

RESEARCH LETTER

Do Clinicians Tell Patients They Have Prehypertension?

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Background: The clinical utility of the prehypertension label is questionable. We sought to estimate how often patients with prehypertension are being told about it by their primary care clinicians.

Methods: We conducted a cross-sectional study of adult patients visiting practices within the North Carolina Family Medicine Research Network in summer 2008. Non-hypertensive patients were asked whether a doctor or other health care provider had ever told them they had “prehypertension”; a subsample of patients with measured blood pressure (BP) in the prehypertension range was asked the same question.

Results: Of 1008 non-hypertensive patients, 1.9% indicated being told they had prehypertension. Among a subsample of 102 patients with measured BP in the prehypertension range, 2.0% indicated being told they had prehypertension.

Conclusion: Few patients who probably have prehypertension are being told about it by clinicians. (J Am Board Fam Med 2011;24:117–118.)

Keywords: Patient-Provider Communication, Prehypertension

Prehypertension is extremely common. In primary care clinics, as many as 40% of adults who do not have hypertension have prehypertension.¹ We recently reported that there appeared to be neither harmful nor helpful effects of labeling patients as prehypertensive.² Whether clinicians are actually using the term “prehypertension” with patients has not been specifically examined to our knowledge, although our recent paper suggests that very few patients with prehyperten-

sion are told about it.² The purpose of this study was to estimate how often patients with prehypertension are told about it.

Methods

We conducted a cross-sectional study of patients visiting seven primary care practices within the North Carolina Family Medicine Research Network (NC-FM-RN).³ In summer 2008, research assistants offered participation to all adult English and Spanish-speaking patients in waiting rooms of these seven practices across NC during a 3-week period. In addition to demographic and other health questions, participants were asked to indicate whether a doctor or other health care provider had told them they had “high blood pressure or hypertension” (Yes/No), “prehypertension” (Yes/No), or “borderline hypertension” (Yes/No). To estimate the prehypertension “eligible” population, we used an independently validated automatic oscillometric monitor with a cuff that accommodates both standard and large adult arms⁴ to measure blood pressures of a subsample of participants while in the waiting rooms. This study was approved by the Institutional Review Board of the University of North Carolina at Chapel Hill School of Medicine.

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Table 1. Percentage of Nonhypertensive Adult Patients Reporting being Told about Prehypertension or Borderline Hypertension

	All Nonhypertensive Adults in the Sample (n = 1008)	Nonhypertensive Adults with Measured BP in the Prehypertension Range (n = 102)
Prehypertension	1.9 (1.0–2.7)	2.0 (–0.8–4.7)
Borderline hypertension	4.3 (3.0–5.5)	3.9 (1.0–7.8)

Values provided as % (95% CI).
BP, blood pressure.

Results

Of 1754 patients completing the survey (overall response rate 63.9%), 42.5% indicated a history of hypertension. Among those not indicating a history of hypertension (n = 1008), 4.3% indicated being told of borderline hypertension, and 1.9% indicated being told of prehypertension (Table 1). Less than 1% indicated both. Of a subsample of 182 patients without known hypertension who had BP measured as part of this study, 102 had BP in the prehypertension range. Among this group, 2.0% of patients indicated being told they have prehypertension and 3.9% indicated being told that their BP was borderline (Table 1).

Comments

Few patients who probably have prehypertension recall being told about it. It is possible that patients were told about prehypertension and just do not recall it, but we think it more likely that clinicians do not use this term with patients. The term “borderline” might be preferred by clinicians, but we found that recollection of being told about borderline hypertension was only slightly more common. One possible explanation for not engaging patients in a discussion about

prehypertension is that clinicians do not find it useful in practice. It is possible that clinicians counsel patients about lifestyle modifications that will reduce their chances of developing hypertension without telling them specifically about prehypertension.

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