

Newsletter-Comment (January- February 2010)

Lack of Specialist Hypertension Services in New Zealand

Where do GP's send patients for specialist advice on management of difficult or resistant hypertension? Well if the patient is resident in the Waitemata DHB catchment area, they can refer them to my public hospital hypertension clinic at North Shore Hospital. Or, or if the patient is prepared to be seen in private, I can see referrals from anywhere at my Thursday private clinic at 1 Shea Terrace, Takapuna.

Both of these services have been operating since March 2009 (10 months). During that time I have seen about 210 new patients with complicated hypertension – about 150 at the hospital clinic and about 60 in private. Both of these clinics have proven very popular, and thank you to those who have referred patients. Most of these patients have not required more than 2-3 visits to get their blood pressure optimised and/or underlying secondary causes sorted out. During that time I have also conducted 10 GP educational sessions on blood pressure management, including a 1-day seminar at a conference venue in Birkenhead on 21st November 2009.

For patients who live in the Auckland DHB and Counties Manukau areas, there are no public hospital hypertension clinics, and patients are referred to cardiology or general medicine clinics, or not referred at all. My opinion is that difficult hypertension is not (in general) adequately dealt with at these clinics, but others may have different view on this. The cardiologists (to make a broad generalisation) lost interest in blood pressure management many years ago, as their specialty became increasingly dominated by technology, and the service provided by general medical clinics is very variable.

Why is there no pressure to provide better hypertension services? My thoughts are as follows:

(1) Public awareness of the importance of blood pressure as a cause of death and morbidity is at an all time low (this is the single most important cause of death in the world we are talking about).

(2) Most physicians believe they are experts and have a God-given right to manage complicated hypertension – believe me, this is far from correct.

(3) There's no money in it: If Hypertension was a lucrative specialty, there would be well-staffed hospital clinics and private hypertension specialists controlling access to patients with strict accreditation requirements. No-one cares who sets up as a hypertension specialist;- but if I set up as a gastroenterologist and tried to do colonoscopies in private, I would have the gastroenterology community on me like a ton of bricks because I was a potential threat to their private incomes.

(4) In the case of the Auckland DHB, their GP-liaison doctors are vehemently opposed to the establishment of hospital hypertension clinics, and believe that it can all be managed at GP level, with a little specialist assistance from the cardiologists. This is a seriously flawed concept which the hospital managers, general physicians and cardiologists at Auckland Hospital have bought in to. This was one of the main reasons why I left Auckland Hospital at the end of 2008.

My plea therefore to general practitioners and their patients, is that if you want better access to specialist hypertension services, you need to make a noise about it. So far no-one (outside the Waitemata DHB) has taken any notice of my advice in this matter.