

# Intensive Scheduled Management strategy for improving blood pressure control in patients in primary care

<b>Submission date</b> 14/08/2003	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 08/09/2003	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 19/10/2007	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

NA 4884

# Study information

## Scientific Title

## Acronym

ISM

## Study objectives

Comparing intensive scheduled management of hypertension (aggressive achievement of target blood pressure over 16 weeks) with usual management of hypertension.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Not provided at time of registration

## Study design

Randomised controlled trial

## Primary study design

Interventional

## Secondary study design

Randomised controlled trial

## Study setting(s)

Not specified

## Study type(s)

Quality of life

## Participant information sheet

## Health condition(s) or problem(s) studied

Hypertension

## Interventions

This study is designed to test the premise that guidelines, to be effective in primary care, need to be operationalised for the practitioner. To this end we have devised a protocol where medications are initiated at the recommended starting dose and increased by one recommended increment before adding the next drug. The goal is to increase the medications over the 16-week period such that, if necessary to reach the target blood pressure level, a patient is on a medium dose of three different antihypertensive agents.

## Intervention Type

Other

## Phase

Not Specified

**Primary outcome measure**

Blood pressure control on 24-hour Ambulatory Blood Pressure Monitoring (ABPM), measured at 16 weeks and one year.

**Secondary outcome measures**

1. Patient quality of life
2. Physician compliance with the intensive protocol
3. Patient compliance with medication
4. Adverse effects

**Overall study start date**

01/07/2002

**Completion date**

01/11/2006

## Eligibility

**Key inclusion criteria**

1. Adults (age 18 and older) who are patients of family physicians
2. Must be diagnosed with essential hypertension but not have yet achieved target levels

**Participant type(s)**

Patient

**Age group**

Not Specified

**Sex**

Not Specified

**Target number of participants**

Not provided at time of registration

**Key exclusion criteria**

1. A diagnosis of secondary hypertension
2. Pregnancy
3. Hypertension management primarily by a consultant
4. Inability to provide informed consent

**Date of first enrolment**

01/07/2002

**Date of final enrolment**

01/11/2006

## Locations

## **Countries of recruitment**

Canada

## **Study participating centre**

**Centre for Studies in Primary Care**

Kingston, Ontario

Canada

K7L 5E9

# **Sponsor information**

## **Organisation**

The Heart and Stroke Foundation of Ontario (Canada)

## **Sponsor details**

1920 Yonge Street

4th Floor

Toronto, Ontario

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## **Sponsor type**

Charity

## **ROR**

<https://ror.org/00qbpy73>

# **Funder(s)**

## **Funder type**

Charity

## **Funder Name**

The Heart and Stroke Foundation of Ontario (Canada)

# **Results and Publications**

## **Publication and dissemination plan**

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>	Protocol	22/12/2003		Yes	No