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Price of Nonadherence to Antihypertensive Medications

High adherers had a significantly lower risk for cardiovascular disease.

Adherence to antihypertensive therapy is suboptimal, but how much of an effect does adherence really have? In this analysis of a large Italian registry, nearly 19,000 patients with hypertension but without incident heart disease were categorized as having high, intermediate, or low adherence to their treatment regimens (8%, 41%, and 51% of the cohort, respectively). Patients were followed for a mean of 4.6 years. Adherence was assessed from prescription records as days on which pills were available to the patient.

Diabetes (odds ratio, 1.40), dyslipidemia (OR, 1.52), obesity (OR, 1.50), and, interestingly, multiple-drug treatment regimens (OR, 1.62) were all associated significantly with high antihypertensive adherence. Compared with low adherers, high adherers had significantly lower risk for cardiovascular disease over time (hazard ratio, 0.62).

Comment: This analysis quantifies what clinicians have long known — even the best antihypertensive regimen has little effect if it is not followed consistently. An editorialist reminds us that approximately 50% of patients discontinue their antihypertensives within 6 to 12 months of initiation. However, he also notes that physicians bear significant responsibility for ensuring optimal treatment and cites recent data that suggest that few patients have their regimens adjusted at visits where blood-pressure goals have not been met. We must overcome both patients' nonadherence and our own "therapeutic inertia" to reap the full benefits of antihypertensive therapy.

— [Kirsten E. Fleischmann, MD, MPH](#)

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Mazzaglia G et al. Adherence to antihypertensive medications and cardiovascular morbidity among newly diagnosed hypertensive patients. *Circulation* 2009 Oct 20; 120:1598.

- [Original article](#) (Subscription may be required)
- [Medline abstract](#) (Free)

Chobanian AV. Impact of nonadherence to antihypertensive therapy. *Circulation* 2009 Oct 20; 120:1558.