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

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Introduction

Despite a large increase in the detection, treatment and control of hypertension in most countries, the number of undiagnosed and uncontrolled hypertensive remains high. Under the denominations of hypertensive urgencies (high blood pressure in the absence of symptoms) or emergencies (high blood pressure associated with symptoms or target organ damage), acute hypertension has been studied after referral of patients to large clinics or hospitals. The pathway which precedes referral is not well known.

Methods

We have looked at patients who sent an emergency call at home to require a medical help among 19,030,138 emergency diagnostics between January 1st 2010 and December 31th 2016. A dedicated national phone number establishes a contact with an urgentist general practitioner available to respond to patient request within a few minutes. The call reason is registered by a lay person in charge of call registrations and transmissions. After home visit, a final diagnosis is given by the physician, with the decision or not of transfer to the hospital emergency department. The starting point of our analysis was the physician diagnostic, and we have compared hypertension diagnostics to acute coronary and cerebral vascular problems.

Results

Among the 8,021,779 diagnostics concerning men, 20,762 have been attributed by the general practitioner data base.

Hypertension and hospitalization

Physicians requested hospitalizations for hypertension in 10.0% of these men and 9.1% of these women.

Discussion

Hypertension is not a rare reason of home emergency calls. As most of the other calls, it is more frequently signaled in women than in men. However the percentage of referrals to the hospital around 10% is the same for both sexes and represents the most alarming cases.

The strength of this analysis is the large coverage of the French population by this medical organization and the consistency of the collected information during seven years. The two major weaknesses are 1) the possibilities of other care offers at the same time, through the family doctor trans referral to the hospital 2) The administrative function of the collected data which do not include details on the clinical situation or the treatment.

Main conclusions

• Hypertension is the cause of emergency calls for a visit at home in 0.73 % of the requests.
• Hypertension is the final diagnosis of a medical visit at home in 0.40 % of the calls.
• The diagnosis of hypertension is more frequently made in women than in men, a general characteristics of emergency calls.
• The hospitalisation rate is the same in men and women and is much lower than after a call which did not mention hypertension, which suggests that hospitalized patients were under diagnosed.
• Hospitalisation rates for cardiac or cerebral vascular problems are much higher than for hypertension and all three are observed at a more advanced median age in women than in men.
• Despite the global progress made in hypertension management, hypertension is not a rare condition among emergency calls for a home visit.
• Specific recommendations and research projects, such as a telemetric support, will be useful for such an uncommon cardiovascular urgency. Management protocols for this condition at home are as much necessary as treatment protocols in hospital emergency departments.