Letters

DSNs and hypertension management: pilot study demonstrates feasibility


Anne Follett

I read with interest the article 'Diabetes and hypertension — essential knowledge for DSNs?' (Jones, 2000). It does seem likely that, with the correct support and training, DSNs would be effective clinical team members to provide educational support for people with diabetes and hypertension. I thought your readers would be interested to hear of our experience in Leicester in this area of practice.

We are currently carrying out a pilot study researching ways of helping people with diabetes and hypertension to manage their own blood pressure (BP) control, supported by a diabetes nurse. All patients on the study were given advice on causes and effects of hypertension and non-pharmacological interventions for controlling hypertension. Some were taught how to take and monitor their own BP at home on a weekly basis using an electronic sphygmomanometer, adjusting their medication according to an individual flow chart. They are either having these adjustments led by the study nurse or are encouraged to self-adjust their own medication. Ninety percent of patients have found self-monitoring acceptable, with the majority taking one reading per week or more.

By encouraging people to take control of their hypertension and offering support in a similar way to self-adjustment of insulin, DSNs may find that the extra work is not as time consuming as first anticipated.

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Jones P (2000) Diabetes and hypertension — essential knowledge for DSNs? *Journal of Diabetes Nursing* **4**(3): 91–4

Blood pressure self monitoring will probably continue to gain popularity


Philippa Jones

I am very interested in the work described by Anne Follett above and I look forward to reading the results. I am not surprised that some DSNs have already embraced the management of hypertension as part of their core role. In my own experience, I have also found that this additional role is not as time consuming as one might imagine. This is largely due to the commonality of advice required for the non-pharmacological management of diabetes and hypertension, such as weight reduction, exercise and alcohol reduction (if appropriate).

However, there are many pitfalls for those uninitiated in hypertension management. Not least of these is obtaining accurate blood pressure results.

I am aware that some pharmaceutical companies are now supplying sphygmomanometers to enable patients to undertake self-monitoring. For many patients, using an electronic sphygmomanometer is the only feasible option for self monitoring as greater skill and manual dexterity are required when using either aneroid or mercury sphygmomanometers. In addition, mercury is hazardous to health and it is possible that this type of sphygmomanometer will be withdrawn.

Nevertheless, caution is advised when using electronic sphygmomanometers as not all devices are validated by The Hypertension Society and the correct cuff size must be utilised.

Patients who self-monitor also need to be aware of the many factors that impact upon blood pressure readings, e.g. the presence of a full bladder or bowel, and the position of the arm.

Despite these potential problems, I imagine that in the near future, home blood pressure monitoring will be as common as blood glucose monitoring is today. Particularly if wrist sphygmomanometers are utilised, since they are more portable, easier to use and the accuracy of the results is not dependent on the cuff size.

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