CAPSULE COMMENTARIES

Capsule Commentary on Johnson et al., Antihypertensive Medication Initiation Among Young Adults with Regular Primary Care Use

Ankur Gupta, MD

Division of Cardiovascular Disease, Department of Medicine, The University of Alabama at Birmingham, Birmingham, AL, USA.

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In this study¹, Johnson et al. compared the rates of antihypertensive medication initiation in > 10,000 young (18–39 years) and older adults with regular primary care use. They found that after a mean follow-up of 20 months, only 34 % of young adults with incident hypertension were started on antihypertensive therapy or had blood pressure (BP) normalization prior to the start of therapy, compared with 44 % of 40–59 year-olds and 56 % of ≥ 60 year-olds. Authors concluded that despite regular primary care use and continued elevated BP, young adults had a 44 % slower rate of antihypertensive medication initiation than older adults.

The findings, though not surprising, serve to bring to forefront of our attention the burden of hypertension in young adults and the clinical inertia to control it. The study did not find any independent provider factors contributing to this inertia in young adults. But males, white race and Joint National Committee (JNC) 7 Stage I hypertension² were factors associated with slower medication initiation rates. The perceived notion in these groups that this could be white coat hypertension can lead to delay in antihypertensive therapy at both patient and provider levels. In addition, studies have shown that white coat hypertension may not be “benign” and is associated with increased long-term risk of cardiovascular morbidity.^{3,4} Home and 24-hour ambulatory BP monitoring in young adults with mildly elevated office BP may contribute to the early identification and treatment of hypertension.

Future studies on designing health care interventions for timely and improved management of hypertension in young adults should focus on the use and effectiveness of life-style

modifications; and the patients’ and providers’ knowledge, attitudes, beliefs and practices toward management of office readings of high BP. Patient and provider education; practice-specific design algorithms for the management of hypertension, including use of ambulatory BP monitoring; and computer alerts targeting multiple high BP readings on a given patient across different practice contact points such as primary or specialty care, have the potential to improve hypertension management in general, as well as in young adults in particular.

Conflict of Interest: The author declares that he does not have a conflict of interest.

Corresponding Author: Ankur Gupta, MD; Division of Cardiovascular Disease, Department of Medicine, The University of Alabama at Birmingham, Boshell Diabetes Building, Room D-201, 1808 7th Avenue South, Birmingham, AL 35294, USA (e-mail: ankurgupta@uabmc.edu).

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