

**From:** "ROOT" <root@sctimst.ac.in>  
**To:** "ROOT" <root@sctimst.ac.in>  
**Date:** 25/11/2024 03:41 PM  
**Subject:** Invitation for CGR

---

From: "RRC Rishikesh (rrcrishikesh@aiimsrishikesh.edu.in)" <rrcrishikesh@aiimsrishikesh.edu.in>  
To: Meenu Singh <meenusingh4@gmail.com>  
Date: Mon, 25 Nov 2024 14:58:31 +0530  
Subject: [EXTERNAL MAIL] Invitation for CGR

### **Greetings from AIIMS, Rishikesh !!**

The CGR will be held on the **Nov 26, 2024** in **CPD Hall**, AIIMS Rishikesh from **8:00 AM to 9:00 AM**. You can join online through the following link:

Meeting link:

<https://aiimsrishikesh.webex.com/aiimsrishikesh/j.php?MTID=md58c3c69a0db89f8189469961dc5e90c>

Tuesday, Nov 26, 2024, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2517 804 8289

Meeting password: 261124

Thanks & Regards  
Regional Resource Centre  
Dept of Telemedicine  
AIIMS Rishikesh

### **DEPARTMENT OF PHYSIOLOGY**

---

(JOURNAL CLUB- 26<sup>TH</sup> NOVEMBER 2024)

|                        |   |
|------------------------|---|
| <b>Name of article</b> | Home Blood Pressure Self-monitoring plus Self-titration of Antihypertensive Medication for Poorly Controlled Hypertension in Primary Care: the ADAMPA Randomized Clinical Trial |
| <b>Journal</b>         | Journal of General Internal Medicine  |
| <b>Impact Factor</b>   | <b>6.473</b>  |
| <b>Presentor</b>       | <b>Dr. Ashutosh Kashyap</b>   |
| <b>Moderator</b>       | <b>Dr. Poorvi Kulshreshtha</b>  |
|                        |   |

## Abstract

**BACKGROUND:** Patient empowerment through pharmacological self-management is a common strategy in some chronic diseases such as diabetes, but it is rarely used for controlling blood pressure.

**OBJECTIVE:** This study aimed to assess self-monitoring plus self-titration of antihypertensive medication versus usual care for reducing systolic blood pressure (SBP) at 12 months in poorly controlled hypertensive patients.

**DESIGN:** The ADAMPA study was a pragmatic, controlled, randomized, non-masked clinical trial with two parallel arms in Valencia, Spain.

**PARTICIPANTS:** Hypertensive patients older than 40 years, with SBP over 145 mmHg and/or diastolic blood pressure (DBP) over 90 mmHg, were recruited from July 2017 to June 2018.

**INTERVENTION:** Participants were randomized 1:1 to usual care versus an individualized, pre-arranged plan based on self-monitoring plus self-titration.

**MAIN MEASURE:** The primary outcome was the adjusted mean difference (AMD) in SBP between groups at 12 months.

**KEY RESULTS:** Primary outcome data were available for 312 patients (intervention n=156, control n=156) of the 366 who were initially recruited. The AMD in SBP at 12 months (main analysis) was -2.9 mmHg (95% CI, -5.9 to 0.1, p=0.061), while the AMD in DBP was -1.9 mmHg (95% CI, -3.7 to 0.0, p=0.052). The results of the subgroup analysis were consistent with these for the main outcome measures. More patients in the intervention group achieved good blood pressure control (<140/90 mmHg) at 12 months than in the control group (55.8% vs 42.3%, difference 13.5%, 95% CI, 2.5 to 24.5%, p=0.017). At 12 months, no differences were observed in behavior, quality of life, use of health services, or adverse events.

**CONCLUSION:** Self-monitoring plus self-titration of anti-hypertensive medication based on an individualized pre-arranged plan used in primary care may be a promising strategy for reducing blood pressure at 12 months compared to usual care, without increasing healthcare utilization or adverse events.

**TRIAL REGISTRATION:** EudraCT, number 2016-003986-25 (registered 17 March 2017) and clinicaltrials.gov, NCT03242785.

## Attachments:

File: [11606\\_2022\\_Article\\_7791.pdf](#) Size: 988k Content Type: application/pdf