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Management of hypertension by private doctors in Hong Kong

香港私家醫生治療高血壓症的調查

Objective. To investigate the management of hypertension by private doctors in Hong Kong.

Design. Self-administered questionnaire survey.

Setting. Hong Kong.

Participants. Private doctors from all districts in Hong Kong selected by simple random sampling from the website of "The Hong Kong Doctors Homepage" from March to June 2005.

Main outcome measures. Practice of blood pressure measurement and the treatment prescribed to hypertensive patients.

Results. A total of 225 (46%) completed questionnaires were analysed. Only 24.4% of the respondents measured blood pressure in all new patients aged above 18 years. A total of 28.0% of doctors reported that hypertensive status was unknown in over 30% of their patients prior to their first clinic visit when it was consequently diagnosed. Calcium channel blockers (31%), angiotensin-converting enzyme inhibitors (28.5%), diuretics (27.5%), and beta-blockers (21.2%) were the most commonly prescribed antihypertensive medication. Drug efficacy was the reason cited by more than half (56.9%) of doctors for selecting a given drug. Public education about hypertension was considered insufficient by 66.2% of doctors and 32% believed that self-medication would have a very significant effect on drug compliance.

Conclusions. In private clinics, blood pressure measurement should become a routine procedure. There is a need to raise public awareness of hypertension.

目的：調查香港私家醫生治療高血壓的方法。

設計：自行填寫問卷調查。

安排：香港。

參與者：2005年3月至6月期間，透過「香港醫生網」(The Hong Kong Doctors Homepage)以簡單隨機抽樣方式選擇香港各區的私家醫生。

主要結果測量：醫生量度血壓的習慣和對高血壓病人處方的藥物。

結果：收回問卷中，225份(佔46%)回覆完整可作分析。只有24.4%回應者表示會對所有18歲以上的新症病人量度血壓。28.0%的醫生指出，超過30%高血壓病人在第一次接受其診症前並未知道患上高血壓。鈣離子阻斷劑(31%)、血管緊張素轉換酶抑制劑(28.5%)、利尿劑(27.5%)和貝塔阻滯劑(21.2%)是最經常處方的抗高血壓藥物。超過一半醫生(56.9%)表示會根據藥物效能選擇治療用藥。66.2%的醫生認為，高血壓的公眾教育並不足夠，亦有32%醫生表示，自行用藥的模式對病人是否依指示服藥有很大影響。

結論：量血壓應成為私家診所診症的常規步驟。公眾亦須加強對高血壓的認識。

Key words:

Hypertension;
 Primary health care;
 Private practice;
 Questionnaires

關鍵詞：

高血壓；
 基層健康護理；
 私人執業；
 問卷

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Introduction

Hypertension-related mortality and morbidity is a significant health problem that causes an enormous burden on health care resources and the community. According to the World Health Organization (WHO), worldwide hypertension is estimated to cause 7 million premature deaths and be responsible for around 5% of the current global disease burden. It is as prevalent in developing countries as in the developed world.¹ Blood pressure-induced cardiovascular risk rises continuously across the whole blood pressure range. Hypertension plays a major aetiological role in the development of cerebrovascular disease, ischaemic heart disease, and cardiac and renal failure. Control of hypertension reduces the risk

of stroke by about 40% and the risk of myocardial infarction by approximately 15%.²

In Hong Kong, the percentage of the population with hypertension that requires long-term medical follow-up was estimated to be around 5% in 2001.³ A Hospital Authority community survey conducted in 2004 revealed an estimated prevalence of 24% in people aged 40 years or above. Nonetheless hypertension is also being diagnosed in a younger population in Hong Kong: the incidence in individuals aged 25 to 34 years in 2001 was double that in 1999.^{3,4} Between 2002 and 2003, the Hospital Authority spent HK\$0.9 billion on serious diseases caused by hypertension such as stroke and heart disease. Despite this, hypertension is underdiagnosed or poorly controlled. The WHO statistical data show that about 50% of hypertensive patients are unaware of their condition, and 50% of treated patients are poorly controlled.¹ This may be in part due to poor public awareness of the health risks associated with hypertension.

Private doctors have an important role in the management of hypertension. Nonetheless data about private doctors' management on hypertension are scarce in Hong Kong. The Hong Kong Primary Care Foundation (HKPCF) of Hong Kong Public Hospital, Department of Health, and Universities Doctors Association therefore launched a public education programme, "One Goal One Heart—Know Your Blood Pressure", that aimed to encourage blood pressure measurement as part of the routine medical care offered by family doctors, raise public awareness, and promote early diagnosis and effective treatment of hypertension. As part of this programme, we investigated the practice of blood pressure measurement by private doctors and the treatment prescribed to hypertensive patients.

Methods

Study design

A survey research method was adopted and private doctors in Hong Kong were recruited. A simple computerised random sampling method in Microsoft Access from the website of "The Hong Kong Doctors Homepage" (<http://www.hkdoctors.org/>) was used. This website was developed and is maintained by the Hong Kong Medical Association (HKMA). Selected subjects were approached by HKPCF-appointed hypertension ambassadors with a letter (Appendix I) explaining the purpose of the study. Written consent (Appendix II) from participants was also obtained. Interviewees who refused to complete the survey were excluded.

Data collection

Between March and June 2005, doctors were asked to complete an 18-point questionnaire (Appendix III). Questionnaires took on average 10 to 15 minutes to complete. Fully completed questionnaires were analysed using the Statistical Package for the Social Sciences

(Windows version 13.0; SPSS Inc, Chicago [IL], US).

Objectivity and reliability

The hypertension ambassadors were trained not to judge or influence the interviewee's opinions. Descriptive statistics and the Chi squared test were used in data analysis. All raw data were available for auditing.

Results

As of 9 March 2005, 1809 private doctors were listed in the HKMA "The Hong Kong Doctors Homepage" website. A total of 485 private doctors were randomly selected for the study, of whom 302 agreed to participate and 183 (38%) refused or did not respond. Completed questionnaires were received from 225 respondents (response rate, 46%).

The responding doctors practised in different parts of Hong Kong: 24.5% from Hong Kong Island, 39.1% from Kowloon, and 36.4% from the New Territories. General practitioners comprised 87% of the respondents with the remaining 13% covered a range of specialties.

Blood pressure was measured in some new patients aged over 18 years by 72.8% of interviewed doctors, while 24.4% measured blood pressure for all new patients aged above 18 years old (Table). There was no statistically significant difference between general practitioners and specialists for measurement of blood pressure in new patients (Chi squared test, $P=0.106$). A total of 28.0% of doctors reported that hypertensive status was unknown in over 30% of their patients prior to their first clinic visit when it was consequently diagnosed.

Analysis of the antihypertensive drugs prescribed revealed that more than half (55.1%) of the doctors generally prescribed two types of antihypertensive drugs. Calcium channel blockers (CCBs) were most commonly prescribed (31%) followed by angiotensin-converting enzyme inhibitors (ACEIs) [28.5%], diuretics (27.5%), and beta-blockers (21.2%). Analysis of geographical areas of practice revealed that CCBs were most commonly used in Hong Kong Island (37.3%) and Kowloon (29.3%). In the New Territories, ACEIs were most commonly prescribed (31.3%), followed by CCBs (28.6%). Drug efficacy was the reason given for selecting a particular drug by 56.9% of doctors. Other common reasons were habit, drug safety, and clinical reports and guidelines (Table).

Only 4.4% of interviewed doctors believed that patients and the general public were sufficiently informed about hypertension; 62.2% thought the general public were poorly informed. In addition, only 4.9% of doctors thought that public education about hypertension was sufficient and 66.2% thought it was insufficient (Table).

Nearly all (98.3%) of the interviewed doctors thought that some patients purchased drugs from the local pharmacy

Table. Results of questionnaire survey

Survey	Percent*
Patients (aged over 18 years) who have blood pressure checked at their first clinic visit	
0% of new cases	2.7
25% of new cases	23.1
50% of new cases	24.4
75% of new cases	25.3
100% of new cases	24.4
Patients with unknown blood pressure status prior to first clinic visit and consequent diagnosis of hypertension	
5-10%	32.4
11-20%	20.9
21-30%	18.7
>30%	28.0
Prescribing habits of doctors (reasons for prescribing a drug)	
Drug efficacy	56.9
Habit	22.9
Drug safety	19.1
Clinical reports and guidelines	18.4
Simple dosing regimen	9.7
Better quality of life of patients	2.7
Others (eg price, patients' indication)	15.8
Doctors' opinion of the level of understanding of hypertension among patients and the general public	
Very sufficient	0.4
Sufficient	4.0
Well-balanced	33.3
Insufficient	53.3
Very insufficient	8.9
Doctors' opinion of hypertension education for the general public	
Sufficient	4.9
Well-balanced	28.9
Insufficient	58.2
Very insufficient	8.0
Hypertensive patients who purchased drugs from community pharmacy	
0%	1.7
5-10%	23.6
11-20%	18.7
21-30%	23.6
>30%	32.4

* Because of rounding, not all percentages total 100

(Table) and 32% thought this had a very significant effect on patient drug compliance.

Discussion

This survey revealed that doctors are inconsistent in the measurement of blood pressure in new patients aged over 18 years. More than one quarter (28.0%) of private doctors reported that hypertension was undiagnosed prior to the first clinic visit in over 30% of hypertensive patients. Most hypertensive patients were largely asymptomatic. In addition, hypertension is emerging in a younger population group. The United States Preventive Services Task Force strongly recommends that clinicians screen adults aged 18 years and older for high blood pressure.⁵ Private doctors should actively measure blood pressure during consultations to ensure early diagnosis and treatment. Nonetheless caution should be exercised in patients aged under 35 years as the 10-year coronary risk rarely exceeds 5%.⁶⁻⁸

The 2003 WHO/International Society of Hypertension guideline and Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (The JNC 7 Report) recommended ACEIs or angiotensin receptor blockers, diuretics, beta-blockers, and

CCBs in the treatment of hypertension.^{1,9} Hong Kong private doctors prescribed the same drugs, most often CCBs, with drug choice based mainly on drug efficacy. Combination therapy was common, usually with two drugs. Previous studies in Hong Kong suggested that combination therapy is more effective with fewer side-effects than monotherapy¹⁰ and that CCBs are very effective in Chinese patients.¹¹

Most doctors believed that public education about hypertension is insufficient in Hong Kong. Doctors are in a position to educate their patients and the general public about basic lifestyle modifications that can reduce the risk of hypertension. For example, local studies have revealed that exercise, such as Qigong, and a low-salt diet have a beneficial effect on blood pressure control.^{12,13} Private doctors may consider measuring patients' blood pressure at each clinic visit and/or advise home monitoring. Automatic sphygmomanometers are readily available and easy to use,^{14,15} and several studies have shown improved control and reduced costs when patients self-monitor their blood pressure.¹⁶⁻¹⁹ The reduction in blood pressure is nonetheless most likely to be mediated through non-pharmacological mechanisms, presumably a greater awareness of blood pressure that may lead to improvement

in lifestyle.²⁰ Self-monitoring did not lead to more intensive antihypertensive treatment even though doctors had access to such data.²⁰

One final and important issue in Hong Kong is the practice of self-medication. Nearly all surveyed doctors knew such practice in a (varying) proportion of patients. Regrettably patients were unlikely to know what drugs they were taking, the associated side-effects, or their target blood pressure. Private doctors need to emphasise the importance of proper medical prescription and monitoring of treatment to ensure optimum blood pressure control with minimal side-effects.

Conclusions

Private doctors should be encouraged to measure blood pressure as a matter of routine and thus enable early diagnosis and prompt treatment of hypertension with subsequent reduced risk of long-term complications. Public education about hypertension should be promoted to raise awareness of this prevalent disease.

Appendices

Additional material related to this article can be found on the HKMJ website. Please go to <<http://www.hkmj.org.hk>>, search for the appropriate article, and click on **Full Article in PDF** following the title.

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Appendix I

16 March 2005

Dear Colleague,

RE: Invitation to Participate in Hypertension Programme

Hypertension-related mortality and morbidity is a significant health problem that causes enormous resources burden to the healthcare system and also to our community. One of the possible reasons is that public awareness of the potential risk of hypertension is generally low. Statistical data shows that about 50% of hypertensive patients are unaware of their conditions, and 50% of treated patients have poor BP control.

In order to raise the public awareness, a health promotion programme regarding the attitudes of health care professionals towards hypertensive patients is recently launched by the HKPCF¹. The name of this programme is called 'One Goal One Heart – Hypertension'. Its objectives include (a) better understanding of the attitudes of medical practitioners towards hypertensive patients, and (b) raising public awareness, promoting early diagnosis and effective treatment of hypertension from primary care doctors.

I would like to invite you to participate in this hypertension programme by devoting 10 minutes of your time with our 'Hypertension Ambassador' to complete a questionnaire. Our 'Hypertension Ambassador' will explain the questionnaire content so as to collect reliable data. The whole process should not exceed 15 minutes. The anonymous questionnaires will only be accessed by our Programme Director, Dr. Andy Wai-Kwong Chan, and will be destroyed after completion of the programme. As a token of appreciation to your help, we will offer you a priority when registering for the upcoming CME programs organized by the HKPCF.

Your professional comments are highly valuable to the programme — we can serve the community and contribute to the betterment of quality of life for the Hong Kong people. If you have any questions regarding this programme, please feel free to contact Dr. Andy Wai-Kwong Chan on 3513 3481 or Ms Wyman Law on 8100 7987.

Your participation to this meaningful programme is highly appreciated.

Yours sincerely,

Dr. Benjamin Lau
Chairman of Hong Kong PHUDA
Convenor of HKPCF

Dr Andy Wai-Kwong Chan
Council Member of Hong Kong PHUDA
and HKPCF

1. The Hong Kong Primary Care Foundation (HKPCF) is an alliance party of The Hong Kong Public Hospitals, Department of Health and Universities Doctors Association (PHUDA). Established in June 2003, HKPCF has been working closely with healthcare service providers and other organisations to commission all healthcare needs in community-oriented primary care.

Appendix II

Interviewee Information

Programme Title

One Goal One Heart – Hypertension

Introduction

Hypertension-related mortality and morbidity is a significant health problem that causes enormous resources burden to the healthcare system and also to our community. One of the possible reasons is that public awareness of the potential risk of hypertension is generally low. Statistical data shows that about 50% of hypertensive patients are unaware of their conditions, and 50% of treated patients have poor BP control.

Hong Kong Primary Care Foundation (HKPCF) of Hong Kong Public Hospital, Department of Health and Universities Doctors Association (PHUDA) therefore would like to propose a public education programme with aims of raising public awareness, promoting early diagnosis and effective treatment of hypertension from primary care doctors.

Purposes of the proposed programme:

- To practice BP measurement in routine medical care by general practitioners
- To enhance the awareness of the importance/implications of high blood pressure among patients and doctors.
- To evaluate patient’s compliance during treatment
- To encourage early diagnosis and treatment for high blood pressure, and to explain the benefits of those prompt actions
- To exemplify and enhance “Public-Private Partnership” so as to strive for betterment of HK people health

Methodology

Design

- A total of 400 private GPs and family doctors are randomly selected from The Hong Kong Doctors Homepage which is developed and maintained by the Hong Kong Medical Association for all registered Hong Kong doctors to house their Internet practice home page.
- A survey with 18 questions will be conducted to the randomly selected doctors. It is aimed to investigate their practice of hypertension management and treatment. (see attachment for the full version of the survey)
- Exclusion criteria: interviewee refuses to complete the survey or cannot make a consent

Interview

The survey will be tentatively conducted in March / April 2005. All the surveys will be conducted by self-administered questionnaires, with the assistance from PHUDA / HKPCF appointed Hypertension Ambassadors. The questionnaire is expected to take about 10-15 minutes to complete.

Objectivity and Reliability

During the survey, the Hypertension Ambassadors should not judge or influence the interviewee’s views. The standard statistical procedures should be strictly followed during data analysis. All raw data should be properly kept and available for auditing whenever requested.

Interviewee Consent Form

1. I, the undersigned, voluntarily agree to take part in the following programme as the survey interviewee:
One Goal One Heart – Hypertension
2. I have read the information sheet on the above education programme and have the opportunity to ask questions. The procedure to be done has been explained clearly.

Interviewee’s Name (please print)

Date

Signature of Interviewee

I have fully explained the purpose and nature of this study to the interviewee

Signed:_____

Date:_____

Name: _____ (Hypertension Ambassador)

Appendix III

「一心一意」- 齊來預防高血壓

One Goal One Heart – Hypertension

問卷調查

日期：_____

Date

Q1. 有多少 % 的新症病人 (18 歲以上) 來到你的診所都會量度血壓呢 ?

How many percentages of new patients (over 18 years of age) will receive BP checking upon visit your clinic?

<input type="checkbox"/> 0%	<input type="checkbox"/> 25%	<input type="checkbox"/> 50%	<input type="checkbox"/> 75%	<input type="checkbox"/> 100%
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Q2. 有多少 % 的病人替其量度血壓前並不知道自己患有高血壓，在量度血壓後才發現呢 ?

How many % of patients who do not know their hypertension status, but they discover it after measuring their blood pressure in your clinic?

<input type="checkbox"/> 5-10%	<input type="checkbox"/> 11-20%	<input type="checkbox"/> 21-30%	<input type="checkbox"/> 30% 或以上 30% or above
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Q3. 在過去一年，每個月平均會收到多少個高血壓新症個案呢 ?

In the previous year, how many new hypertension cases do you receive monthly (on average)?

<input type="checkbox"/> 0 個 0 Case	<input type="checkbox"/> > 0-3 個 >0-3 Cases	<input type="checkbox"/> > 3-6 個 >3-6 Cases	<input type="checkbox"/> >6-9 個 >6-9 Cases	<input type="checkbox"/> >9 個 >9 Cases
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Q4. 在過去一年，每個月平均會有多少個高血壓個案需要轉介到醫管局轄下專科診所呢 ?

In the previous year, how many hypertension cases that need to be referred to Hospital Authority (HA) specialists' clinics monthly (on average)?

<input type="checkbox"/> 0 個 0 Case	<input type="checkbox"/> > 0-3 個 >0-3 Cases	<input type="checkbox"/> > 3-6 個 >3-6 Cases	<input type="checkbox"/> >6-9 個 >6-9 Cases	<input type="checkbox"/> >9 個 >9 Cases
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Q5. 承上題，為什麼需要轉介呢？（請依次序排列，1 為最多、其次為 2……5，如此類推）

Referring to Q4, why those patients need the referral? (Please rank "1" to "5", "1" being the most, and "5" being the least)

<input type="checkbox"/> 病人經濟問題 Patient's financial reason	<input type="checkbox"/> 病人要求 Patient's request
<input type="checkbox"/> 病情嚴重 Health Conditions	<input type="checkbox"/> 認為高血壓是需要專科醫生診治 HT should be treated by specialist
<input type="checkbox"/> 其他（請註明）：_____	
Others (Please specify)	

Q6. 在過去一年，每個月平均會有多少個高血壓個案需要轉介到私家專科醫生呢 ?

In the previous year, how many hypertension cases that need to be referred to private specialists' clinics monthly (on average)?

<input type="checkbox"/> 0 個 0 Case	<input type="checkbox"/> > 0-3 個 >0-3 Cases	<input type="checkbox"/> > 3-6 個 >3-6 Cases	<input type="checkbox"/> >6-9 個 >6-9 Cases	<input type="checkbox"/> >9 個 >9 Cases
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Q7. 承上題，為什麼需要轉介呢？（請依次序排列，1為最多、其次為2……5，如此類推）

Referring to Q6, why those patients need the referral? (Please rank “1” to “5”, “1” being the most, and “5” being the least)

<input type="checkbox"/> 病人經濟問題 Patient's financial reason	<input type="checkbox"/> 病人要求 Patient's request
<input type="checkbox"/> 病情嚴重 Health conditions	<input type="checkbox"/> 認為高血壓是需要專科醫生診治 HT should be treated by specialist
<input type="checkbox"/> 其他（請註明）： Others (Please specify)	

Q8. 你現時的高血壓病人通常服用多少類降血壓藥物呢？

In general, how many types of hypertension drugs do you prescribe to the hypertension patients?

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> >4
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Q9. 你會喜歡選用哪一類降血壓藥物呢？（如病人沒有其他病歷，即單純血壓高）（請依次序排列，1為最多、其次為2……8，如此類推）

Those drugs listed below, which drug is your preferred choice? (If the patient does not have any co-morbidity, i.e. simple or essential hypertension) (Please rank “1” to “8”, “1” being the most, and “8” being the least)

<input type="checkbox"/> ACEIs	<input type="checkbox"/> ARBs	<input type="checkbox"/> Blockers	<input type="checkbox"/> Ca Channel Blockers
<input type="checkbox"/> Diuretics	<input type="checkbox"/> Hydrallazine	<input type="checkbox"/> Minipress	<input type="checkbox"/> 其他 / Others

Q10. 承上題，為甚麼會喜歡按以上這個次序選用降血壓藥物呢？（請依次序排列，1為最多、其次為2……7，如此類推）

Referring to Q9, Why do you prefer this drug? (Please rank “1” to “7”, “1” being the most, and “7” being the least)

<input type="checkbox"/> 習慣 Habit	<input type="checkbox"/> 藥物有效性 Drug Efficacy
<input type="checkbox"/> 藥物安全性（少嚴重的副作用） Drug safety (Less serious side-effects)	<input type="checkbox"/> 藥物臨床研究報告 Clinical reports
<input type="checkbox"/> 簡單的藥物劑量，例如：一日一次的藥物療法 Simple dosing regimen e.g. QD daily	
<input type="checkbox"/> 更好的生活質素（少非嚴重性的副作用） Better quality of life (Less minor side-effects)	
<input type="checkbox"/> 其他（請註明）： Others (Please specify)	

Q11. 醫治病人的血壓指標是多少？（若病人沒患有其他病症）

Target BP? (if no co-morbidity)

<input type="checkbox"/> <160/100	<input type="checkbox"/> <160/90	<input type="checkbox"/> <140/100	<input type="checkbox"/> <140/90
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Q12. 醫治病人的血壓指標是多少？（若病人患有糖尿病症）

Target BP? (with diabetes mellitus)

<input type="checkbox"/> <160/100	<input type="checkbox"/> <160/90	<input type="checkbox"/> <140/90	<input type="checkbox"/> <130/80
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Q13. 你最常依據下列那個高血壓指引來選擇降血壓藥物呢？（可選多過一項）

What guideline (listed below) is the most often used as a reference when you choose your hypertension drugs? (Can choose more than one option)

<input type="checkbox"/> 個人的臨床經驗 Own Past experience
<input type="checkbox"/> Joint National Committee on Prevention, Detection Evaluation, and Treatment of High Blood Pressure (The JNC 7 Report)

<input type="checkbox"/> European Society of Hypertension – European Society of Cardiology guidelines for management of arterial hypertension (ESH-ESC hypertension Guidelines)
<input type="checkbox"/> British Hypertension Society (BHS)
<input type="checkbox"/> WHO-ISH Guidelines
<input type="checkbox"/> 其他指引 (請註明) : _____ Other guidelines (Please specify)

Q14. 你認為醫護人員對於高血壓課題的持續進修研討班是否足夠呢？

What do you think about the hypertension CME for GP?

<input type="checkbox"/> 非常足夠 Very sufficient	<input type="checkbox"/> 足夠 Sufficient	<input type="checkbox"/> 普通 Well-balanced	<input type="checkbox"/> 不足夠 Insufficient	<input type="checkbox"/> 非常不足夠 Very insufficient
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Q15. 你認為病人 / 公眾對高血壓的認識如何？

What do you think about the level of understanding of hypertension among the patients/ public?

<input type="checkbox"/> 非常足夠 Very sufficient	<input type="checkbox"/> 足夠 Sufficient	<input type="checkbox"/> 普通 Well-balanced	<input type="checkbox"/> 不足夠 Insufficient	<input type="checkbox"/> 非常不足夠 Very insufficient
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Q16. 你認為高血壓的公眾教育是否足夠呢？

What do you think about the hypertension education to public?

<input type="checkbox"/> 非常足夠 Very sufficient	<input type="checkbox"/> 足夠 Sufficient	<input type="checkbox"/> 普通 Well-balanced	<input type="checkbox"/> 不足夠 Insufficient	<input type="checkbox"/> 非常不足夠 Very insufficient
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Q17. 在你診所內，你估計現時有多少 % 的高血壓病人是自行在社區藥房購買藥物呢？

As a rough estimation, in your clinic, what is the percentage of hypertension patients go to community drug stores to purchase their drugs?

<input type="checkbox"/> 0%	<input type="checkbox"/> 5-10%
<input type="checkbox"/> 10-20%	<input type="checkbox"/> 20-30%
<input type="checkbox"/> >30%	

Q18. 承上題，病人若到社區藥房購買藥物，病人對藥物的依從性會不會受影響呢？

Referring to Q17, if those patients go to community drug stores to buy drugs, will this practice affect the drug adherence?

<input type="checkbox"/> 不會 No	<input type="checkbox"/> 小小影響 Very little effect
<input type="checkbox"/> 一半一半 Half & half	<input type="checkbox"/> 極大影響 Very significant effect

————— 多謝 —————
————— Thank You —————