How to assess medication adherence among patients with resistant hypertension treated with two different pharmacological intensification strategies.

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BACKGROUND

Non-adherence to medication (MA) and lifestyle measures is the main contributor to resistance to antihypertensive treatment (AHT). Various measures to assess medication adherence (MA) among patients (pts) with resistant hypertension (RH) have been proposed but none is fully effective.

We have previously shown that combined renin-angiotensin system (RAS) blockade was less efficacious than sequential nephron blockade (SNB), based on anti-aldosterone diuretic treatment for controlling blood pressure in patients with resistant hypertension.

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AIM

To assess MA with a new scoring system in RH patients included in a randomized controlled trial and the characteristics associated with low MA.

METHOD

Pts with RH to a 4 week-treatment with irbesartan 300 mg+ hydrochlorothiazide 12.5 mg+amilodipine 5 mg, were randomised to either reinforcement of renin angiotensin system blockade by sequential administration of ramipril 5-10 mg and bisoprolol 5-10 mg (RB group, n=82) for 12 weeks. Blood pressure was monitored monthly (and weekly by HBPM). Drugs were uptitrated and added if blood pressure remained uncontrolled at each monthly visit.

No major clinical characteristics differ between groups. Further comparisons into each groups of treatment and longer duration of treatment might be necessary to observe significant differential effect among MA groups.

However, we could suppose that therapeutic education sessions could be useful for this specific population that undertake complex and heavy therapy.