

Assessing Knowledge, Attitude and Practices of Primary Health Care Physicians Towards Screening Patients for Hypertension in Cairo.

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Abstract

Introduction : Hypertension (HTN) is a common serious health problem associated with high morbidity and mortality rates .At the same time ,HTN is widely prevalent all over the world including Egypt. For many people, the primary care physician is their first point of contact with the health care system, as well as their main source of preventive and essential care.

Objective: Assessing knowledge, attitude and practices of primary health care physicians towards screening patients for hypertension in Cairo.

Methodology:A cross-sectional study , conducted in the primary health care centres (PHCC) in Nasr city, which was chosen randomly to represent Cairo city , where all doctors working in these centres were asked to complete a self administered structured and open ended questionnaire contained the relevant variables :

Results: About 90% of the studied physicians were convinced with the importance of routine measuring blood pressure for risky patients and 79% stated that role of the PHC physician should be the early detection of HTN. As regards knowledge towards HTN items, only 23.5% knew the prevalence and 18.5% knew the most recent definition and grading. The practices of the doctors towards screening patients for HTN ,showed that only 63.9% of the doctors usually perform accurate and enough procedures to diagnose HTN patients and 46.2% routinely screen patients around forty years old while only 43.7% were regularly checking up the accuracy of the used sphygmomanometers .

Conclusion: The participating physicians had poor knowledge towards some important items especially the prevalence and new classification of HTN. Their practices were not optimal as regards the accurate diagnosis of HTN and routine checkup and measuring blood pressure for people attending the PHC clinics. Recommendations to manage these defects were suggested.

Introduction

Hypertension (HTN) is a common serious health problem associated with high morbidity and mortality rates (El-Khashab, 2002).

One old and most prevailing definition and classification of HTN recommended a systolic blood pressure (SBP) >140 mmHg or diastolic blood pressure (DBP) of 90 or more for the starting point of HTN of mild degree, (DBP) of 105-114 mmHg for moderate HTN and (DBP) of \geq 115 mmHg for severe HTN (National Heart , Lung & Blood Institute US, 1993).

The most recent definition and classification of HTN emphasized the importance of assessing the risk factors, the

patient may have. This classification considered blood pressure of the person to be normal below 120 /80 mmHg , prehypertensive at BP:120-139/80-89 mm Hg, hypertensive (stage 1) at BP: 140-159/90-99 and hypertensive (stage 2) with BP \geq 160/100. Treatment should be started to BP<140/90 or BP <130/80 in patients with diabetes or chronic kidney disease (National Heart, Lung & Blood Institute US, 2004).

Evidence from the Egyptian Hypertension National Project on a random sample of 6733 subjects in six Egyptian governorates, revealed that the overall prevalence of hypertension is unusually

high (30.4%) for a developing country and 26% of Egyptian adults suffer from high blood pressure , with higher prevalence among elderly subjects (71% for elderly females and 55% for elderly men). Cardiovascular diseases are now the main cause of death, being responsible for 42.5% of all deaths, while 20 years earlier they accounted for only 12.4% of mortality (Khalil, 1997).

Many studies, published between 1980 and 2003, have concluded that the true global prevalence of hypertension is approximately 30%. One quarter of all adults in the United States had hypertension (systolic BP \geq 140 mmHg or diastolic BP \geq 90 mmHg or use of antihypertensive medication) (Wang & Wang, 2004). The corresponding percentage was somewhat lower (14.4%) for adults in China during 1991. In Eastern Mediterranean region HTN was estimated to affect 20-26% of population above 35 years. In Saudi Arabia, the prevalence was 4-17% among males and 3-13% among females (Kalantan *et al.*, 2001 ; Ibrahim , 1996).

Attention should be focused on the primary prevention of hypertension in order to deal with this major problem. Most preventive health care and screening for early disease detection and management take place in the primary health care setting at the community level. These primary health care (PHC) centres, to which people can self refer, also provide the bulk of ongoing management and care. It is estimated that 80% of front-line health care is provided at the community level where PHC centres form the backbone of the health care system (WHO, 2003) .In 1995, the World Hypertension League Declaration concerning hypertension control in developing countries stated: "Much can be achieved with modest means if there is adequate society support , and when control measures are firmly based in primary health care"(Alaszewski *et al.*, 2004 ; Bodenheimer *et al.*,2002).

For many people, the primary care physician (PCP) is their first point of contact with the health care system, as well as their main source of preventive and essential care (Macinko *et al.*, 2003). A

growing body of literature argues that an effective approach to meeting the needs of chronically ill patients is to improve the delivery of primary care (Bonomi *et al.*, 2002).

The majority of HTN cases are asymptomatic which could be unrecognized and untreated leading to a significantly higher risk of heart and renal diseases and strokes .The absence of symptoms in most cases of (HTN) even at its highest and most dangerous levels has a profound implications for the effective management of the condition in the primary care, where the "rule of halves "may be applied which implies that half of the cases will be discovered ; half of them will be treated and only half of those receiving treatment will be adequately controlled (Baicker and Chandra ,2004).

Screening for HTN aims at detecting occult diseases in asymptomatic patient by concentrating on those with risk factors. Identification of risk factors allows the early intervention to prevent disease occurrence. Measurement of BP as a screening technique is easy, simple, cheap and acceptable (Whelton *et al.*, 2002).

The PHC system is easily accessible and can cover a major section in the community ,so screening for HTN through these (PHC) centres is suitable and appropriate (WHO, 2003).

Aim of the Work

The aim of this study was to assess the knowledge, attitude and practices of (PHC) physicians in relation to screening their patients for HTN in Cairo city.

Methodology

-This study was a cross-sectional study , conducted in the primary health care centres (PHCC) in Nasr city which was chosen randomly to represent Cairo city, where all doctors working in these centres (5 centers) were asked to complete a structured and open ended self administered questionnaire containing the relevant variables (during December 2005) :

- A. Sociodemographic data of the participating physicians including the medical degree and years of experience in (PHC).
 - B. Knowledge of the physicians towards HTN: etiology, risk factors, definition & grading, prevalence and complications of HTN.
 - C. Attitude of the physicians towards measuring blood pressure.
 - D. Practices of the participating physicians towards HTN: the following points were investigated:
 1. *Accurate and enough procedures are essential to diagnose HTN:*
 - *Measurement: -position (sitting after resting 5 minutes and the patient should not have smoked or drunk coffee or tea or had food 30 minutes before measurement).
 - Adequate size of the cuff used.
 - Repetition of the measurement: 2 readings are taken with 2 minutes apart in each visit (the lowest is taken) , BP should be measured 3 times at interval 1-2 days before the person is labelled as a hypertensive.
 - *History taking: existing disease (angina, diabetes,...), risk factor (major: smoking, hyperlipidemia minor : family history of HTN, sedentary life style)
 - *Detailed physical examination: general (e.g. for body weight) and local (e.g. chest & heart).
 - *Investigations: as renal function tests and ECG.
 2. Whether the physician regularly checks up the accuracy of the used sphygmomanometers ?
 3. If the physician measures the BP every time the hypertensive patient attends the clinic?
 4. Routine measuring BP for patients with risky factors attending the clinic every visit especially obese , diabetic and those with renal diseases and those around forty years old (to be followed up every 1-2 year before 40 and every 3-6 months after 40 years) (Whelton *et al.*, 2002).
- The questionnaire was first piloted in one centre and data were collected and

analyzed for interpretation, using SPSS program, version 9.05. The χ^2 test was used to examine differences between variables.

Results

A total number of 119 primary health care (PHC) physicians have participated in the study .Their ages ranged between 29 and 54 years with mean age and SD: 40 ± 6.3 years. Of the total number, only 48 physicians (40%) had postgraduate qualifications in the form of diploma, master degree and family medicine fellowship.

Table (1): showed the accuracy of knowledge of the physician towards different hypertension items, where the correct answer was obtained by (92.4%) of the physicians for complications, (89.9%) for risk factors , (63.9%) for etiology , and (85.7%) for old definition and grading only , while only (23.5%) knew the prevalence and (18.5%) knew the old and most recent definition and grading of (HTN) .It was also noticed that females knew the most recent definition and grading of HTN better than males (25.7% vs 6.7% , and also those of experience less than ten years (35.5%) did better than those of more than ten years (12.5%) with statistically significant differences.

Table (2): revealed that majority of the participating physicians had a high level of favorable attitude towards measuring blood pressure, where the percentage of agreement was (90.8%) for the principle "periodic check and follow up is necessary to detect any disease in general and especially for risky patients", (79%) agreed with the statement :The role of the (PHC) physician should be the early detection of (HTN), and (77.3%) stated that " screening of HTN is worthy for both the doctor and the patient", while job satisfaction inside the PHCC was reported by only (56.3%) of the physicians.

In table (3), the practices of the physicians showed that 90.8% of them usually measure the blood pressure every time the hypertensive patient attends the clinic, (83.2%) routinely measure blood

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pressure for risky patients ,and (63.9%) mentioned that they accurately carry out diagnostic procedures for HTN while only (46.2%) routinely measure the blood

pressure for patient around forty years old and (43.7%) stated that they regularly check up the accuracy of the sphygmomanometers used in measuring BP.

Table (1): Knowledge of The Studied Physicians Towards (HTN)* Versus Their Sociodemographic Data

Socio-demographic Data	Knowledge towards HTN Items (Correct answers)												Total	
	Definition & Grading				Etiology		Risk factors		Prevalence		Complications			
	Only old		The old & most recent		N	%	N	%	N	%	N	%		
	N	%	N	%										
<u>AGE</u>														
(years) -40	49	92.5	11	20.8	38	71.7	50	94.3	12	22.6	51	96.2	53	100.0
40-	39	81.3	9	18.8	30	62.5	41	85.4	11	22.9	44	91.7	48	100.0
50+	14	77.8	2	11.1	8	44.4	16	88.9	5	27.8	15	83.3	18	100.0
P value	0.2		0.7		0.1		0.3		0.9		0.2			
Total	102	85.7	22	18.5	76	63.9	107	89.9	28	23.5	110	92.4	119	100.0
<u>Sex</u>														
Female	61	82.4	19	25.7	50	67.6	65	87.8	14	31.1	69	93.2	74	100.0
Male	41	91.1	3	6.7	26	57.8	42	93.3	14	18.9	41	91.1	45	100.0
P value	0.2		0.01		0.2		0.3		0.1		0.7			
Total	102	85.7	22	18.5	76	63.9	107	89.9	28	23.5	110	92.4	119	100.0
<u>Degree</u>														
MBBCH	61	85.9	10	14.1	44	62.0	63	88.7	18	25.4	65	91.5	71	100.0
Higher	41	85.4	12	25.0	32	66.7	44	91.7	10	20.8	45	93.8	48	100.0
P value	0.9		0.1		0.6		0.6		0.6		0.6			
Total	102	85.7	22	18.5	76	63.9	107	89.9	28	23.5	110	92.4	119	100.0
<u>Experien- ce (years)</u>														
-10	27	87.1	11	35.5	17	54.8	28	90.3	8	25.8	29	93.5	31	100.0
10+	75	85.2	11	12.5	59	67.0	79	89.8	20	22.7	81	92.0	88	100.0
P value	0.8		0.005		0.2		0.9		0.7		0.8			
Total	102	85.7	22	18.5	76	63.9	107	89.9	28	23.5	110	92.4	119	100.0

*HTN= Hypertension

**The used statistical test was χ^2

Table (2):Favorable Attitude of the Studied PHC* Physicians towards Measuring Blood Pressure (BP) Versus Their Sociodemographic Data.

Sociodemographic Data	Favorable attitude towards measuring BP										Total	
	Job satisfaction inside the PHC, especially in dealing with chronic diseases		Role of PHC doctor is the early detection of hypertension		Screening for hypertension is worthy for the patient and doctor		Routine measuring blood pressure should be done for risk factors patients		measuring BP should be done as it is quick ,easy and practical test			
	N	%	N	%	N	%	N	%	N	%	N	%
AGE (year)												
<40	26	49.1	43	81.1	40	75.5	46	86.8	49	92.5	53	100.0
40-	35	72.9	36	75.0	38	79.2	44	91.7	47	97.9	48	100.0
50+	6	33.3	15	83.3	14	77.8	18	100.0	17	94.4	18	100.0
P**-value	0.006		0.6		0.9		0.4		0.5			
Total	67	56.3	94	79.0	92	77.3	108	90.8	113	95.0	119	100.0
SEX												
Male	24	53.3	37	82.2	39	86.7	41	91.1	40	88.9	45	100.0
Female	43	58.1	57	77.0	53	71.6	67	90.5	73	98.6	74	100.0
P-value	0.6		0.5		0.2		0.6		0.018			
Total	67	56.3	94	79.0	92	77.3	108	90.8	113	95.0	119	100.0
DEGREE												
MBBCH	40	56.3	57	80.3	58	81.7	64	90.1	68	95.8	71	100.0
Higher	27	56.3	37	77.1	34	70.8	44	91.7	45	93.8	48	100.0
P-value	0.9		0.8		0.4		0.9		0.6			
Total	67	56.3	94	79.0	92	77.3	108	90.8	113	95.0	119	100.0
Experience (year)												
<10	18	58.1	21	67.7	25	80.6	25	80.6	29	93.5	31	100.0
10+	49	55.7	73	83.0	67	76.1	83	94.3	84	95.5	88	100.0
P-value	0.8		0.2		0.7		0.07		0.7			
Total	67	56.3	94	79.0	92	77.3	108	90.8	113	95.0	119	100.0

*PHC=Primary health care

**The statistical test used was χ^2

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Table (3):Practices of the studied PHC* physicians as regards screening for HTN versus their sociodemographic data**

Sociodemo- graphic Data	Practices regarding screening for HTN (Yes answers)										Total	
	Performing enough and accurate procedures to diagnose hypertensive cases ?		routine checking up the accuracy of the used sphygmoma nometers.		Measuring blood pressure every time the hypertensive patient attends the clinic?		Routine screening HTN for patients around 40 years old ?		Regular measuring BP*** for patients with risky factors ?			
	N	%	N	%	N	%	N	%	N	%	N	%
AGE (years)												
<40	36	67.9	23	43.4	49	92.5	27	50.9	45	84.9	53	100.0
40-	29	60.4	18	37.5	42	87.5	16	33.3	42	87.5	48	100.0
50+	11	61.1	11	61.1	17	94.4	12	66.7	12	66.7	18	100.0
P*** value		0.7		0.2		0.5		0.035		0.1		
Total	76	63.9	52	43.7	108	90.8	55	46.2	99	83.2	119	100.0
SEX												
Male	28	62.2	23	51.1	39	86.7	18	40.0	37	82.2	45	100.0
Female	48	64.9	29	39.2	69	93.2	37	50.0	62	83.8	74	100.0
P-value		0.7		0.2		0.2		0.3		0.8		
Total	76	63.9	52	43.7	108	90.8	55	46.2	99	83.2	119	100.0
DEGREE												
MBBCH	45	63.4	36	50.7	67	94.4	36	50.7	58	81.7	71	100.0
Higher	31	64.6	16	33.3	41	85.4	19	39.6	41	85.4	48	100.0
P-value		0.9		0.06		0.09		0.2		0.5		
Total	76	63.9	52	43.7	108	90.8	55	46.2	99	83.2	119	100.0
Experience(year)												
<10	16	51.6	13	41.9	28	90.3	17	54.8	24	77.4	31	100.0
10+	60	68.2	39	44.3	80	90.9	38	43.2	75	85.2	88	100.0
P-value		0.09		0.8		0.9		0.3		0.3		
Total	76	63.9	52	43.7	108	90.8	55	46.2	99	83.2	119	100.0

*PHC =primary health care

**HTN=Hypertension

***The statistical test used was x²

Discussion

The majority of the participating physicians in the study had a reasonable level of favorable attitude towards screening patients for different items of (HTN) except that concerning job satisfaction inside the PHC clinics (Table 2), where just little more than half of the physicians showed job satisfaction especially in dealing with chronic diseases as HTN. A study conducted in "Lithuania", revealed that total job satisfaction of doctors working at primary health care settings is relatively low, and compensation, social status, and workload are among the key factors that stand behind the PHC doctors' dissatisfaction with their job (Buciuniene *et al.*, 2005). (PHC) providers, in many circumstances, reported feeling frustrated about not having enough time or having difficulties in explaining preventive care and chronic disease management to many of their patients (Simoens *et al.*, 2002).

As regards the accuracy of knowledge towards the items of (HTN), it was found that most of the participating physicians (85.7%) knew the old definition and grading of HTN, while only (18.5%) knew the most recent definition and grading and (23.5%) knew the prevalence of HTN. In a study conducted in Saudi Arabia, only (28%) of the studied doctors knew the correct definition of HTN and a similar results were obtained as regards the prevalence and complications of HTN. The researchers considered that as a serious defect as regards these important questions in (HTN), and they attributed that to doctors who may follow another definition of (HTN) other than the most recent one (the old one) (Al- Khashman, 2002).

Findings like that may emphasize the need for a continuing training to improve the PHC doctors awareness towards different items of (HTN) especially definition and etiology, and this in turn would improve the early detection and management of cases. Continuing medical education programs should also tackle this defect (Kalantan *et al.*, 2001). Some researchers

suggested quality assurance manual to be available for PHC doctors and this would be helpful in management of chronic diseases (Ben-Shlomo and Kuh, 2002).

It is hoped that this new classification of pre-hypertension will serve as an educational tool to signal the need for increased education of health care providers and the public to use all efforts to reduce BP levels and prevent the development of hypertension (Mohammad *et al.*, 2004).

The younger doctors in the present study had mostly a better knowledge than the older ones. This finding conforms with what reported recently that doctors knowledge is almost reduced after 10 to 15 years of experience without updating their skills (Al- Khashman, 2002).

The practices of the participating physicians goes in parallel with their knowledge and showed some unsatisfactory aspects, where less than two thirds of the physicians (63.9%) reported that they usually provide enough diagnostic procedures for chronically ill patients including HTN, and only (43.7%) were assured of the accuracy of the used sphygmomanometers, while less than half of the studied physicians (46.2%) routinely measure BP of patients who are around forty years old. Schmittziel *et al.* (2006) stated that high-quality chronic illness care is difficult to achieve in primary care settings especially when the system centres on treating acute illnesses and work in (PHC) settings commonly and frequently complains of shortages and inadequacies .

Most health care, particularly at the PHC level, is currently organized around an acute and episodic model of care – a model that does not meet the needs of many patients, especially older patients with chronic diseases (WHO, 2001).

Studies carried out on HTN, and other chronic diseases as diabetes mellitus in primary health care settings have collectively concluded that chronic diseases were not adequately screened for, and patients were not appropriately controlled

and many cases may pass undiscovered (Whelton *et al.*, 2002).

One of the most significant barriers to health care is lack of trained health care providers. Training is linked to attitude and skills and directly correlates with the quality of care provided and therefore to the outcome of care (Bonomi *et al.*, 2002).

Health care providers themselves discussed their need for training in diagnosing the complex symptoms of chronic care, managing several conditions at once and choosing appropriate treatments and medications for patients (WHO, 2001).

The survey of more than 6,000 primary care physicians in Australia, Canada, Germany, the Netherlands, New Zealand, the United Kingdom, and the United States revealed that a high proportion of doctors in these countries (25% to 30% or more), except Germany (7%), said they are not well-prepared to care for patients with multiple chronic conditions including hypertension. Primary care physicians in the U.S. do not have the tools or support to provide the best care possible to patients with chronic disease (Schoen *et al.*, 2006). Primary care physicians in many countries share many common challenges, among them improving coordination of care for patients with chronic disease (WHO, 2003).

Many doctors, nurses and other providers did not work effectively as a team, resulting in gaps in communication, assessment and treatment and inefficient use of scarce manpower resources (Sibbald *et al.*, 2003).

Lack of resources across the board, including insufficient numbers of trained staff and diagnostic services, funding as well as money to upgrade centres, all lead to overburdened staff with insufficient time for a caring and comprehensive examination (WHO, 2001).

In conclusion: though, the physicians of the current study have a good level of favorable attitude towards screening patients for HTN, they had an unsatisfactory practices and low knowledge regarding some important items and up-to-date information of HTN. The study recom-

mended that PHC physicians are in need of more continuing medical education to improve their knowledge and practice towards HTN, available local and international manuals as regards dealing with chronic diseases should be made accessible and workshops and seminars on how to make use of these guidelines would improve doctors' performance.

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"دراسة مقطعية لاستبيان مدى معرفة أطباء الرعاية الصحية الأولية بأهمية تقصى ارتفاع ضغط الدم و اتجاهاتهم و مدى ممارساتهم لذلك"

أيمن سيد عبد الهادي
قسم طب المجتمع - كلية طب الأزهر

يعتبر ارتفاع ضغط الدم من الأمراض الشائعة سواء فى مصر أو فى العالم ككل, ليس هذا فقط بل أن له الكثير من المضاعفات الخطيرة على مستوى الجسم كله, كما أن المراكز التى تقدم الرعاية الصحية الأولية تعتبر لكثير من المرضى هى نقطة الالتقاء الأولى بين المريض و الطبيب من ناحية و من ناحية أخرى فان هذه المراكز واسعة الانتشار و تغطى قطاعات واسعة من الناس.

من أجل هذا أجريت هذه الدراسة التى تهدف الى كشف مدى معرفة أطباء الرعاية الصحية الأولية بأهمية تقصى ارتفاع ضغط الدم و اتجاهاتهم و مدى ممارساتهم لذلك, حيث تم استخدام صحيفة استبيان معدة لهذا الغرض وزعت على كل الأطباء العاملين بالمراكز الصحية الأولية بمدينة نصر التى تم اختيارها عشوائيا لتمثل القاهرة وذلك خلال شهر ديسمبر 2005 .

وقد تبين أن معظم الأطباء المشاركين فى البحث لهم مواقف ايجابية تجاه قياس ضغط الدم حيث اعرب (90.8%) منهم عن اقتناعهم بأهمية قياس الضغط للمرضى الذين يعانون من عوامل الخطورة وذلك بصفة دورية و كذلك أقر (77.3%) منهم بأن قياس ضغط الدم يعتبر مسألة مهمة للمريض والطبيب معا. أما بالنسبة لاختبار معلومات الأطباء فقد عرف (85.7%) من الأطباء التعريف القديم فقط لمرض ارتفاع ضغط الدم كما لوحظ أن نسبة قليلة من الأطباء (18.5%) قد عرفت التعريف و التصنيف الحديث لارتفاع ضغط الدم وكذلك (23.5%) لمدى انتشار هذا المرض وأما بالنسبة لممارسات الأطباء تجاه مواضيع قياس ضغط الدم فقد وجد أن هذه الممارسات لم تكن مثالية ولا كافية فى احيان كثيرة ومنها أن فقط أقل من ثلثي الأطباء موضوع البحث (63.9%) قالوا أنهم يقومون بأجراء تشخيص دقيق وكاف لمرضى ارتفاع ضغط الدم, وكذلك (46.2%) فقط يداومون بانتظام على قياس ضغط الدم للمرضى عند سن الأربعين كما أن (43.7%) فقط أقرروا بأنهم يقومون بالتأكد من صلاحية أجهزة الضغط المستخدمة لهذا الغرض.

وخلصت الدراسة الى أن هناك شىء من عدم المعرفة تجاه التقصى أو الكشف عن مرض ارتفاع ضغط الدم بين الأطباء العاملين فى الرعاية الصحية الأولية بالرغم من اقتناع الأطباء بأهمية ذلك, كما أن ممارساتهم بالنسبة لقياس ضغط الدم يشوبها نوع من القصور وأرقت الدراسة عددا من التوصيات فى هذا الصدد مثل ضرورة توفير دورات تدريبية للأطباء خاصة العاملين بالرعاية الصحية الأولية مثل برامج التعليم الطبى المستمر وغيرها.