Hypertension: Improving Treatment Adherence

Key Highlights from the Recommended Guideline

- Increase the patient’s motivation to adhere to treatment with your concern, empowerment and reminders.
- Inadequate treatment responses or sudden increases in blood pressure may signal non-adherence.

Scope: Health professionals involved in the care of patients who are being treated for hypertension

How can I help my patients with hypertension improve their blood pressure control (e.g. through better treatment adherence)?

- Increase the patient’s motivation to adhere to treatment recommendations by communicating your empathic and concerned attitude. [Level of Evidence: PR]
  - Ask about behaviours that are of concern.
  - Give positive feedback when the patient makes improvements.
  - Make sure the patient understands the recommended treatment regimen.
  - Suggest the patient join healthy and enjoyable group activities such as exercise groups.
  - Where appropriate, involve family members and other social supports.

- Empower the patient to adhere to the regimen. [Level of Evidence: PR, M]
  - Educate the patient about the condition and the treatment.
  - Clarify any misunderstanding and address any concerns about treatment.
  - Involve the patient in self-monitoring of blood pressure.
  - Decide together with the patient on short-term treatment goals.
  - Simplify the regimen as much as possible.
  - Encourage the patient to discuss goals and plans for lifestyle changes and drug regimens.

- Implement reminder and follow-up systems (e.g. automated callback, nurse’s telephone call). [Level of Evidence: C]
  - Schedule the next appointment before the patient leaves the current one.

- Work with nurse clinicians and pharmacists, who are effective in helping patients achieve goal blood pressures. [Level of Evidence: Not stated]

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What might signal non-adherence to the treatment regimen?

- Consider non-adherence as a factor if you see: [Level of Evidence: Not stated]
  - Inadequate response to treatment
  - A sudden increase in blood pressure
  - Depression or other psychiatric illness

Levels of Evidence

The levels of evidence used to grade the recommendations in this guideline are as follows:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>Meta-analysis; use of statistical methods to combine the results from clinical trials</td>
</tr>
<tr>
<td>RA</td>
<td>Randomized controlled trials; also known as experimental studies</td>
</tr>
<tr>
<td>RE</td>
<td>Retrospective analyses; also known as case-control studies</td>
</tr>
<tr>
<td>F</td>
<td>Prospective study; also known as cohort studies, including historical or prospective follow-up studies</td>
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<tr>
<td>X</td>
<td>Cross-sectional surveys; also known as prevalence studies</td>
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<tr>
<td>PR</td>
<td>Previous review or position statements</td>
</tr>
<tr>
<td>C</td>
<td>Clinical interventions (nonrandomized)</td>
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The above recommendations were derived from the following GAC endorsed guideline:


Rating (out of 4): 🌟🌟🌟🌟