Mortality from White Coat vs Sustained Hypertension

Ann Fam Med 2008;6:iii. DOI: 10.1370/afm.894.

The *Annals of Family Medicine* encourages readers to develop a learning community of those seeking to improve health care and health through enhanced primary care. You can participate by conducting a RADICAL journal club, and sharing the results of your discussions in the *Annals* online discussion for the featured articles. RADICAL is an acronym for: Read, Ask, Discuss, Inquire, Collaborate, Act and Learn. The word *radical* also indicates the need to engage diverse participants in thinking critically about important issues affecting primary care, and then acting on those discussions.¹

HOW IT WORKS

In each issue, the *Annals* selects an article or articles and provides discussion tips and questions. We encourage you to take a RADICAL approach to these materials, and to post a summary of your conversation in our online discussion. (Open the article online and click on "TRACK Comments: Submit a response.") You can find

discussion questions and more information online at: <http://www.AnnFamMed.org/AJC/>.

CURRENT SELECTION

Article for Discussion

Dawes MG, Bartlett G, Coats AJ, Juszczak E. Comparing the effects of white coat hypertension and sustained hypertension on mortality in a UK primary care setting. *Ann Fam Med*. 2008;6(5):390-396.

Discussion Tips

This article describes a practice-based cohort study comparing outcomes among patients with white coat hypertension or sustained hypertension. It is amenable to a usual journal club discussion using the questions below as a starting point.

Discussion Questions

- What question is addressed by the article? Why does it matter? How does the question fit with what already is known on this topic?

- How strong is the study design for answering the question?
- To what degree can the findings be accounted for by:
 1. How participants were selected? The exclusion criteria and drop outs? Are any biases likely to be important?
 2. How blood pressures and outcomes were measured?
 3. Confounding (false attribution of causality because two variables discovered to be associated actually are associated with a 3rd factor)?
 4. How information was interpreted?
 5. Chance?²
- What are the main findings?
- How transportable are the findings to your clinical setting?
- How might you interpret these findings in light of a recent "call to action" to incorporate routine home blood pressure monitoring into clinical care?³
- What might patients think of these findings? How does this study affect what you recommend to patients?
- What are some next steps for applying the findings or answering other questions that this study raises?

References

1. Stange KC, Miller WL, McLellan LA, et al. *Annals Journal Club: it's time to get RADICAL*. *Ann Fam Med*. 2006;4(3):196-197. <http://annfammed.org/cgi/content/full/4/3/196>.
2. Zyzanski SJ, Flocke SA, Dickinson LM. On the nature and analysis of clustered data. *Ann Fam Med*. 2004;2(3):199-200.
3. Pickering TG, Miller NH, Ogedegbe G, Krakoff LR, Artinian NT, Goff D. Call to action on use and reimbursement for home blood pressure monitoring: a joint scientific statement from the American Heart Association, American Society of Hypertension, and Preventive Cardiovascular Nurses Association. *J Cardiovasc Nurs*. 2008;23(4):299-323.