

Investigation of the Factors Affecting Adherence to Antihypertensive Treatment in Hypertensive Patients With Newly Diagnosed Coronary Artery Disease

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OBJECTIVE

Arterial hypertension is a highly prevalent health condition and an important risk factor for coronary heart disease. Unsuccessful blood pressure regulation is largely due to poor adherence to antihypertensive treatment. Anxiety, depression and stress may affect health-related quality of life (HRQoL) and the hypertensive patient's prognosis. This study aims to investigate causes of poor adherence, to assess levels of depression, anxiety and stress to estimate HRQoL in hypertensive patients with newly diagnosed coronary heart disease and to identify possible interactions between these factors.

METHOD

A sample of hypertensive patients hospitalized in the Cardiology Clinic of "Tzaneio" General Hospital of Piraeus, with newly diagnosed coronary heart disease, participated in a survey with questions about their demographic and medical characteristics and completed three instruments to investigate adherence to antihypertensive treatment (MUAH-16), depression, anxiety and stress levels (DASS-21) and HRQoL (EQ-5D-5L).

RESULTS

Overall, 63 patients participated (41 men) with a mean age of 67.2 years. The majority (46%) of patients were under treatment with two antihypertensive agents, 50.8% were receiving a fixed combination of antihypertensive drugs, while 57.1% had made lifestyle changes. The mean MUAH-16 score was 83.02±15.79, (range: 42-112). The DASS-21 data showed that 33.3% of patients experienced at least moderate depression, 49.2% at least moderate anxiety and 44% at least moderate stress. A statistically significant negative correlation was observed between EQ-5D-5L scores and the depression scale ($r = -0.416$, $p = 0.001$), anxiety scale ($r = -0.503$, $p < 0.001$) and stress scale ($r = -0.456$, $p < 0.001$) scores.

CONCLUSIONS

Poor adherence observed in patients with arterial hypertension is a result of various factors, such as patients' professional status, lack of knowledge regarding their health issues, as well as the time elapsed since diagnosis. Levels of depression, anxiety and stress were elevated in study participants and had a negative impact on their HRQoL.

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