CRHCP: China Rural Hypertension Control Project

Purpose: To test the effectiveness of a village doctor-led multifaceted intervention compared to usual care on blood pressure (BP) control over 18 months among rural residents with hypertension (HTN) in China.

Trial Design: In this cluster randomized trial, 326 villages (33,995 patients with uncontrolled HTN) were randomly assigned to intervention or control. In the intervention group, village doctors managed patients with HTN according to a standard protocol with support from physicians. Village doctors also conducted health coaching on home BP monitoring, lifestyle changes, and medication adherence.

Primary Endpoints: The proportion of patients with BP <130/80 mmHg at 18 months.

Secondary Endpoints: The proportion of participants with BP <140/90 mmHg at 18 months and mean changes in systolic and diastolic BP from baseline to 18 months.

	Intervention (n=17,407)	Control (n=16,588)	Net difference	P value
Primary Endpoints				
BP <130/80 mmHg, %	57.0	19.9	37.0	<0.001
Secondary Endpoints				
BP<140/90 mmHg. %	77.3	44.5	32.7	<0.001
Change in SBP, mmHg	-26.3	-11.8	-14.5	<0.001
Change in DBP, mmHg	-14.6	-7.5	-7.1	<0.001

Conclusion: As compared with usual care, the village doctor-led intervention significantly improved BP control among rural residents in China. This feasible, effective, and sustainable implementation strategy could be scaled up in rural China and other low-resource settings for hypertension control.

Results reflect the data available at the time of presentation.

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