

HYPERTENSIVE URGENCIES AFTER AN EMERGENCY CALL FOR A GENERAL PRACTITIONER HOME VISIT

Toubiana Laurent* and Ménard Joël**

* INSERM UMRS 1142 LIMICS, Université Pierre et Marie Curie, Paris, France

** Centre d'Investigation Clinique AP-HP- INSERM, Hôpital Européen George Pompidou, et Faculté de Médecine Paris-Descartes, Paris, France

Objective: Research on hypertensive urgencies has been mainly studied after referral to the hospital. Their incidence, characteristics and management need to be investigated outside the hospital.

Design and Method: Through a dedicated regional phone number (Urgentist general practitioner's), all people living in France may call for an urgency medical visit at home when considered as necessary by them or their family. These private Physicians associations cover 60% of the French territory. From January 1st 2010 to December 31st 2016, 19,030,138 emergency diagnostics at home visits have been performed after a telephone call.

Results: Among the 8,021,779 diagnostics concerning men, 20,762 have been attributed by the visiting physician to hypertension as the main cause of the urgency call (0.26%) versus 55,961 among 11,008,359 for women (0.51%). Median age of men was 68 years and of women 77 years. This significant sex difference ($p < 0.0001$) persists over the time. It does not exist in hypertension population surveys. It is observed for hypertension as for most home visit causes and is more marked after an age of 62. Physicians requested hospitalizations for hypertension in 10.0% of these men and 9.1 % of these women.

By comparison, during this seven-year interval, 12,697 (0.16%) diagnosis of cerebro vascular accident was made in men (hospitalization 68.3%) and 20,739 (0.19%) in women (hospitalization 64.5%). Diagnosis of coronary heart disease was made in 8,634 (0.11%) of men (hospitalization 65.0%), and in 9,631 (0.09%) of women (hospitalization 58.6%).

Conclusion Despite a major decrease of undetected, untreated and uncontrolled hypertension in population surveys, hypertensive urgencies are not a rare cause of emergency home visit. Standardized procedures concerning the use of drugs and the decision of transferring patients to the hospital will be helpful for physicians and informative for patients.

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