

Newsletter-Comment (May 2010)

Nurse Titration Clinics

We are currently advertising for a hypertension nurse specialist to join me in the hypertension service at the Waitemata DHB. One of his or her functions will be to establish nurse-led blood pressure medication titration clinics.

This is how they will work:- I will see a new patient with difficult or resistant hypertension at the hypertension clinic and do a full initial assessment. I will make an initial adjustment to the antihypertensive medication (and arrange additional investigations if appropriate). The patient will then be seen in a fortnightly as required at the nurse titration clinic until the blood pressure is at target on a regimen the patient feels comfortable on. The nurse will adjust the medications and doses according to my basic blood pressure treatment algorithm, specifically tailored by me to that patient. At each visit the nurse will check resting blood pressure according to JNC-7 guidelines, check for drug side effects, adjust dosage accordingly, provide lifestyle and other education, and arrange to see the patient again in a further fortnight if required. Each visit will be discussed with me afterwards and I will be available for advice during the visit required. All the prescriptions will be signed by me. Once blood pressure is at target the patient will be referred back to the GP with a summary letter.

Some of this work will also be able to be done over the telephone, between the nurse and patient who have home blood-pressure devices.

This is a further extension of the role of the hypertension nurse that I established in Whangarei¹, but it is a role also used successfully in other parts of the world.²

The main impetus for these nurse titration clinics is that my ability to see sufficient new patients at the hypertension clinic to meet the demand is significantly hampered by the need to accommodate follow-up visits. The titration clinics will enable me keep my clinic mainly for new patients, and increase the overall throughput.

The second impetus is that there are good data showing that achieving blood pressure targets within 3 months is associated with better long-term cardiovascular outcomes than these in whom it takes in excess of 6 months and these clinics will significantly assist that process.

These clinics are not appropriate for every patient. Some patients would rather I advise their GP on the titration steps and do the fortnightly titration visits with the GP. This is absolutely appropriate, but we all know, there are a significant number of individuals who can't or won't visit the GP fortnightly for cost or other reasons.

The experience elsewhere in large organisations which use nurse titration clinics (eg Kaiser Permanente HMO in the USA) is that compliance rates are high and blood pressure control rates are excellent (80%).

1. Establishment of a Difficult Hypertension Clinic in Whangarei, New Zealand: the first 18 months. Van der Merwe W. NZMJ 2008;121:

2. Nonphysician providers and the management of hypertension. Carter BL. Chapter 26. Hypertension Primer (2008; Izzo), Sica and Black eds (Wolters Kluwer/ Lippincott Williams and Wilkins