

Managing hypertension via telehealth

NUH nurses track patients' blood pressure remotely and adjust their medications

Joyce Teo

For hypertension patient Chan Ah Chan, 79, constant online monitoring helped her doctor adjust her medication more exactly.

Her blood pressure readings were erratic when she went home after being hospitalised at the National University Hospital in July due to breathlessness.

The hospital put her on remote monitoring so that a nurse could track her blood pressure and adjust her medications as needed.

Madam Chan's cardiologist, Dr Low Ting Ting, said: "In her case, we found that very high blood pressure readings may be contributed by anxiety or some other bodily discomfort. As she was very sensitive to medications, only small adjustments in doses were required."

Previously, a patient like Madam Chan would have to be reviewed at the clinic every week or two, said Dr Low.

"This is difficult to achieve in the outpatient specialist clinics, which

are often fully booked for months. We may have to transfer the patient to the family physician."

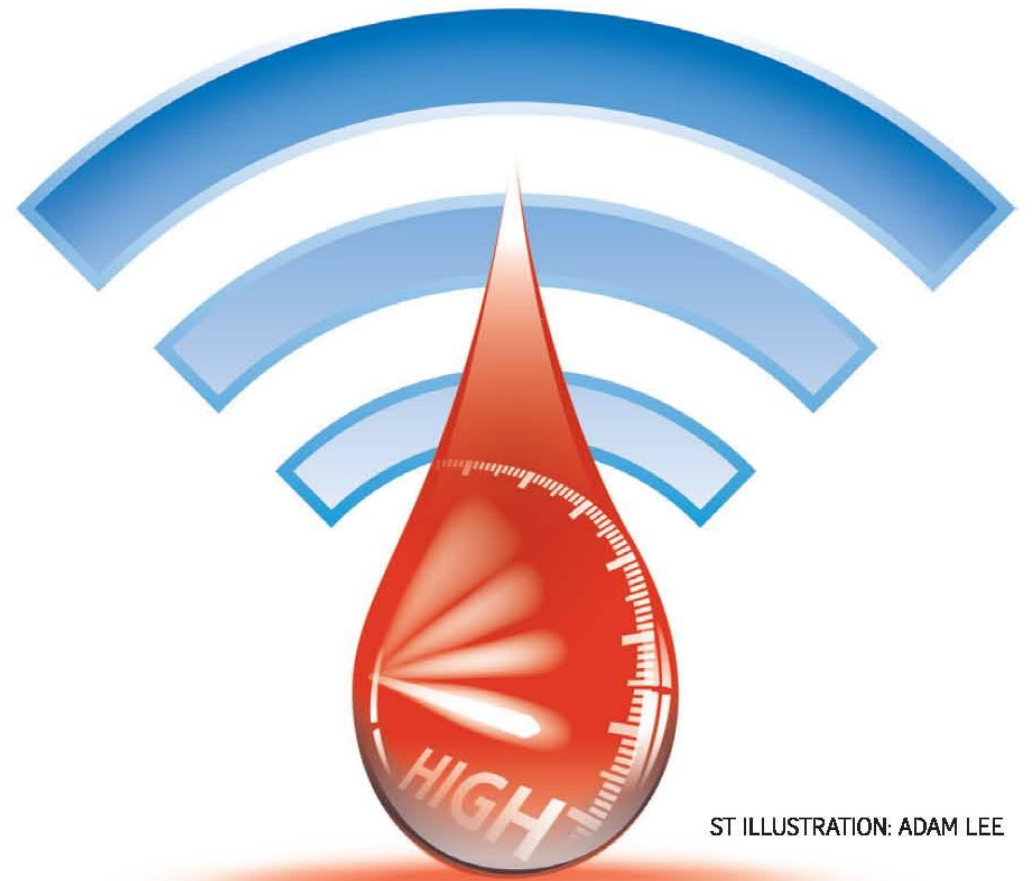
A patient who makes frequent clinic visits may also not get to see the same doctor each time, she said.

With telehealth monitoring, there is timely intervention, cost savings for the patient and, most importantly, better reassurance and control of her blood pressure, she added.

Associate Professor James Yip, who heads the telehealth programme at the National University Health System, said their experience showed they could bring the blood pressure of about 80 per cent of the hypertension patients to a safe level quite quickly – within three to five days.

"Previously, they had to come to the clinic to get their medications adjusted. But the next appointment slot may be in one month's time, so it could take a few months to get them to a safe level."

Telehealth allows discharged patients to be monitored at home. This frees up hospital beds for



ST ILLUSTRATION: ADAM LEE

more serious cases, and reduces costs for patients, said Mr William Chew, managing director of health-care tech firm myHealth Sentinel.

Telehealth can also be used to manage outpatients with stable chronic conditions who may require regular medical supervision to ensure they stick to their prescribed course of treatment, he said.

Indeed, telehealth can be especially useful for patients who have just had a stroke and have high blood pressure; just had a heart attack; have heart failure or diabetes, said Prof Yip.

He has found that telehealth makes patients more conscientious as it costs them money.

"Previously, when you don't take your weight or blood pressure, someone will call you to ask you why, and you may say you forgot.

But when you have to pay, you are more accountable."

Patients pay a subsidised rate of \$65 a month for telehealth service. Most use it for a month after they are discharged from hospital.

On the other hand, Prof Yip has found that telehealth can create "white-coat telehealth hypertension", a recently coined term that refers to patients feeling anxious about being monitored and thus exhibit an abnormally high reading.

There is also the "fatigue element" to look out for.

"Patients don't mind doing it for one month, but not for six months or a year," said Prof Yip.

However, telehealth can help to move patients to make an effort to monitor themselves, he said.

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