



Why Patients with Hypertension Are Not Controlled? Knowledge, Appreciation and Attributions. *G Mollar, C Galarza, D Borbolla, M Santagata, S Figar, F Gonzalez de Quiros, A Beratarrechea, M Marchetti.* Department of Internal Medicine. Hospital Italiano de Buenos Aires.

Due to the difficulties in lowering high blood pressure of elderly patients, we assessed with a questionnaire the knowledge, appreciation, and attributions of non-controlled (blood pressure higher than 140mmHg) patients with hypertension within the framework of a hypertension management program. The questionnaire established that one patient had knowledge of the optimum value when he referred a value between 120–140 mmHg. Appreciation of normality was evaluated by asking patients the values they considered to be adequate and the values they considered to be a problem. Attributions of the causes of hypertension were categorized in stress, food, lifestyle, heredity, etc.

Seventy eight hypertensive patients were evaluated, aged 75 ± 9 , 77% women, 34% ($n = 27$) were non-controlled patients. 29 (57%) out of 52 patients under control knew the optimum values vs. 6 (22%) non-controlled hypertension patients. ($p = 0.04$). 16 (61.5%) out of 27 non-controlled patients considered that the value taken was normal and that the mean pressure referred to as adequate was $132 \pm 8/77 \pm 6$ mmHg for controlled patients vs. $140 \pm 9/81 \pm 5$ mmHg for non-controlled patients ($p = 0.001/0.02$). The one referred to as a problem was $164 \pm 14/92 \pm 7$ mmHg for controlled patients vs. $178 \pm 28/91 \pm 7$ mmHg for non-controlled patients ($p = 0.005/ns$). 38 patients (49%) attributed it to stress, 13 (17%) to food, 6 (8%) to life style and 3 (4%) to heredity.

Patients who have higher blood pressure have less knowledge of optimum values, and they consider that optimum and problem values are higher, while attributions are similar to those of controlled patients.

