

Assessment of Adherence And Its Contributing Factors Among Hypertension Patients In Eritrea

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SUMMARY. This cross-sectional survey study was conducted on one hundred patients who were interviewed as they visited a hospital and community pharmacies to refill their prescriptions. The study was conducted from September to December 2013. Patients' age of 18-90, who had been taking anti-hypertensive drugs for at least one month, who could understand the languages Tigrinia & Tigre were included. Severely sick, mentally ill and patients with hearing and communication disabilities were excluded. The mean difference in the two groups was compared using chi square test. Binary logistic regression analysis was used to calculate the relationship strength between adherence and its contributing factors. Out of 100 respondents, 68% were having 'good adherence', the rest 32% were 'poor adherents'. The ensuing factors are reported for being a positive influence on adherence: age (older adults, $B = 2.219$, $p = 0.03$), number of pills (monotherapy, $B = 1.25$, $p = 0.03$), medical checkup (Often, $B = 1.87$, $p = 0.03$), education (illiterate, $B = 1.22$, 0.04), employment (unemployed, $B = 1.212$, $p = 0.05$) marital status (married, $B = 1.547$, $p = 0.05$) and BP control (controlled patients, $B = 2.241$, $p = 0.04$). On the other hand, gender (male/female $B = 1.187/0.843$, $p = 0.4$), income (salaried/not salaried, $B = 0.939/1.065$, $p = 0.3$), treatment duration (<5 yrs/ 5 & above $B = 0.977/1.023$, $p = 0.4$), payment (government/self, $1.383/0.723$, $p = 0.2$) and family history (yes/no, $B = 1.533/0.652$, $p = 0.09$) did not show any remarkable relationship with good adherence. Patients' knowledge about HTN and its treatment was evaluated as one of the components of contributing factors. Surprisingly, the least knowledgeable subjects were good adherents and as the knowledge increases the adherence somehow decreases to moderate to poor. There were many reasons for missing doses and forgetting to take medication was reported as a first reason in a frequency hierarchy. This study reported a high proportion of good medication adherence. However, patients with poor adherence should be more closely monitored and appropriate medication counseling must be given to optimize their drug taking behavior.

RESUMEN. Este estudio transversal se realizó en un centenar de pacientes que fueron entrevistados mientras visitaban un hospital y farmacias comunitarias para volver a satisfacer sus recetas. El estudio se realizó de septiembre a diciembre de 2013. Se incluyeron pacientes de 18 a 90 años de edad, que habían estado tomando medicamentos antihipertensivos durante al menos un mes, que podían entender los idiomas Tigrinia y Tigre. Se excluyeron gravemente enfermos, enfermos mentales y pacientes con discapacidades auditivas y de comunicación. La diferencia de medias en los dos grupos se comparó usando la prueba de chi cuadrado. El análisis de regresión logística binaria se utilizó para calcular la fuerza de la relación entre la adherencia y sus factores contribuyentes. De los 100 encuestados, el 68% tenían "buena adherencia", el resto el 32% eran "malos partidarios". Los siguientes factores se informan como una influencia positiva en la adherencia: edad (adultos mayores, $B = 2.219$, $p = 0.03$), número de píldoras (monoterapia, $B = 1.25$, $p = 0.03$), revisión médica (a menudo, $B = 1.87$, $p = 0.03$), educación (analfabeto, $B = 1.22$, 0.04), empleo (desempleado, $B = 1.212$, $p = 0.05$) estado civil (casado, $B = 1.547$, $p = 0.05$) y control de BP (pacientes controlados, $B = 2.241$, $p = 0.04$). Por otro lado, sexo (masculino/femenino $B = 1.187 / 0.843$, $p = 0.4$), ingreso (asalariado/no asalariado, $B = 0.939/1.065$, $p = 0.3$), duración del tratamiento (<5 años / 5 y superior $B = 0.977/1.023$, $p = 0.4$), el salario (gobierno/propio, $1.383 / 0.723$, $p = 0.2$) y los antecedentes familiares (sí/no, $B = 1.533/0.652$, $p = 0.09$) no mostraron ninguna relación notable con una buena adherencia. El conocimiento de los pacientes sobre la HTN y su tratamiento se evaluó como uno de los componentes de los factores contribuyentes. Sorprendentemente, los sujetos menos informados fueron buenos adeptos y, a medida que el conocimiento aumenta, la adherencia disminuye de algún modo a moderada a pobre. Hubo muchas razones por las que faltaban dosis y olvidarse de tomar la medicación se informó como una primera razón en una jerarquía de frecuencia. Este estudio informó una alta proporción de buena adherencia a la medicación. Sin embargo, los pacientes con adherencia deficiente deben ser monitoreados más de cerca y se debe dar una asesoría apropiada sobre medicamentos para optimizar su comportamiento de tomar drogas.

KEY WORDS: adherence, antihypertensive drugs, contributing factors, eritrea, hypertension, Morisky medical adherence scale (MMAS).

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