SUMMARY

Objective: The traditional care approach though helpful in understanding disease models has paid little attention to enabling patients as equal and active stakeholders in their health. This study’s objective was to determine a more effective consultative approach in the management of hypertension using patient enablement as a quality indicator of the consultative process.

Study Design / Setting: A randomised controlled trial involving 84 hypertensive patients (42 patients in each group) aged 18 years and above attending the General Outpatient Department of the Jos University Teaching Hospital.

Methods: Subjects were randomly allocated to the control and the intervention groups. The intervention offered was a consultation style based on the patient centered care model while the control group received care based on the traditional consultation approach. Data collected from the subjects included socio-demographic data, medical history, family history, knowledge of hypertension and attitude to treatment. Blood pressure was measured using the Accuson sphygmomanometer. Patient enablement and adherence were assessed using the Patient Enablement Index and MOSGAS respectively. Subjects were followed up bi-weekly over 12 weeks during which blood pressure measurements and assessment for patient enablement and adherence were repeated.

Results: Though not statistically significant, the intervention group showed better achievement of patient enablement scores for most parts of the visits. No statistically significant difference was observed between both groups for patient adherence scores but the intervention group showed a sustained increase in patient adherence scores compared to the control group. No statistically significant difference was observed in the proportion of patients with controlled hypertension and those with uncontrolled hypertension for both groups.

Conclusion: Participants who received patient centered care showed better enablement (though not statistically significant). They also demonstrated a superior (though not statistically significant) trend for the achievement of patient adherence scores. Improvement in the control of blood pressure for the intervention group over that obtained in the control group was not evident. However, patient enablement was found to be a valid predictor of the proportion of participants with controlled blood pressure in both groups.