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BLOOD PRESSURE CONTROL IN CHINESE HYPERTENSIVE PATIENTS WITH DIFFERENT SOCIO-ECONOMIC STATUS AND MEDICAL INSURANCE

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¹Guo-xiang yu, ²liu jun, ²Qi yue, ²hongjuan li, ²Zhao dong, ²Zhao dong. ¹Capital Medical University School of Chemical Biology and Pharmaceutical Sciences; ²Capital Medical University Beijing Anzhen Hospital, Beijing Institute of Heart, Lung and Blood Vessel Diseases, Beijing, China

Objectives To study the blood pressure control in out-patients under the different socio-economic status and medical insurance.

Methods 5206 hypertension patients from 46 hospitals were recruited from June to December 2010. A cluster sampling of 100–200 consecutively patients who visited the outpatient department and met the entry criteria of this study was selected in each hospital. The information was collected by a questionnaire survey, a physical examination and also the laboratory tests for each of the patients. This study included 4985 patients who have complete data.

The definition of socio-economic status (SES) and medical insurance mode: the SES score (SES-1) were developed and calculated based on the information of education, occupation and annual income using principal component analysis. We divided the patients in accordance with the quartile of SES-1 score (–0.64, 0.01, 0.65) into four groups: lower, lower-middle, upper-middle and upper. Moreover, we included education, occupation, annual income and ratio of medical insurance and created a new score, SES-2 score. We also divided the patients into four groups.

The differences of the control of hypertension were analysed between various levels SES-1 score, types of medical insurance, and SES-2 score, using the univariate and multivariate logistic regression methods.

Results The control rate of blood pressure was 35.2% in all of study population, 24.2%, 37.0%, 41.4% and 41.2% in each group of SES-1 level, respectively, which is granted from lowest to highest, 46.3%, 38.5%, 23.1 and 19.5% in patients with Free medical care, Urban basic medical insurance, no insurance, New-type Rural

Cooperative Medical Insurance, respectively, and 21.0%, 34.7%, 40.5% and 44.8% in each group of SES-2 level, respectively, which is granted from lowest to highest. Logistic regression analysis showed that, SES and medical insurance were independently associated with the control of blood pressure after adjustment for baseline blood pressure, age, gender, the duration of hypertension and other factors affecting blood pressure.

Conclusions Socio-economic status and medical insurance were associated with the control rate of hypertension. We should improve social-economic status and the medical insurance level actively, contributing to develop the control rate of blood pressure in hypertensive patients.