develop a research protocol to evaluate the current management (both process and outcome) of patients with hypertension in family medicine practices in Community Health Centre Ljubljana (CHCL).

METHODS

A cross-sectional study will be conducted. First, the list of patients with hypertension aged 30 years or older who were treated in primary care practices at CHCL in 2019 will be collected from the health information system. Individual clinical and demographic data will then be collected from clinical protocols of the same patient population. Descriptive statistics, logistic regression analysis, and linear regression analysis will then be performed to assess various aspects (parameters) of hypertension care.

RESULTS

Data from a total of 15,186 patient visits will be analyzed. (1) The process of care will be assessed by the ratio of performed hypertension-specific visits, blood pressure measurement, screening for hypertension complications (nephropathy, peripheral arterial disease, and ECG signs of heart failure), and screening for hypertension comorbidities (hypercholesterolemia, type 2 diabetes, metabolic syndrome, and depression). (2) Treatment outcomes will be assessed by the ratio of blood pressure values, fasting glucose, LDL, and depression values in the target ranges. (3) The above variables will also be stratified by patient lifestyle factors (BMI, smoking status, physical activity, eating habits, and alcohol consumption), sociodemographic factors (age, gender, education, employment, and subjective assessment of financial status), treatment adherence assessment (regularity and correctness of medication intake, and dietary errors), and treatment motivation and empowerment assessment.

CONCLUSIONS

The proposed research protocol will provide evidence of bottlenecks in current hypertension care in family medicine practices in CHCL and identify potential opportunities for future expansion. It will also isolate the key (patient-related) determinants that lead to suboptimal management of the disease.

KEYWORDS: hypertension, primary health care, bottlenecks, study protocol

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