GENERALIZABILITY OF GUIDELINES AND PHYSICIANS’ ADHERENCE. CASE STUDY ON THE JNC VI GUIDELINES ON HYPERTENSION

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Background
Clinical practice guidelines (CPG) are thought to be an effective tool in improving efficiency and outcomes of clinical practice. Physicians’ adherence to guidelines is reported to be poor. We evaluated the relationship between generalizability of guidelines on hypertension and physicians’ adherence to guidelines’ recommendations for pharmacological treatment.

Methods
We used the Sixth Joint National Committee’s (JNC VI) guidelines on hypertension to evaluate our hypothesis. We evaluated the evidence from controlled clinical trials on which the JNC VI bases its recommendation, and compared the population enrolled in those trials with the American hypertensive population. Data on this population came from the National Health and Nutritional Examination Survey III.

Results
Twenty-three percent of the NHANES population had a diagnosis of hypertension, 11% had hypertension requiring drug treatment according to the JNC VI. Only half of the population requiring treatment would have been enrolled in at least two trials. Rate of adherence to CPG was 69%. We found a weak association between generalizability and physicians’ adherence to guidelines. Baseline risk was the major determinant of the decision to treat.

Conclusion
JNC VI guidelines may not be generalizable to their target population. We found a relatively poor adherence rate to these guidelines. Failing of completely taking into account the clinical characteristics of the patients may be partly responsible for this lack of adherence.

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