LISTENING TO THE HYPERTENSIVE PATIENT

To the Editor:

In their otherwise insightful review of the diagnosis and treatment of hypertensive urgency and emergency,[1] Drs. Vaidya and Ouellette fail to mention stressful life events, the demeanor of the physician taking the history, or the environment in which we provide care. The intense atmosphere of an emergency department and patients' fears of medical personnel and machinery may work against us in some individuals with hypertensive urgency. I have never understood our near-obsession with ruling out a pheochromocytoma at the expense of taking a few more minutes sitting at bedside to get acquainted with patients in order to learn more about their total persona and their own fears and theories about the problem that led them to seek medical attention.

In my experience, few patients truly understand the concept of blood pressure, and teaching it is an undervalued skill. Residents, faculty, professional societies, pharmaceutical companies, and the mass media alike could all be doing a better job in educating patients about the importance of lifestyle changes; in understanding the relationship between patients' financial, family, and occupational (or unemployment) stressors and hypertension; and in motivating patients to be well. The constant morning report and grand rounds discussions of the relative advantages and disadvantages of the many pharmaceutical regimens for treating hypertension consume a disproportionate amount of the time we spend trying to reduce morbidity from hypertension.

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Reference

1. Vaidya CK, Ouellette JR. Hypertensive urgency and emergency. Hosp Physician 2007;43(3):43–50.

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