

BLOOD PRESSURE (BP) CONTROL IN PATIENTS WITH
CHRONIC KIDNEY DISEASE (CKD) IN THE SETTING OF A
NURSE PRACTITIONER (NP) MANAGED CKD CLINIC MODEL
naima ogletree, schawana thaxton, jerry yee, sandeep soman. henry
ford hospital, detroit, mi, usa.

Limited data exists about the effectiveness of care delivered by a nurse practitioner managed chronic kidney disease (CKD) clinic on BP control. Mean BP varies from 131-157/80-91 even for patients enrolled in major clinical trials of patients with CKD involving BP analysis. Rates of achieving BP of less than the target of 130/80 for CKD patients vary from 17 to 22%.

A single-centre historical prospective review of a cohort of patients who attended the CKD clinic at Henry Ford Health System between July 2005 and June 2007 was conducted. Care in this clinic is provided by NPs, who consult with physicians when needed.

Data was available for 487 patients followed in the CKD clinic in the above period and analyzed over eight quarters in this time period. Mean number of visits with the nurse practitioner were 5.74 ± 4.9 (range 1-25). Of the 487 patients, there were 408 (83.8%) African Americans, 65 (13.3%) Caucasians, and 2.8% others. 50.3% (242) were females, and 49.7% (245) males. Mean age was 70.9 ± 13.1 yrs. At total of 2254 BP readings were available for analysis. For all the readings available, mean SBP was 135.41 ± 20.4 mm Hg (range 78-218) and DBP was 68.8 ± 11.57 mm Hg (range 30-150). The mean of the average systolic and diastolic BP for each individual for this period was 136.06 ± 17.1 and 70.8 ± 10.7 mm Hg respectively. Mean number of BP medications was 2.88 ± 1.32 , and 68.5% patients were on at least one medication to suppress the renin angiotensin axis. Average BP was less than 125/75, 130/80, 140/80 and 140/90 mm Hg in 25.5%, 36.8%, 59.4% and 62.8% patients respectively.

Results show BP targets achieved in this model of NP managed CKD clinic providing care to predominantly African American patients was comparable to results obtained in various tertiary clinics reported in the literature. Further analysis is required to see if this effect on BP control extends across other domains of CKD care in this CKD clinic model.