

055

HYPERTENSION MANAGEMENT IN BRAZIL: USUAL PRACTICE IN PRIMARY CARE – A SYSTEMATIC REVIEW WITH META-ANALYSISRafael V. Picon¹, Flávio D. Fuchs¹, Sandra C. Fuchs¹.¹Postgraduate Studies Program in Cardiology, UFRGS, RS, Brazil.

Background: Understanding how hypertension (HT) is usually managed - the *status quo* (usual clinical practice) - is crucial for health economical evaluations.

Objective: To establish the *status quo* in the diagnosis, risk stratification, and treatment of HT in the primary care of the Brazilian national Healthcare System (SUS), through systematic review with meta-analysis.

Methods: Studies conducted in Brazil, including adults with blood pressure (BP) $\geq 140/90$ mmHg or in use of BP lowering medication were eligible. Meta-analyses were carried out including re-analysis of the databases: population-based studies of representative samples of a capital state and a countryside city, a nationwide cross-sectional study among industry workers (SESI study), and a nationwide register of hypertensive and diabetic patients treated in SUS' primary care facilities. Industrial workers are SUS users, but all other databases provided information on hypertensive patients. Articles found in PubMed, Embase, and the Brazilian Virtual Health Library, with no language restriction, were also eligible. Analyses were performed through random or fixed effects models, with heterogeneity measured by Cochran's Q, and inconsistency by the I^2 statistic.

Results: The search retrieved 31 results; PubMed (n=18) and Embase (n=31). After removal of overlapping (n=11), narrative reviews (n=12), guidelines (n=3), point of view (n=1), and adding 4 studies from a previous systematic review, 8 studies were included. The paucity of publications contrasts with huge amount of data on patient management. Among men, the registry showed higher prevalence of DM [21.87% (95%CI: 19.84–24.04)], followed-up by the population-based studies [13.46% (95%CI: 12.53–14.44)] than among the workers study [5.6% (95%CI: 4.20–7.00)]. Smoking prevalence rate was more evenly distributed across databases. On average, an adult with HT had 2.6 ± 2.37 medical appointments per year, and 51.2% (95%CI: 46.1–56.2) sought medical appointments provided by the SUS. Among 4523 hypertensive adults, 42.7% (95%CI: 28.6–58.1) uses one and 33.0% (95%CI: 23.7–43.9) two BPLM, and thiazide was the most frequently (46.1% 95%CI: 33.2–59.6) single or combined medication used.

Conclusions: The *status quo* of HT treatment is mostly based on a single or combined medication, with a prominent role for thiazides among those who seek medical assistance through the SUS.