Medication adherence in older adults with hypertension in Slovakia

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Background

Non-adherence to medical therapy in patients with arterial hypertension (AH) is associated with increased cardiovascular and cerebrovascular morbidity and mortality, and thus increased healthcare costs. The prevalence of AH increases with increasing age. In view of this, monitoring adherence to medical therapy in older adults and its determinants is very important.

Objective

This study aims to assess medication adherence in older adults with AH and its associations with selected socio-demographic and clinical characteristics, and illness perception.

Methods

The Hill-Bone Compliance to High Blood Pressure Therapy Scale, the Brief Illness Perception Questionnaire, socio-demographic and clinical characteristics were evaluated. Associations between variables were calculated by Pearsons´s correlation coefficients.

Results

In a sample of 127 older adults with mean age 70.31 ($\pm$6.91) years, predominantly women (61.4 %), average score of adherence was 10.76 ($\pm$2.41) (lowest possible score 9, highest 20).

Optimal adherence (score 9 – 10) was identified in 62.2 % of AH seniors.

Suboptimal medication adherence significantly ($p \leq 0.05$) correlated with male sex, lower total number of medications taken, higher rates of alcoholic beverage use, poorer understanding of the disease, and more negative perceptions of treatment efficacy.

Medication adherence was not significantly correlated with age, marital status, education, income, blood pressure systolic and diastolic, triacylglycerol, total cholesterol, high density lipids, body mass index, number of antihypertensive medications used, or smoking.

Conclusion

Optimizing adherence to treatment requires comprehensive interventions aimed primarily at increasing understanding of the disease and its treatment, but also at screening for and interventions aimed at preventing and reducing alcoholic beverage use.