Dear Clinicians,

We have talked about the 5 As in our meetings and as you are well aware, there is no-one way to motivate everyone to engage in sustained behavioral change. We are dealing with the "Silent Killer". That makes hypertension even more difficult to manage. We are asking our patients to take life-long medicines on a daily basis, exercise, avoid take-out food, make food flavorful without salt It is a lot !!!!! In order to succeed, we need to "Unsilence" hypertension. Make this silent disease RELEVANT to the patient. Motivational information has the greatest impact if it is personalized to their everyday life, family or social situation (e.g. caring for kids and parents which would be an issue with hemiplegia or reduced exercise tolerance). Have the patient articulate such personal relevant issues in his/her life. Make him/her articulate RISKS that uncontrolled hypertension would potentially pose. If they are not successful, identify the ROAD-BLOCKS. Identify barriers or impediments to carrying out the actions that were agreed upon. And finally, REPEAT, REPEAT and REPEAT. That is why the whole medical team, from the medical assistant to the physician, need to be involved during frequent visits. Document these personal relevant factors that the patient has identified so that the whole team knows them when they look in the chart. Document the ROAD-BLOCKS. Ensure that he/she can articulate the risks of uncontrolled hypertension and the benefits. Herein, lies the art of medicine! I think it is more fun than the science of diuretics, ace-inhibitors, etc... Good luck and please let me know what you have found useful in your practice so that I can share with our colleagues.

If you have specific questions related to hypertension management in your patients, Dr. Williams can be reached directly by email at <u>Stephen.Williams@nyumc.org</u> or by phone at 646-320-8075 (cell).

THE BP VISIT PROJECT TEAM http://www.CDNetwork.org/BP-Visit





Good day to our colleagues in the BP Visit Project,

I hope that you are enjoying the second day of summer. Were you able to review the latest installment of our series entitled, ""Unsilence" Hypertension for Better Patient Outcomes'?

I wonder if we could ask our audience if you can share examples of how you have "unsilenced" hypertension in the past with your resistant patients. How have you made the disease more relevant to your patients using personalized advice? How do you ensure that your patient can articulate the risks of uncontrolled hypertension and the benefits of lowering elevated blood pressure?

Here is one example that I used in a recent session with a patient who was on the fence about addressing his uncontrolled hypertension, "if caring for kids is a priority of yours, can you tell me what life would be like if, due to your uncontrolled high blood pressure, you had a complication such that you lost function of a limb due to a stroke?"

It would be great to learn from our partners about similar personalized statements. We could compile a list of statements (anonymously!) as a resource for all of our partners. We welcome you to email us your stories directly at <u>BPVisit@CDNetwork.org</u>, or click "Reply" to this email.

Thank you and enjoy the beginning of summer!

If you have specific questions related to hypertension management in your patients, Dr. Williams can be reached directly by email at <u>Stephen.Williams@nyumc.org</u> or by phone at <u>646-320-</u> <u>8075</u> (cell).

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NEW YORK UNIVERSITY



Dear Clinicians,

The stories are starting to come in - thanks to those of you who have shared so far! Here is a story shared by one clinician:

"I have a patient who was non-compliant with her medications. Her brother is my patient and he has a son whom I have seen as well. She repeatedly tells me she has no symptoms so she doesn't need medication. I told her "you may not feel anything now but what if something were to happen to you, your nephew may feel the pain for the rest of his life. You can avoid that potential pain by taking your medications. Her BP is now normal and her HbA1c dropped to 7.4 from 12.1."

We're looking forward to receiving more examples of how you have "unsilenced" hypertension with your resistant patients. How have you made the disease more relevant to your patients using personalized advice? How do you ensure that your patient can articulate the risks of uncontrolled hypertension and the benefits of lowering elevated blood pressure?

We welcome you to email us your stories directly at BPVisit@CDNetwork.org, or click "Reply" to this email.

Thank you!

The BP Visit Team

http://www.cdnetwork.org/bp-visit