Editorial

Hypertension and the family physician

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The real voyage of discovery consists not in seeking new landscapes but in having new eyes.

Marcel Proust (1871-1922)

About a year after I started practising family medicine, I met a retired family doctor who had practised comprehensive care for more than 40 years in a small town in Pennsylvania. He inquired about how I was enjoying practice so far, and in response I lamented that it was getting a bit boring seeing the same common problems day after day—problems like hypertension, for example. He politely replied that he was never bored for a single moment in his long career and urged me to see what was interesting and challenging in the commonplace. His gentle, but firm, rebuke has remained in my mind ever since.

Screening, diagnosing, treating, and the ongoing monitoring of high blood pressure results in 20 million office visits to Canadian family doctors and internists annually,[1] making it the truly commonplace problem in family medicine. About 1 in 4 Canadians has high blood pressure and the prevalence of hypertension is growing. In Canada, the prevalence of hypertension in people older than age 50 is more than 50%.[2]

Although family physicians are often criticized for not following clinical practice guidelines closely and for failing to meet treatment targets for many conditions, there is strong evidence that family physicians have made great strides in screening for and diagnosis and treatment of hypertension over the past 2 decades.

In a commentary in this month's issue of *Canadian Family Physician* (**page 684**), Dr Karen Tu, a family physician and research scientist at the Institute for Clinical Evaluative Sciences in Toronto, Ont, provides a compelling case that family physicians in Canada have made substantial improvements in the diagnosis and management of hypertension and that it is time we gave ourselves some recognition for doing so.[3] Dr Tu highlights 3 research studies published in the journal this month in order to make her case. In one study from Alberta[4] (**page 735**) and a second from Ontario[5] (**page 719**), both of which used chart audits, hypertension treatment and control rates were around 85% and 45%, respectively—a substantial improvement from the past. A third study of family physicians from Nova Scotia[6] (**page 728**) showed that in patients with diabetes and hypertension average blood pressure readings were better than those reported in the United Kingdom Prospective Diabetes Study (UKPDS).[7]

While there is still more room for improvement, as Dr Tu outlines, it is clear that Canadian family physicians are paying greater attention to hypertension, with improved rates of treatment and blood pressure control. That was the message to a callow young physician from a far wiser and more experienced colleague almost 20 years ago: When you take a strong interest in common problems, your patients benefit.

Cet article se trouve aussi en français à la **page 683.**

Competing interests
None declared

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