ca.1975

4. Conclusions

In respect of the long-term management of antihypertensive treatment some strategies can be defined:

1) The majority of withdrawals are preventable in principle, insofar as it is possible to alter human behaviour by encouraging subjects to continue (such techniques have been instituted in the NBPS but it is still too soon to assess their impact).

2) Such efforts directed at improving compliance would need to be maximally applied during the initial stages of treatment.

3) Management of therapy would best be placed at the grass-roots level of family doctor and/or health centre.

4) Frequency of appointments should be minimised and appointments tailored to suit individual subjects.

5) Ambivalence on the doctor's part about treatment effectiveness and lack of free flow of information between doctor and subject are likely to be negative factors. (Insofar as mild hypertension is concerned there is a 'Catch-22'. Ambivalence evidently causes subjects to discontinue, which impedes the completion of trials and yet trials such as the NBPS are necessary to resolve the ambivalence).

Would the man from Mars or even from the highlands of New Guinea reach a different conclusion? We have an ethnocentric view of hypertension and of its management by Western-technological means. The highland New Guinean is not faced with the problem of hypertension due presumably to environmental factors such as low-sodium/high-potassium intake. There are other powerful epidemiological and physiological reasons for launching clinical trials of low-sodium/high-potassium diets (Langford and Watson, 1975; Tobian, 1975). Attempting to find answers to the problem about the effectiveness of long-term drug treatment are laudable objectives but the question is couched in terms of traditional medicine. Could it be that the high dropout rates encountered are a rejection of the context of the question, i.e. are a substantial proportion of people looking for alternative means of blood pressure control by diet or even by changes of attitude induced by meditation or bio-feedback? Such motivation, if it exists, would indeed be useful in long overdue research on dietary methods.

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