



Photo by Brandon Ludwig

Christianne Roumie, MD, MPH, checks the blood pressure of Nashville VA patient James Farris.

Patient education adds critical boost to hypertension management

In a study involving 1,341 veterans with hypertension at the Tennessee Valley VA Healthcare System, educational outreach to patients along with provider education was decidedly more effective than provider education alone in helping patients reach their blood pressure goals. The results appeared in the Aug. 1 *Annals of Internal Medicine*.

At the outset of the study, all the veterans were on one antihypertensive drug but still had blood pressure greater than 140/90 mm Hg, which is the target promoted in the 2003 seventh report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 7). The patients and their VA physicians were randomly divided into three groups. In the first group, doctors received an email with a link to the JNC 7 guidelines. Doctors in the second group received the guidelines email plus a one-time patient-specific computerized hypertension alert. In the third group, doctors received both interventions, and patients received a letter at home advocating medication adherence, lifestyle modification, and conversations with providers about treatment.

The mean baseline pressure for all three groups was 157/82. After six months, the only veterans who met the JNC7 goal were those who received the letter: Their mean pressure was 138/75, compared to 145/78 for those whose doctors received the guidelines link by email, and 146/76 for those whose doctors received the email plus the alert.

According to lead author Christianne L. Roumie, MD, MPH, and colleagues, the extra reduction in blood pressure among the patient-education group could potentially reduce heart

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process focused on tomorrow's veterans—if not today's—and aimed at improving their healthcare and well-being.

In Dr. Kussman's remarks, we find another important concept: providing the best care “one veteran at a time.” How can we apply this mindset to our role as VA researchers? For those of us who work directly with patients in our studies, perhaps the answer is obvious. We must diligently and vigorously protect the rights, privacy and dignity of each and every research participant, in accordance with all VA and other federal regulations. Moreover, we should strive to go beyond the “letter of the law” and relate with compassion, concern and appreciation to every veteran we meet.

Safeguarding veterans' rights includes, of course, being up-to-date on VA policies and procedures in the area of cybersecurity, which has received increasing attention in recent months. If you have not already done so, please visit the following page on the ORD website for a comprehensive overview of these guidelines: www.research.va.gov/resources/policies/cybersecurity.cfm.

Cybersecurity is one of many relevant areas being covered in a series of conferences being held this fall in Baltimore, San Francisco and St. Louis by our Program for Research Integrity Development and Education (PRIDE), under the direction of Dr. Lynn Cates. The focus of these events is “local accountability.” Participants are coming away with a firm understanding of the responsibilities of medical centers, institutional review boards, R&D committees, and individual investigators. Caring for “one veteran at a time” requires not only clear and sensible guidance from ORD, but knowledge and commitment on the part of local leadership and every single VA researcher.

I propose that even those of us who do not work directly with veterans can still

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High-tech rehab center dedicates new space

Taking part in a ribbon-cutting ceremony held this spring at VA's Cleveland-based Advanced Platform Technology (APT) Center to mark the opening of its new offices were (from left) Murray Altose, MD, associate chief of staff for research at the Louis Stokes Cleveland VA Medical Center; Ronald Triolo, PhD, executive director of the APT Center; Neal Peachey, PhD, chief of research for the APT Center; and medical center director William Montague. Established last year by VA's Rehabilitation Research and Development Service in partnership with Case Western Reserve University, the APT Center has capabilities in microelectromechanical systems design and fabrication; neural interfacing; polymer and bioactive material development; rapid prototyping; and circuit and software design. Scientists and engineers at the center will design and build prototypes for advanced prosthetics systems, sensory aids, and other clinical applications to help veterans with limb loss, immobility, and sensory deficits.

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be guided by the patient-care philosophy espoused by Dr. Kussman. Analyzing data, processing tissue samples, sequencing DNA—these and hundreds of other tasks we do every day as VA researchers are part of a rich mosaic. Our efforts merge to improve the health outlook for tomorrow's veterans, and we all play an essential role in ensuring that VHA delivers the best health-care in the world, "one veteran at a time."

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failure by 50 percent, cerebrovascular morbidity and mortality by 42 percent, and coronary heart disease by 14 percent.

"[The trial] shows the effectiveness of adding patient education to provide education in improving blood pressure control among veterans with uncontrolled essential hypertension," wrote the authors.

Roumie and colleagues note, as limitations of the study, that follow-up blood pressure measurements were missing for 27 percent of patients in the study. Furthermore, the study could not detect the mechanism by which patient education improved blood pressure control. ■

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