Factors Affecting Adherence on Hypertension Treatment: A Qualitative Study


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Summary

Treatment of hypertension requires the patient to adhere to regimens of both pharmaceutical and non-pharmaceutical intervention in a sustainable fashion. In Indonesia, only 10.2% of hypertension case was diagnosed by healthcare provider or is currently on antihypertensive treatment. The objective of this study is to identify and understand factors affecting patients compliance to antihypertensive regimens. Patients with previous diagnosis of hypertension were identified as either compliant or noncompliant. Eight noncompliant patients were then interviewed to identify the cause of noncompliance. Patients poor understanding of hypertension and its treatment is the most prominent cause of poor compliance. Patient education must include not only the diagnosis and drugs, but also goals of the therapy and the importance of carrying out said therapy in a routine manner.

Introduction

Recent national epidemiologic study suggests that while the prevalence rate of hypertension in population older than 18 years old is no less than 26.5%, only 10.2% was diagnosed by healthcare provider or is currently on antihypertensive treatment.

Being a chronic degenerative disease, treatment of hypertension requires the patient to adhere to regimens of both pharmaceutical and non-pharmaceutical intervention in a sustainable fashion, which for the longest time has been identified as a major stumbling block in achieving the desired level of blood pressure.

Multiple studies have been conducted in the past focusing on the perspective of the health workers, eg formulating methods to increase patients compliance to the therapies. On the opposite, studies which explore patients’ mind and standpoints are either lacking or non-existent. The objective of this study is to identify - and possibly understand - factors affecting patients compliance to antihypertensive regimens in a new light.

Method

This study was conducted on May 2014, in one primary health care center in Jakarta, Indonesia. Patients with previous diagnosis of hypertension were identified as either compliant or noncompliant. Noncompliance issues were identified through the use of Morisky-Green test. Noncompliant patients were then interviewed to identify the cause of noncompliance.

Results

Eight patients were identified as noncompliants, and were interviewed. Several issues were identified during the course of said interviews: 1) False perception of sickness, 2) Failure to understand the goal of antihypertensive therapy, 3) Opting for herbal and/or traditional remedies as substitutes to antihypertensive drugs, 4) Difficult or limited access to healthcare facilities, and 5) Information obtained from healthcare workers was unconvincing and/or inadequate.

Conclusions

Patients poor understanding of hypertension and its treatment is the most prominent cause of poor compliance. Adequate patient education must include not only the diagnosis and drugs, but also goals of the therapy and the importance of carrying out said therapy in a routine manner. Developing trust between physicians and patients may also help in convincing patients to comply to the treatment.

References