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The knowledge as the determinant of the adherence to antihypertensive treatment

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Introduction. The education of the patients with cardio-vascular diseases aims to modify the present risk factors and to increase the aware participation in the therapy. Arterial hypertension is one of the most common modifiable risk factors of cardio-vascular diseases. However, the knowledge of the self-care and adherence to therapeutic recommendations are highly disappointing. Understanding people's levels of knowledge on cardiovascular risk factors and its relation to level of adherence in antihypertensive treatment might contribute effectively to medical staff efforts to prevent, treat and control the disease.

The aim of the study was analysis of the knowledge of the cardio-vascular risk factors and the adherence to therapeutic recommendations.

Material and methods. 101 patients (mean age 57.5±13.2) with arterial hypertension (stage I and II according to ESC) were enrolled into the study. The following questionnaires were used: Morisky’s Self-Reported Measure of Medication Adherence (MMAS-8-Item), Hill-Bone Compliance to High Blood Pressure Therapy Scale (Hill-Bone Scale) and The Cardiovascular Disease Risk Factors Knowledge Level Scale (CARRF).

Results: 41% of the patients had worse knowledge of the cardio-vascular risk factors. In comparative analysis there were the significant differences in adherence to treatment with regards to the knowledge according to CRRRF questionnaire. The patients with better knowledge had the best adherence, which diminished along with worsening the knowledge (19.0± 3.5 vs 18.3 ± 3.7 vs 16.6 ± 4.1). The increase of the knowledge by one point in scale CARRF-KL was accompanied by the increase of the adherence by 0.14 point (mean). The relations between knowledge and adherence was observed in terms of the treatment (8.3 ± 2.0 vs 10.1 ± 5.0 vs 8.9 ± 3.5; p=0.003) and the global results of Hill-Bone questionnaire (19.5± 4.4 vs 22.7 ± 7.3). The relation between the knowledge and the adherence in terms of salt intake or control check-ups was not proved. In multiple regression analysis the knowledge was significant independent determinant, which influenced the adherence in terms of the treatment MMAS (b= 0.253; p=0.0004)

Conclusions. Adherence to therapeutic recommendations is related to the knowledge of the cardio-vascular risk factors, i.e. the better knowledge, the better adherence. The knowledge is the independent predictor of adherence to treatment in patients with arterial hypertension. The identification of knowledge deficits as a factor contributing to lack of adherence and poor hypertension control remains a key challenge for clinicians caring for patients with hypertension.