

ORAL SECTION

Oral Presentations

TREATMENT ADHERENCE

PATIENT PERSPECTIVES ON TREATMENT ADHERENCE IN HYPERTENSION: PRELIMINARY RESULTS OF AN ESH SURVEY IN FIVE COUNTRIES

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Objective: The ESH Working group on Lifestyle, Cardiovascular Therapy and Adherence, in partnership with Servier, has developed a web-based questionnaire in different languages to investigate patients' perspectives on hypertension and treatment adherence. The objective of this survey was to decipher patients' perception, motivations and barriers to drug treatment adherence in hypertension.

Design and method: Eligible participants were men and women aged > 18 years, living in France, Germany, Italy, Spain and UK, with a diagnosis of hypertension made by a physician and internet access. Data were collected through patients' websites and organizations from January to March 2022.

Results: We included 595 participants (329 women, 55.3%, mean age 65 y); 72% were hypertensive for > 5 years, 93% were treated with antihypertensive medications for > 3 months and 50% had uncontrolled (140/90 mmHg) office BP at 3 months. The median number of all medications taken every day was 4 of which 2 were antihypertensive drugs. On a 10-point Likert scale, participants reported a modest impact of hypertension on their quality of life (3) or social and family life (3.1). The median level of stress was 5.2. In 76.6% of participants home BP was measured several times weekly (25%) or monthly (31%) or more. Antihypertensive medications were stopped unintentionally by 40% or taken irregularly by 44% of patients. The reasons for non-adherence to medications were forgetfulness (45%), side effects (17%) and running out of medications (15%). In 50% of cases, patients do not inform their physicians when stopping medications. The most useful approaches to support adherence reported by participants were single-pill combinations and smaller and cheaper pills. Information on hypertension and its treatment were considered sufficient for 33% of patients.

Conclusions: In patients with internet access and willing to participate, our survey shows that despite having an uncontrolled office 3 month BP in 50% of them, participants report: 1) a modest impact of hypertension on their quality of life and a moderate level of anxiety, 2) frequent and usually non intentional non-adherence to prescribed antihypertensive medications, and 3) the necessity to improve the information provided to them.

CARDIOVASCULAR EVENTS ACCORDING TO FOLLOW-UP INTERVAL IN HYPERTENSIVE PATIENTS

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Objective: Hypertension is a chronic disease that requires long-term follow-up in many patients. Although the European hypertension guideline recommended that once the BP target is reached, a visit interval of a few months is reasonable, and there might be no difference in BP control between 3-month and 6-month intervals, there was limited evidence regarding shorter intervals of follow-up.

This study sought to evaluate the incidences of cardiovascular events and death according to the visit intervals.

Design and method: This Korean Hypertension Cohort (KHC) enrolled 11,043 hypertensive patients and followed up for more than ten years. We evaluated the incidences of cardiovascular events and death according to the visit intervals after stabilization.

Results: In this cohort, 28% of patients visited the clinic with intervals of 3 months, followed by visits with intervals of 4 months (23%), 4–6 months (20%), 2 months (18%), more than 6 months (9%), and less than 1 week (2%). Male, lower SBP and low risk patients had larger visit intervals than female, higher SBP, and high-risk patients. Surprisingly, shorter visit intervals of 34–66 days (about 2 months) showed a relatively larger visit-to-visit variation of 13.6 days, suggesting that shorter visit intervals do not always accompany better treatment adherence. The large visit-to-visit variation reaching 89 days of standard deviation in patients with visit interval of more than 6 months also support the decrease in treatment adherence. In the Cox proportional hazards model for cardiovascular events or death according to visit intervals, with adjustment of age, gender, and cardiovascular risk, showed that hypertensive patients with visit intervals of 3–4 months had fewer cardiovascular events than those either with more extended or shorter visit intervals.

Conclusions: Hypertensive patients with visit intervals of 3–4 months had fewer cardiovascular events than those with longer or shorter visit intervals. Although we did not present a possible explanation for this, the increased standard deviation in the more extended interval group suggests that reduced treatment adherence may play a role.