Nurse-Led Program Improved Blood Pressure Among Black and Latino Adults in the Bronx

Frequent clinic visits allowed for more accurate medication adjustments and health check-ins.

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Participants in a nurse-led blood pressure intervention program that provided patient education and support for the management of high blood pressure experienced fewer episodes of uncontrolled high blood pressure and took their medication regularly, according to preliminary research.

“Our local population in the Bronx includes mainly Black and Hispanic people, and high blood pressure, type 2 diabetes and cardiovascular risk factors are prevalent throughout our community,” study coauthor Masood Shariff, MD, a research fellow at Lincoln Hospital, New York City Health and Hospitals in the Bronx, said in a news release. “Addressing high blood pressure is particularly important to reduce the prevalence of these health conditions.”

The program aimed to have participants reach a target blood pressure of 120/80 mm Hg, according to American Heart Association/American College of Cardiology guidelines.

Nurses identified more than 2,700 people at an outpatient clinic who had either just started new blood pressure medicine at the beginning of the study period or who had uncontrolled high blood pressure over 130/80 mm Hg. Data for each participant were taken from medical records from two years prior to the program (August 2017 to October 2018) and two years after (January 2019 to March 2020).

Participants were 61 years old on average; 57% were women; 70% identified as Latino; and 25% identified as Black.

Blood pressure nurses connected with participants frequently on a personalized basis. At the start of the program, participants returned in three weeks for a clinic visit with a nurse. The typical follow-up visit to a doctor, on the other hand, is about three months.

Medication was adjusted every three weeks as needed. By the end of the two years, patients required fewer visits because they were able to maintain their blood pressure at a healthy rate.

The average number of clinic visits decreased from more than five in the two-year pre-intervention period to about three during the intervention.

The program helped address why people were unable to control their blood pressure. Researchers noted issues such as language barriers and lack of awareness about the importance of taking medication daily and follow-up visits.

“Before the treat-to-target program, getting a person’s blood pressure under control took much longer. Physicians typically only see patients every three to six months, and sometimes it takes several visits to get medication dosages right. And if a person isn’t taking their medication or taking it incorrectly, it’s not effective if we don’t see them until six months later,” Shariff said.

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