**Cost:**

Variable across each locality and mode of intervention.

# Kaambwa et al., (2014) Telemonitoring and self-management in the control of hypertension (TASMINH2): a cost-effectiveness analysis. European journal of preventive cardiology 21(12):1517-30.

**Outcomes:**

* Self-management of hypertension was compared with usual care in terms of lifetime costs, quality adjusted life years and cost-effectiveness using a UK Health Service perspective.
* In the long-term, when compared with usual care, self-management was more effective by 0.24 and 0.12 quality adjusted life years (QALYs) gained per patient for men and women, respectively.
* The resultant incremental cost-effectiveness ratio for self-management was £1624 per QALY for men and £4923 per QALY for women.
* There was at least a 99% chance of the intervention being cost-effective for both sexes at a willingness to pay threshold of £20,000 per QALY gained.
* Self-monitoring with self-titration of antihypertensives and telemonitoring of blood pressure measurements not only reduces blood pressure, compared with usual care, but also represents a cost-effective use of health care resources.

**Project aims:**

To evaluate whether self-management of hypertension was cost-effective compared to usual care interventions.

**Project title:**

# Telemonitoring and self-management in the control of hypertension (TASMINH2): a cost-effectiveness analysis.