SUMMARY

Hypertension in Nigeria is a widespread problem of immense social and economic importance because of its high prevalence and the severity of its complications. Optimal blood pressure control among hypertensive patients is the ultimate aim of hypertension management and this goal is unattainable a lot of times because of poor adherence to antihypertensive medications.

The aim of this study was to determine the level of antihypertensive medication adherence and factors affecting it among hypertensive patients attending the National Health Insurance Scheme Clinic, University of Port Harcourt Teaching Hospital, in order to improve the awareness of medical practitioners on the level of medication adherence and the need to routinely monitor medication adherence of their hypertensive patients. The objectives were to determine the prevalence of antihypertensive medication adherence among hypertensive patients attending the NHIS clinic, to determine the factors that influence the level of antihypertensive medication adherence among hypertensive patients attending the NHIS clinic and to determine the relationship between the level of antihypertensive medication adherence and blood pressure control among patients attending the NHIS clinic.

A descriptive cross-sectional study was conducted on a systematic random sample of 416 hypertensive patients at the University of Port Harcourt Teaching Hospital, Port Harcourt. Antihypertensive medication adherence was assessed using a validated tool, the Morisky Medication Adherence Scale (MMAS). Ethical clearance for the study was granted by the
University of Port Harcourt Teaching Hospital Ethical Committee and written informed consent was obtained from the subjects prior to commencement of the study.

Results from this study showed that the antihypertensive medication adherence level of respondents was 58.1%. Using Chi Square test (and Fischer’s Exact test where necessary), factors that were found to significantly affect adherence to antihypertensive medication in this study population include sex, marital status, socioeconomic class, educational level, number of antihypertensive pills, duration of hypertension, presence of co-morbidities and blood pressure control. Eliminating confounders using multiple linear regression analysis showed that marital status, educational level and duration of hypertension were no longer significantly related to antihypertensive medication adherence. However, the sex of the subjects, socioeconomic class, number of antihypertensive pills, presence of comorbidity and blood pressure control still showed significant relationship with adherence after controlling for confounders. Poor medication adherence was found to be mainly due to having a normal blood pressure during a recent check (41.6%), tired of taking medication everyday (14.2%) and cost of medication (13.8%). Good blood pressure control below 140/90mmHg was seen in 44.1% of the subjects.

This study concluded that the prevalence of good adherence to antihypertensive medication and blood pressure control among hypertensive patients attending the National Health Insurance Scheme clinic of the University of Port Harcourt Teaching Hospital were poor. Based on the findings of this study, it was recommended that antihypertensive medication adherence check list should be routinely administered during every encounter with hypertensive patients and physicians should endeavour to continually educate patients of the fact that having a normal blood pressure during a check is not a reason for stopping or missing medications. The government on its part
should consider the introduction of fixed-drug antihypertensive pills in the essential drugs list of the NHIS.