Abstract

Objective Evaluating differences in the suitable prescription of thiazides in hypertensive patients, according to affiliation regime.

Materials and methods This was an analytical cross-sectional study. The database from a previous study was used regarding two groups of hypertensive patients (subsidised regime and contributory regime) who had attended out-patient consultation between 01-09-2007 and 29-02-2008. Ideal therapy was evaluated in both groups. Univariate and multivariate analysis was carried out. Results 136 patients (contributory: 41.9 %; subsidised: 58.1 %). Subsidised regime patients were older (mean=68.8±10) than those from the contributory regime (mean=64.1±11.1) (t-test, p=0.0110). Prescribing antihypertensive drugs was ideal in 49/136 of the patients (36.0 %). Ideal prescription accounted for 24/79 (30 %) of the patients in the subsidised regime and 25/57 (43.8 %) in the contributory one (OR=1.79; 95 % CI:0.88-3.64). Older people (aged &ge; 65yo) were at risk of receiving a non-ideal prescription (OR=2.12; 95 %CI:1.02-4.38) whilst this was not so in the subsidised regime (OR=1.62; 95 % CI:0.78-3.35). Conclusions Ideal prescription of antihypertensive drugs was low in the population being studied. There were differences regarding age ideal prescription but not concerning affiliation regime. It is suggested that a longitudinal study be carried out in the future.

Keywords
Thiazide, health service, clinical protocol