

ADHERENCE TO DRUG THERAPY IN SYSTEMIC ARTERIAL HYPERTENSION IN A FAMILY HEALTH UNIT

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Acceptance date: 18/09/2024



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Abstract: Systemic arterial hypertension (SAH) is one of the main public health challenges, given its high morbidity and mortality rates. Successful treatment of hypertension depends fundamentally on patient adherence to treatment, especially regular drug therapy. This cross-sectional study aimed to assess adherence to medication in hypertensive patients monitored at a Family Health Unit. To this end, the Modified Morisky-Green Adherence Scale (MMAS-8) was used, in addition to the collection of sociodemographic and clinical data. Of the 246 patients interviewed, 38.2% showed low adherence. Factors such as older age, longer time since diagnosis and more missed appointments were associated with lower adherence to treatment. The results of this study highlight the need to develop new strategies to improve adherence to SAH treatment in primary health care.

Keywords: Medication adherence, Hypertension, Primary health care, Family health, MMAS-8.

INTRODUCTION

Systemic arterial hypertension (SAH) is a chronic disease with multiple causes, characterized by persistently high blood pressure levels. It is a crucial risk factor for the development of cardiovascular diseases, such as myocardial infarction, stroke and heart failure, with a major impact on the population's illness and mortality rates, as well as generating significant costs for the health system. Effective control of hypertension depends on lifestyle changes and strict adherence to prescribed drug treatment^[1,2]. However, adherence to treatment is a challenge, with non-adherence rates ranging from 40% to 60%^[3].

Several factors can influence low adherence to SAH treatment, including the complexity of the therapeutic regimen, the side effects

of medications, the patient's beliefs and perceptions about the disease, socioeconomic status and access to health services^[4]. Primary Health Care (PHC) plays a fundamental role in the monitoring and treatment of patients with SAH, providing easy access to health services, longitudinal monitoring and health education actions^[5]. Even in PHC, non-adherence to treatment is a common problem^[6].

The aim of this study was to assess adherence to medication in hypertensive patients treated at a Family Health Unit (USF) and to identify the factors associated with low adherence.

METHODOLOGY

This was a descriptive cross-sectional study carried out in a Family Health Unit (USF) in Ribeirão Preto, SP. The sample consisted of 246 individuals diagnosed with hypertension, aged 40 or over and who had been attending the USF for at least one year. Individuals with secondary hypertension, using oral corticosteroids, with impaired comprehension or verbal communication, or with incomplete information in their medical records were excluded from the study.

Medication adherence was assessed using the Modified Morisky-Green Test (MMAS-8), a validated questionnaire consisting of eight questions with dichotomous answers ("yes" or "no")^[7]. The MMAS-8 score allows adherence to be classified into three categories: high adherence (8 points), medium adherence (6-7 points) and low adherence (less than 6 points).

Sociodemographic data (age, gender, skin color/race, schooling, occupation, family income) and clinical data (time since diagnosis, type of treatment) were collected, presence of comorbidities, complications of hypertension and blood pressure levels) through interviews with patients and consultation of medical records.

Statistical analysis was carried out using specialized software. Absolute and relative frequencies, measures of central tendency and measures of dispersion were calculated. The association between the variables studied and medication adherence was investigated using logistic regression, calculating odds ratios (OR) and their respective 95% confidence intervals (95% CI). The significance level adopted for the analyses was 5%.

RESULTS

The study sample was predominantly female (59.7%), with an average age of 58.19 years. The majority of participants declared themselves to be white (60.9%), single (63.9%) and with up to high school education (34.9%). The most frequently cited occupation was “homemaker” (41.1%), and the predominant economic class was C1 (89.8%).

With regard to the treatment of hypertension, 61.7% of patients used only one class of medication and 69.9% had no comorbidities. Most of the sample (95.5%) reported no complications related to hypertension.

Adherence to medication was classified as high in 61.8% of patients, medium in 24.4% and low in 13.8%.

The logistic regression analysis identified the following factors as being associated with low adherence to medication:

- Older age (OR = 0.95; 95% CI = 0.91-0.99; $p = 0.02$)
- Longer time since diagnosis (OR = 1.08; 95% CI = 1.00-1.16; $p = 0.04$)
- Higher number of missed appointments (OR = 1.61; 95% CI = 1.13-2.30; $p = 0.008$)
- Higher blood pressure levels (systolic: OR = 0.97; 95% CI = 0.95-0.99; $p = 0.002$; diastolic: OR = 0.95; 95% CI = 0.92-0.98; $p < 0.001$)

DISCUSSION

The results of this study show that a considerable proportion of patients with hypertension followed up at the USF have low adherence to drug therapy. These findings are in line with the literature, which reports non-adherence rates ranging from 40% to 60%^[3].

The association between advanced age and low adherence can be attributed to factors such as the presence of multiple comorbidities, polypharmacy, cognitive decline and difficulties in understanding treatment guidelines [8]. Longer time since diagnosis can also contribute to decreased adherence, possibly due to the feeling of control over the disease or fatigue from prolonged treatment^[9].

The number of missed medical appointments is an important indicator of low adherence, reflecting the patient's disconnection from treatment and difficulty in maintaining regular medical follow-up^[10]. The higher blood pressure levels observed in non-adherent patients highlight the direct impact of low adherence on hypertension control.

CONCLUSION

This study identified a significant prevalence of low adherence to drug treatment among patients with hypertension seen at a Basic Health Unit in the interior of Brazil. Factors such as older age, longer time since diagnosis, more missed appointments and higher blood pressure levels were associated with low adherence.

The results of this study reinforce the need to implement actions to improve adherence to hypertension treatment in Primary Health Care (PHC), through health education strategies, simplification of the therapeutic regimen, individualized follow-up and strengthening the bond between patient and health team.

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