Supplementary Online Content

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This supplementary material has been provided by the authors to give readers additional information about their work.

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eMethods. Treatment Groups and Statistical Analysis

Intervention arms.

<u>Enhanced arm:</u> Weekly lists of adults with uncontrolled BP were generated and used by the research nurse coordinator to outreach and assisted with appointment scheduling for blood pressure (BP) check visits. A pharmacist reviewed patient progress and BP medication regimen at each visit, with adjustments made as needed. Those who remained uncontrolled were scheduled to return every 2-3 weeks until BP was under control. Every attempt was also made to reschedule promptly whenever a participant could not make an appointment. Education materials made available to the participants included the guidebook on "Caring for Your Family's Health: A Guide for African Americans" and DVD, Kaiser Permanente Northern California (KPNC) handout on hypertension (HTN) and the importance of controlling BP.

Lifestyle arm: All enrolled participants could receive up to 16 phone-based coaching sessions. With every session, the coaches worked on developing rapport with the participant and establishing an environment of collaboration, mutual respect, and trust. The initial 8 coaching sessions focused on topics such as the DASH eating plan, tracking food and food labels, portion sizes, healthy dining, physical activity, managing stress, turning setbacks into success, and staying motivated. Every session also included follow-up on prior goals, discussion of barriers to success, setting goals for the following week, and culturally appropriate recipes. The remaining 8 sessions allowed participants to work on any of the prior topics. In addition, education materials made available to the participants included the guidebook on "Caring for Your Family's Health: A Guide for African Americans" and DVD, KPNC handouts on DASH eating plan, and the study workbook.

<u>Study staff training</u>: Prior to starting the trial, all study staff were trained on stroke knowledge including warning signs and symptoms and risk factors, secondary stroke prevention measures specific for HTN, and MI training by a master trainer from KPNC Regional Health Education department. Research nurse coordinator and lifestyle coaches received individual phone supervision and/or additional booster sessions every 3 months by the master trainer. The master trainer listened to a random number of recorded lifestyle coaching sessions every 3 months and provided feedback to the coaches. However, the exact information regarding the feedback was not captured systematically. These feedback sessions also provided a forum for problem solving barriers to effective counseling, role-playing, content reinforcement and deepening understanding of MI.

Statistical analysis.

Multiple imputation models included age, sex, marital status, household income, history of chronic conditions (coronary artery disease, diabetes, stroke, heart failure), body mass index (BMI), smoking status, diastolic and systolic BP at 6, 12, 18, 24, 30, 36, 42, 48 months. BP control was then categorized as yes/no based on the values diastolic BP and systolic BP at 12, 24, and 48 months in each imputed dataset. The cutoff for statistical significance was 0.05.

eResults. Sensitivity Analysis

In a sensitivity analysis that based the outcome of BP control on estimated average yearly BP using the AUC method (Table 3A), the proportion of participants with controlled BP was 51.6% for UC, 52.0% for EP, and 60.5% for LC (EP vs. UC: P=0.95, LC vs. UC: P=0.012, EP vs LC: P=0.045). In another sensitivity analysis where BP control was considered as a longitudinal outcome, there was no significant difference in data on outcome prevalence at enrollment across the study arms were inconclusive (Wald-based P=0.05), but significantly different time trends for the 3 arms over time (Wald-based test of interaction P=0.03). Using the estimates from the main effect for the time trend and interaction term between time and trial arm, estimated odds ratios for the time trend for each of the 3 arms were UC=1.02 (95% CI, 1.00-1.05); EP=0.97 (95% CI, 0.93-1.02); LC=1.08 (95% CI, 1.02-1.14), indicating that increasing time was significantly associated with increased proportion with BP control for LC and slightly so for UC and a slight decrease in BP control for EP (eTable 9B).

eTable 1. Distribution of Mean Blood Pressure at Baseline and 12, 24, and 48 Months Post Enrollment by Study Group					
			Lower 95%	Upper 95%	
	N	Mean	CL for Mean	CL for Mean	
Baseline					
		Systolic			
Usual care	1129	150.49	149.80	151.18	
Enhanced	316	151.47	150.24	152.70	
Lifestyle	236	149.50	148.23	150.77	
		Diastolic			
Usual care	1129	84.53	83.84	85.22	
Enhanced	316	84.65	83.33	85.96	
Lifestyle	236	84.40	82.95	85.84	
12 months post-	enrollment		•	•	
		Systolic			
Usual care	1057	135.7	134.8	136.6	
Enhanced	328	135.0	133.4	136.6	
Lifestyle	273	134.2	132.4	136.0	
		Diastolic			
Usual care	1057	76.36	75.67	77.05	
Enhanced	328	75.23	73.98	76.49	
Lifestyle	273	73.68	72.21	75.14	
24 months post-	enrollment				
		Systolic			
Usual care	1090	136.0	135.1	136.9	
Enhanced	336	135.4	133.8	137.0	
Lifestyle	280	133.3	131.5	135.0	
		Diastolic			
Usual care	1090	75.62	74.93	76.30	
Enhanced	336	75.01	73.79	76.24	
Lifestyle	280	73.98	72.70	75.27	
48 months post-	enrollment	•	•		
		Systolic			
Usual care	1101	135.1	134.2	136.1	
Enhanced	340	135.1	133.4	136.8	
Lifestyle	283	132.7	130.8	134.6	
	•	Diastolic			
Usual care	1101	74.49	74.49	75.22	
Enhanced	340	73.41	73.41	74.68	

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Lifestyle	283	73.30	73.30	74.71
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eTable 2. Timing of Blood Pressure Measurements Carried Forward at EACH FOLLOWup Period

	Usual Care (n = 1,129)	Enhanced Monitoring (n = 346)	Lifestyle Coaching (n = 286)
12-month post-enrollment follow-up			
Number of participants with BP carried forward	230 (20.4%)	79 (22.8%)	56 (19.6%)
Timing of BP measurement used, months since enrollment, mean (±SD)	5.18 (2.69)	6.09 (2.68)	5.61 (2.55)
24-month post-enrollment follow-up			
Number of participants with BP carried forward	323 (28.6%)	99 (28.6%)	83 (29.0%)
Timing of BP measurement used, months since enrollment, mean (±SD)	13.87 (5.95)	15.49 (5.13)	14.86 (6.10)
48-month post-enrollment follow-up			
Number of participants with BP carried forward	396 (35.1%)	117 (33.8%)	82 (28.7%)
Timing of BP measurement used, months since enrollment, mean (±SD)	30.27 (13.41)	32.0 (12.52)	31.29 (13.57)

eTable 3. Blood Pressure Outcomes at 12, 24, and 48 Months Post Enrollment, Including 81 Additional Subjects Who Declined to Participate in EP (n = 26) or LC (n = 55) Group but Allowed EMR Data Use

	Odds Ratio	95% C.I.		P value		
Blood pressure outcomes at 12 months post-enrollment						
Usual Care	reference	-	-	-		
Enhanced	1.08	0.85	1.38	0.52		
Lifestyle	1.41	1.09	1.83	0.01		
Blood pressure outcomes at	t 24 months post-enro	ollment				
Usual Care	reference	-	-	-		
Enhanced	1.25	0.98	1.6	0.07		
Lifestyle	1.58	1.21	2.06	<0.001		
Blood pressure outcomes at	48 months post-enro	ollment				
Usual Care	reference	-	-	-		
Enhanced	1.07	0.83	1.39	0.60		
Lifestyle	1.45	1.08	1.94	0.01		

eTable 4. Blood Pressure Outcomes at 12, 24, and 48 Months Post Enrollment Adjusted for Physician Patient Panel Size							
					P value	ue	
	Usual Care (n = 1,129)	Enhanced Monitoring (n = 346)	Lifestyle Coaching (n = 286)	Enhanced vs. Usual Care	Lifestyle vs. Usual Care	Enhanced vs. Lifestyle	
Blood pressure outcom	es at 12-month	post-enrollment	follow-up				
Number of participants with BP control	698	223	194		-	-	
Percent of participants	54.1%	56.2%	60.4%	0.44	0.07	0.27	
participants enrolled)	[38.7, 68.7]	[41.0, 71.1]	[44.0, 74.7]	0.44	0.07	0.37	
Adjusted odds ratio	Deference	1.11	1.3			-	
interval)	Reference	[0.85, 1.44]	[0.98, 1.72]	-	-		
Blood pressure outcom	es at 24-month	post-enrollment	t follow-up *				
Number of participants with BP control	691	234	207	-	-	-	
Percent of participants	60.3	66.4	72.2		0.001	0.47	
with BP Control (of participants enrolled)	[55.9, 64.6]	[60.0, 72.3]	[65.7, 77.9]	0.09		0.17	
Adjusted odds ratio	Deference	1.3	1.71		-	-	
(95% confidence interval)	Reference	[0.96, 1.76]	[1.23, 2.37]	-			
Blood pressure outcom	es at 48-month	post-enrollment	follow-up	•			
Number of participants with BP control	728	230	209	-	-	-	
Percent of participants	64.4	66.1%	72,9%	0.562	0.007	0.07	
participants enrolled)	[0.49, 0.77]	[51.0, 78.5]	[58.2, 83.9]	0.562	0.007	0.07	
Adjusted odds ratio	Deference	1.08	1.49				
(95% confidence interval)	Relefence	[0.84, 1.39]	[1.12, 1.99]	-	-	-	
Notes: For blood pressure outco 12 months post-enrollment; 24- months post-enrollment; and 48	omes at: the end of the month post-enrollme -month post-enrollm	ne12-month interventi nt follow-up, we selec ent follow-up, we sele	on, we selected one l ted one BP reading th cted one BP reading	BP reading between at was between (that was between (en 0-15 months,)-27 months, but 0-51 months, bu	but closest to closest to 24 t closest to 48	

months post-enrollment, 24-month post-enrollment follow-up, we selected one BP reading that was between 0-27 months, but closest to 24 months post-enrollment; and 48-month post-enrollment follow-up, we selected one BP reading that was between 0-27 months, but closest to 48 months post-enrollment. Provider patient panel size was categorized as 1-10, 11-50, 50-100, 101+; 95% confidence intervals and odds ratios account for clustering by provider using generalized linear mixed models. BP, blood pressure.

* Excluded n=3 participants where provider panel size was <11

eTable 5. Blood Pressure Outcomes at 12, 24, and 48 Months Post Enrollment Among Participants Who Had Available Blood Pressure Data Recorded During the Study Period								
					<i>P</i> value			
	Usual Care	Enhanced Monitoring	Lifestyle Coaching	Enhanced vs. Usual Care	Lifestyle vs. Usual Care	Enhanced vs. Lifestyle		
Blood pressure outcomes at	12 months po	st-enrollment		L				
Number who had BP reading within 15 months	1057	328	273	-	-	-		
Number of participants with BP control	698	223	194	-	-	-		
Percent of participants with BP control (of participants with BP reading)	66.0% [63.0, 69.2]	68.0% [62.3, 72.9]	71.1% [65.1, 76.5]	0.59	0.14	0.41		
Blood pressure outcomes at	24 months po	st-enrollment						
Number who had BP reading within 27 months	1090	336	280	-	-	-		
Number of participants with BP control	691	234	207	-	-	-		
Percent of participants with BP control (of participants with BP reading)	63.4% [60.5, 66.0]	69.6% [63.1, 75.5]	73.9% [66.9, 80.2]	0.08	0.007	0.34		
Blood pressure outcomes at	48 months po	st-enrollment						
Number who had BP reading within 51 months	1101	340	283	-	-	-		
Number of participants with BP control	728	230	209	-	-	-		
Percent of participants with BP control (of participants with BP reading)	66.1% [63.4, 68.5]	67.6% [63.6, 71.7]	73.9% [69.2, 78.2]	0.47	0.005	0.05		
Notes: For blood pressure outcomes at: the end of the12-month intervention, we selected one BP reading between 0-15 months, but closest to 12 months post-enrollment; 24-month post-enrollment follow-up, we selected one BP reading that was between 0-27 months, but closest to 24 months post-enrollment; and 48-month post-enrollment follow-up, we selected one BP reading that was between 0-51 months, but closest to 48 months post-enrollment. 95% confidence intervals account for clustering by provider using generalized linear mixed effect models. BP, blood pressure.								

Post Enrollment Stratmed by Sex and Age						
	Odds Ratio	Odds Ratio [95% C.I.]				
	Enhanced vs Usual Care	Lifestyle vs Usual Care				
12 months post-enrollment						
Female	1.05 [0.78, 1.41]	1.34 [0.95, 1.89]				
Male	1.21 [0.70, 2.07]	1.25 [0.72, 2.16]				
Less than 65 years	1.09 [0.77, 1.55]	1.22 [0.84, 1.79]				
65 years and above	1.14 [0.75, 1.71]	1.4 [0.89, 2.20]				
24 months post-enrollment	•					
Female	1.20 [0.89, 1.61]	1.62 [1.14, 2.29]				
Male	1.77 [1.03, 3.03]	1.73 [1.01, 2.97]				
Less than 65 years	1.33 [0.96, 1.85]	1.75 [1.20, 2.55]				
65 years and above	1.31 [0.88, 1.97]	1.54 [0.99, 2.40]				
48 months post-enrollment						
Female	1.06 [0.78, 1.45]	1.76 [1.22, 2.56]				
Male	1.17 [0.72, 1.91]	1.08 [.67, 1.75]				
Less than 65 years	1.03 [0.74, 1.42]	1.38 [0.95, 2.01]				
65 years and above	1.20 [0.8, 1.81]	1.67 [1.06, 2.64]				

eTable 6. Models of Blood Pressure Control at 12, 24, and 48 Months Post Enrollment Stratified by Sex and Age

eTable 7. Blood Pressure Outcomes at 12, 24, and 48 Months Post Enrollment With Alternate Cut Point for Blood Pressure Control (<130/80)

				<i>P</i> value		
	Usual Care (n = 1,129)	Enhanced Monitoring (n = 346)	Lifestyle Coaching (n = 286)	Enhanced vs. Usual Care	Lifestyle vs. Usual Care	Enhanced vs. Lifestyle
Blood pressure outcor	nes at 12 months	post-enrollment				
Number of participants with BP control	271	91	73	-	-	-
Percent of participants with BP control (of participants enrolled)	24.10% [21.6%, 26.7%]	26.40% [21.9%, 31.4%]	25.50% [20.8%, 31.0%]	0.39	0.61	0.81
Adjusted odds ratio (95% confidence interval)	Reference	1.13 [0.85, 1.50]	1.08 [0.8, 1.47]	-	-	-
Blood pressure outcor	nes at 24 months	post-enrollment				
Number of participants with BP control	277	86	85	-	-	-
Percent of participants with BP Control (of participants enrolled)	24.50% [22.1%, 27.1%]	24.90% [20.6%, 29.7%]	29.70% [24.7%, 35.3]	0.90	0.07	0.17
Adjusted odds ratio (95% confidence interval)	Reference	1.02 [0.77, 1.35]	1.3 [0.98, 1.73]	-	-	-
Blood pressure outcor	mes at 48 months	post-enrollment				
Number of participants with BP control	289	97	88	-	-	-
Percent of participants with BP Control (of participants enrolled)	25.60% [22.9%, 28.5%]	28.30% [23.5%, 33.5%]	30.90% [25.6%, 36.7%]	0.36	0.09	0.49
Adjusted odds ratio (95% confidence interval)	Reference	1.15 [0.86, 1.53]	1.3 [0.96, 1.76]			
Notes: For blood pressure out	comes at: the end of the	12-month intervention, v	we selected one BP rea	ding between 0-1	5 months, but clo	osest to 12

Notes: For blood pressure outcomes at: the end of the 12-month intervention, we selected one BP reading between 0-15 months, but closest to 12 months post-enrollment; 24-month post-enrollment follow-up, we selected one BP reading that was between 0-27 months, but closest to 24 months post-enrollment; and 48-month post-enrollment follow-up, we selected one BP reading that was between 0-51 months, but closest to 48 months post-enrollment; 95% confidence intervals and odds ratios account for clustering by provider using generalized linear mixed models. BP, blood pressure.

With Models Using Multiple Imputations						
	Odds Ratio	95% C.I.		P value		
Blood pressure outcomes at 12-month post-enrollment						
Usual Care	reference	-	-	-		
Enhanced	1.11	0.83	1.62	0.48		
Lifestyle	1.22	1.14	1.26	0.23		
Blood pressure outcomes a	at 24-month post-enrollm	ent				
Usual Care	reference	-	-	-		
Enhanced	1.23	0.90	1.66	0.19		
Lifestyle	1.46	1.06	2.02	0.02		
Blood pressure outcomes a	at 48-month post-enrollm	ent				
Usual Care	reference	-	-	-		
Enhanced	0.97	0.71	1.32	0.84		
Lifestyle	1.40	1.02	1.92	0.04		
Notes: Imputation models included a	na sex history of chronic disease	a (diabatas stroka co	ronary artery dise	ase beart failure)		

eTable 8. Blood Pressure Outcomes at 12, 24, and 48 Months Post Enrollment With Models Using Multiple Imputations

Notes: Imputation models included age, sex, history of chronic disease (diabetes, stroke, coronary artery disease, heart failure), household income, marital status, systolic and diastolic blood pressure (continuous variable) at 6, 12, 18, 24, 30, 36, 42, 48 months post-enrollment. Data was imputed separately for each study arm. Imputed datasets were used to categorize and model BP control as a dichotomous outcome at 12,24, and 48 months post-enrollment (Glimmix models).

eTable 9. Sensitivity Analysis For Blood Pressure Outcomes At 48 Months Post Enrollment

9A. Blood pressure outcomes at 48-month post-enrollment follow-up using area under the curve analysis								
	P		P value					
	Usual Care	Enhanced Monitoring	Lifestyle Coaching	Enhanced vs. Usual Care	Lifestyle vs. Usual Care	Enhanced vs. Lifestyle		
Number of participants enrolled	1129	346	286	-	-	-		
Number who had BP reading within 51 months	1083	340	278	-	-	-		
Number of participants with BP control	583	180	173	-	-	-		
Percent with BP control (of participants enrolled)	51.6% [48.5, 55.0]	52.0% [46.1, 57.9]	60.5% [54.6, 66.5]	0.95	0.01	0.05		
Percent with BP control (of participants with BP reading)	53.8% [50.8 57.1]	52.9% [47.1, 58.7]	62.2% [56.2, 68.1]	0.76	0.02	0.03		

9B. Estimated odds ratios for blood pressure control from a longitudinal analysis of blood pressure outcomes after enrollment.

	Adjusted Odds Ratio	95% CI
Outcome level at time of intervention		
Usual Care (Reference group)	1.00	-
Enhanced	1.15	0.95, 1.40
Lifestyle	1.27	1.03, 1.56
Time trend over the study period		
Usual Care	1.02	1.00, 1.05
Enhanced	0.97	0.93, 1.02
Lifestyle	1.08	1.02, 1.14

Abbreviations: BP, blood pressure. Notes: BP control was defined as <140/90 mmHg, meeting both systolic and diastolic criteria. Calculated area under the curve for BP readings between enrollment and 51 months post-enrollment. n=60 did not have 2 or BP measurements during period. We fit a generalized linear mixed model with a logit link function to longitudinally collected blood pressure control outcomes using random effects to account for clustering by individual and provider. Main effects for trial arm, years since randomization (time trend) and interaction terms between trial arm and time were included in the models. A test of linear hypotheses for the interaction between trial arm and time (years since enrollment) indicates differences in the slopes across the 3 groups (interaction p-value = 0.026). For ease of interpretation, estimates from the overall time trend and interaction effects were combined so that time trends (slopes) for each trial arm are presented. Model-based estimates of the outcome probabilities (predicted population margins) and corresponding 95% confidence intervals for the 3 arms are: 53.1% [51.2,55.0] for the Usual Care; 54.1% [50.7,57.4] for the Enhanced arm; and 61.3% [57.8,64.8] for the Lifestyle arm. P-values correspond to a Wald-based F-test with denominator degrees of freedom estimated using the Containment method

eTable 10. Outcomes Across the Groups for Outpatient Utilization of Primary Care Services, Clinician Prescribing Pattern for Antihypertensives, Participant Compliance With Refills, Body Mass Index, or Self-reported Physical Activity

				<i>P</i> value			
	Usual Care (N=1,129)	Enhanced Monitoring (N=346)	Lifestyle Coaching (N=286)	Enhanced vs. Usual Care	Lifestyle vs. Usual Care	Enhanced vs. Lifestyle	
Average number of	of outpatient primary	/ care visits per yea	ar between 12- and 4	8-months pos	st-enrollmen	t	
Mean [95% CI]	2.11 [1.78, 2.50]	2.05 [1.70, 2.48]	1.98 [1.62, 2.42]	0.84	0.65	0.80	
Change in body m	nass index from 12-r	nonth to 24-month	post-enrollment follo	ow-up			
Mean [95% CI]	-0.22 [-0.37, -0.07]	-0.19 [-0.43, 0.05]	-0.29 [-0.56, -0.4]	0.84	0.60	0.54	
Change in body m	nass index from 12-r	nonth to 48-month	post-enrollment follo	ow-up			
Mean [95% CI]	-0.38 [-0.6, -015]	-0.21 [-0.57, 0.16]	-0.64 [-1.04, -0.24]	0.44	0.27	0.12	
Change in physic	al activity (minutes p	ber week) from base	eline to 12-month po	st-enrollmen	t follow-up		
Mean [95% CI]	9.58 [-4.7, 23.9]	12.0 [-15.6, 39.5]	9.3 [-18.5, 37.1]	0.88	0.99	0.89	
Change in physic	al activity (minutes p	per week) from base	eline to 48-month po	st-enrollmen	t follow-up		
Mean [95% CI]	-1.18 [-17.8, 15.5]	-8.76 [-39.7, 22.2]	-27.44 -60.9, 6.0]	0.67	0.17	0.42	
Percent BP contro	ol at end of 12-montl	n intervention, by th	ne number of anti-hy	pertensives p	prescribed at	baseline	
< 2 drugs	57.2	60.6	66.7	0.50	0.10		
≥ 2 drugs	68.3	68.1	69.0	0.56	0.19	-	
Percent BP control at 24-month post-enrollment follow-up, by the number of anti-hypertensives prescribed at baseline							
< 2 drugs	54.4	66.3	65.7	0.42	0.20		
≥ 2 drugs	65.6	69.2	80.0	0.42	0.20	-	
Percent complian	ce to anti-hypertens	ive refills between	12-month and 48-mc	onth post-enro	ollment		
					P value		
Mean [95% CI]	70.1 [67.4-72.7]	69.1 [64.2-74.0]	71.7 [66.4-76.9]		0.77		

e lable 11. Lypes of Antihypertensive Prescribed Across the 3 Groups									
	Usual Care	Enhanced Monitoring	Lifestyle Coaching	<i>P</i> value					
At baseline		J	J						
Average number of anti-hypertensive (±SD)	26.4 (22.09)	27.1 (22.70)	26.7 (21.66)	0.84					
Types of anti-hypertensive									
Ace-inhibitor	3.6 (5.52)	3.7 (5.84)	3.8 (5.35)	0.70					
Angiostensin receptor blocker	2.5 (5.20)	2.7 (5.31)	2.6 (5.04)	0.45					
Beta-blocker	4.0 (6.23)	4.5 (6.42)	4.2 (5.80)	0.13					
Calcium channel blocker	4.5 (5.71)	4.5 (6.08)	4.0 (5.37)	0.58					
Diuretic	5.0 (6.31)	4.9 (6.14)	5.2 (6.42)	0.91					
At 12 months post-enrollment	·								
Average number of anti-hypertensive (±SD)	7.3 (6.39)	7.3 (6.31)	7.2 (6.07)	0.95					
Types of anti-hypertensive									
Ace-inhibitor	1.0 (1.56)	1.0 (1.62)	1.0 (1.49)	0.78					
Angiostensin receptor blocker	0.6 (1.39)	0.7 (1.38)	0.7 (1.35)	0.38					
Beta-blocker	1.1 (1.88)	1.2 (1.88)	1.1 (1.68)	0.26					
Calcium channel blocker	1.3 (1.75)	1.4 (1.92)	1.2 (1.61)	0.77					
Diuretic	1.3 (1.89)	1.3 (1.73)	1.4 (1.85)	0.86					
At 24 months post-enrollment									
Average number of anti-hypertensive (±SD)	14.1 (11.96)	14.4 (12.19)	14.1 (11.70)	0.94					
Types of anti-hypertensive									
Ace-inhibitor	1.9 (2.91)	1.9 (3.02)	2.0 (2.83)	0.91					
Angiostensin receptor blocker	1.3 (2.70)	1.4 (2.75)	1.3 (2.59)	0.39					
Beta-blocker	2.1 (3.41)	2.4 (3.59)	2.1 (3.16)	0.29					
Calcium channel blocker	2.5 (3.24)	2.6 (3.59)	2.3 (3.10)	0.71					
Diuretic	2.7 (3.49)	2.5 (3.33)	2.7 (3.50)	0.93					
At 48 months post-enrollment									
On at least one anti-hypertensive									
Average number of anti-hypertensive (±SD)	26.4 (22.09)	27.1 (22.70)	26.7 (21.66)	0.84					
Types of anti-hypertensive									
Ace-inhibitor	3.6 (5.52)	3.7 (5.84)	3.8 (5.35)	0.70					
Angiostensin receptor blocker	2.5 (5.20)	2.7 (5.31)	2.6 (5.04)	0.45					
Beta-blocker	4.0 (6.23)	4.5 (6.42)	4.2 (5.80)	0.13					
Calcium channel blocker	4.5 (5.71)	4.5 (6.08)	4.0 (5.37)	0.58					
Diuretic	50(631)	49(614)	5 2 (6 42)	0.91					

eTable 12. Clinical Outcomes During Postintervention Follow-up									
				<i>P</i> value					
	Usual Care N=1129	Enhanced Monitoring N=346	Lifestyle Coaching N=286	Enhanced vs. Usual Care	Lifestyle vs. Usual Care	Enhanced vs. Lifestyle			
Clinical outcomes during 24-month post-enrollment follow-up, percent [95% C.I.]									
mortality all-causes ^a	4.9%	5.4%	5.2%	0.73	0.85	0.93			
	[4.1, 5.9]	[3.2, 9.0]	[2.9, 9.1]						
ischemic stroke ^a	1.4%	2.0%	1.8%	0.46	0.63	0.80			
	[0.90, 2.2]	0.87, 4.6]	[0.83, 3.7]						
hemorrhagic stroke ^b	0.3%	0.1%	0.9%	0.61	0.21	0.25			
	[0.1, 0.9]	[0.0, 2.3]	[0.3, 3.0]						
Clinical outcomes during 48-month post-enrollment follow-up, percent [95% C.I.]									
mortality all-causes ^a	9.6%	9.3%	10.5%	0.89	0.65	0.63			
	[78.7, 11.6]	[6.4, 13.3]	[7.6, 14.2]						
ischemic stroke ^a	2.7%	2.9%	4.5%	0.82	0.09	0.26			
	[1.8, 3.8]	[1.5, 5.4]	[2.8, 7.4]						
hemorrhagic stroke ^b	0.8%	0.1%	0.9%	0.26	0.84	0.25			
	[0.4, 1.5]	[0.0, 2.3]	[0.3, 3.0]						
Note: ^a based on generalized linear mixed effect models accounting for clustering by provider; ^b based on logistic model using Firth penalized likelihood for rare events. BP, blood pressure.									







eFigure 2. Adherence to Lifestyle Coaching Sessions (n = 286)

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