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Does adding online hypnotherapy to usual care improve blood pressure control in adults with hypertension?

Submission date 03/10/2026	**Recruitment status** Not yet recruiting	[X] Prospectively registered [X] Protocol [_] Statistical analysis plan [_] Results [_] Individual participant data [X] Record updated in last year
Registration date 08/10/2026	**Overall study status** Ongoing	
Last Edited 08/10/2026	**Condition category** Circulatory System	

Plain English summary of protocol

Background and study aims
This study will examine whether online hypnotherapy added to usual medical care helps adults with high blood pressure (hypertension) improve their blood pressure control.

Who can participate?
Adults aged 18–50 years with grade I–II essential hypertension

What does the study involve?
Participants recruited through the researcher's website will continue their usual treatment plus at least eight weekly, 60-minute online hypnotherapy sessions. Participants recruited at Misrata Heart & Cardiovascular Center (MHCC) will receive optimal medical treatment alone. Assignment depends on where participants are recruited; it is not random. Each participant will be followed for 24 weeks. Blood pressure will be measured with a 24-hour monitor at the start, at 12 weeks and at 24 weeks. Participants will also keep a home blood pressure diary and complete questionnaires about stress and well-being.

What are the possible benefits and risks of participating?
Improvement cannot be guaranteed. Online sessions may be emotionally uncomfortable for some participants. Usual prescribed treatment continues. There is no direct harm risk.

Where is the study run from?
Misrata Heart & Cardiovascular Center (MHCC) (Libya)

When is the study starting and how long is it expected to run for?
December 2026 to December 2030

Who is funding the study?
Investigator initiated and funded

Who is the main contact?
Dr Vladislav Tettegah, director@drvladt.com

Contact information

Type(s)
Public, Scientific, Principal investigator

Contact name
Dr Vladislav Tettegah

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Additional identifiers

Study information

Scientific Title
Adjunctive online Ericksonian non-directive hypnotherapy compared with standard antihypertensive care alone for 24-hour systolic blood pressure in adults aged 18–50 years with grade I–II essential hypertension: a prospective, open-label, non-randomised controlled study

Study objectives
To assess whether adding structured online Ericksonian non-directive hypnotherapy to standard antihypertensive care improves mean 24-hour systolic blood pressure over 24 weeks compared with standard antihypertensive care alone in adults with grade I–II essential hypertension.

Ethics approval required
Ethics approval required

Ethics approval(s)
Submitted 26/09/2026, Misrata Heart & Cardiovascular Center Ethics Committee (El Ghiran, Nusur El Jew village, MHCC building, Misrata, N/A, Libya; +974 (0)77447492; v. delgado@apexhealth-libq.com), ref: MHCC/RES/2026/002

Primary study design
Interventional

Allocation
Non-randomized controlled trial

Masking

Open (masking not used)

Control
Active

Assignment
Parallel

Purpose
Health services research, Prevention, Supportive care, Treatment

Study type(s)

Health condition(s) or problem(s) studied
Grade I–II essential arterial hypertension with suboptimal blood pressure control

Interventions
This is a prospective, open-label, non-randomised, parallel-group study lasting 24 weeks per participant. Recruitment is planned in Romania and Libya. Eligible participants recruited through the researcher's website enter the online hypnotherapy group; eligible participants recruited at MHCC enter the usual-care comparison group.

The intervention group, including participants in Romania, will be recruited through the investigator's website (https://www.drvladt.com/) and will receive standard, clinician-directed antihypertensive care plus a structured online programme of Ericksonian non-directive hypnotherapy incorporating regression techniques. Each intervention participant is planned to receive at least eight online sessions during the 24-week follow-up.

The comparison group will be recruited at Misrata Heart & Cardiovascular Center (MHCC), Libya, and will receive standard, clinician-directed antihypertensive care without the additional study hypnotherapy.

Antihypertensive treatment may be adjusted as clinically indicated in either group.

Both groups are planned to have 24-hour ambulatory blood pressure monitoring at baseline, week 12 and week 24; psychological questionnaires at baseline and week 24; and a home blood pressure diary. Session frequency and duration, the exact non-randomised assignment procedure, the Romanian participating centre, and arrangements for clinical monitoring in each participating country remain to be finalised in the protocol.

Intervention Type
Behavioural

Primary outcome(s)
1. Change in mean 24-hour systolic blood pressure measured using 24-hour ambulatory blood pressure monitoring (ABPM) at baseline (T0) and week 24 (T24)

Key secondary outcome(s)
1. Psychological distress measured using the Symptom Checklist-90-Revised (SCL-90-R) at baseline (T0) and week 24 (T24)

2. Anxiety severity measured using the Beck Anxiety Inventory (BAI) at baseline (T0) and week 24 (T24)

3. Perceived stress measured using the Perceived Stress Scale-10 (PSS-10) at baseline (T0) and week 24 (T24)

4. Interim change in mean 24-hour systolic blood pressure measured using 24-hour ambulatory blood pressure monitoring (ABPM) at baseline (T0) and week 12 (T12)

Completion date
31/12/2030

Eligibility

Key inclusion criteria
1. Adults aged 18–50 years
2. Grade I–II essential hypertension confirmed by office blood pressure measurement and/or 24-hour ambulatory blood pressure monitoring (ABPM)
3. Suboptimal blood pressure control at screening, based on office measurement, a home blood pressure diary and/or ABPM
4. Standard antihypertensive therapy for at least 4 weeks before enrolment, or no previously prescribed regular treatment with the possibility of initiating it after enrolment
5. Access to a smartphone or computer and the internet, and ability to attend online sessions and complete questionnaires
6. Willingness to undergo baseline, interim and final assessments, including ABPM and psychometric questionnaires
7. Written informed consent
8. For the intervention group: motivation to address psychosocial factors and willingness to participate in hypnotherapy sessions

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 Years

Upper age limit
50 Years

Sex
All

Total final enrolment
0

Key exclusion criteria

1. Acute cardiovascular event within the preceding 6 months (myocardial infarction, unstable angina, stroke, transient ischaemic attack or coronary intervention)
2. New York Heart Association (NYHA) class II–IV heart failure; clinically significant arrhythmia that interferes with ABPM or heart rate variability assessment; severe valvular disease or pulmonary hypertension
3. Suspected or confirmed secondary hypertension; severe or decompensated thyroid disease; estimated glomerular filtration rate below 60 ml/min/1.73 m²; severe liver disease
4. Pregnancy or breastfeeding
5. Active cancer or inflammatory disease requiring ongoing treatment
6. Shift or night work, or marked sleep–wake disruption likely to affect the daily blood pressure profile
7. Psychotic disorder, manic episode or marked cognitive impairment
8. Current psychotherapy or regular psychotropic medication likely to materially affect psychological outcomes
9. Inability to participate regularly in online sessions, complete questionnaires or maintain a home blood pressure diary

Date of first enrolment
31/12/2026

Date of final enrolment
30/06/2030

Locations

Countries of recruitment
Libya

Romania

Study participating centre
Misrata Heart & Cardiovascular Center
El Ghiran, Nusur El Jew village, MHCC building
Misrata
Libya
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Sponsor information

Organisation
Misrata Heart & Cardiovascular Center

Funder(s)

Funder type

Funder Name
Investigator initiated and funded

Results and Publications

Individual participant data (IPD) sharing plan
De-identified IPD underlying published results will be available from the PI on reasonable request (director@drvladt.com), subject to consent, ethics and sponsor approval, and a data-use agreement.

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol file			07/10/2026	No	No