e-Counseling for Self-Care Adherence Adds Therapeutic Benefit for Hypertension: the REACH Trial

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https://www.cardiacehealth.uhnresearch.ca
Methods: Trial Design and Protocol

- Double-blind, randomized controlled trial with assessments at baseline, 4 and 12 months

**Screening, Consent, & Randomization**

- Baseline Assessment

**Control:**
- e-info for BP management

**e-Counseling:**
- motivational and cognitive-behavioral skills

**Assessments:**
- 4-Month Assessment
- 8-Month Interval
- 12-Month Assessment

**Proactive emails:**
- weekly
- bi-weekly
- monthly
Therapeutic Change at 12 Months

Change from Baseline in Diastolic Blood Pressure
Control eCounseling

Treatment by Sex

Outcomes

Δ SBP (mmHg)
Δ PP (mmHg)
Δ 10-Year FRI - CVD (%)
Δ DBP (mmHg)
Δ Non-HDL-C (mg/dL)

p = 0.03
p = 0.04
p = 0.01
p = 0.007
p = 0.02
p = 0.69
p = 0.69
p = 0.87

Control eCounseling

*adjusted for Baseline DBP and anti-hypertensive medications
Conclusions – REACH Trial

- e-Counseling improved the benefit of usual care for hypertension at 12 months
- Clinically meaningful outcome: 10mmHg SBP decrease is associated with risk reduction of 20% CVD events, 17% CHD, 27% stroke, 13% all-cause mortality
  

- Findings provide support for a population-based e-counseling trial for hypertension