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Impact of gender on adherence to therapy in patients with arterial hypertension

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Introduction. Non-compliance with therapeutical recommendations in arterial hypertension is a common problem affecting almost half of all the patients. Uncontrolled blood pressure persist as major public health and clinical challenges. Research in the past decade has identified determinants of poor adherence and explored the impact of interventions to address barriers, improve adherence, and ultimately achieve BP control. According to WHO new factors influencing the adherence to therapeutic recommendations should be identified. One of such both important and controversial determinants is the gender of the patients.

The aim of the study was to evaluate the impact of gender on the level of adherence to therapeutical recommendations in patients with arterial hypertension.

Material and methods: 101 patients (including 59 women), mean age 57.5± 13.2, with arterial hypertension (stage I and II according to ESC) were examined with the questionnaire Hill-Bone Compliance to High Blood Pressure Therapy Scale (Hill-Bone Scale) and Morisky’s Self-Reported Measure of Medication Adherence (MMAS-8-Item). The socio-clinical data was obtained from medical records.

Results. Men received higher score in Hill-Bone scale than women (23.0 ± 6.3 vs 20.8 ± 5.4; p=0.024), which means that they rarely adhere to therapeutical recommendations of arterial hypertension. Men received the worst score in adherence to recommendations regarding salt restrictions in their diet (4.5 ± 1.2 vs 3.9 ± 1.2; p=0.014). Additionally, it was demonstrated that men often discontinue antihypertensive treatment on their own (5% vs 1.8%; p=0.034) whereas women discontinue antihypertensive treatment mainly because they simply forgot about it (88.1% vs 69.0%; p = 0.018).

Conclusions. It was proved that male gender negatively influences the level of adherence of non-pharmacological recommendations of antihypertensive therapy. What is more, men often discontinue antihypertensive treatment. A multidisciplinary approach and the development of intervention programs focused on men promoting knowledge and healthy behaviors are significant components of care, contributing to better adherence and control.