Pseudoresistant hypertension attributed to poor adherence and inappropriate antihypertensive therapy

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The study was aimed to assess the prevalence of Resistant Hypertension (RH) and pseudoresistant hypertension (pRH) attributed to poor adherence and inappropriate antihypertensive therapy. This study was designed as a cross-sectional survey conducted among hypertensive outpatients through home blood pressure (BP) measurements and interviews. Adherence was assessed using a validated version in Portuguese of the 8-item Morisky Medication Adherence Scale (MMAS-8). Overall, 692 patients were enrolled in the study. Mean age was 57.4±12.9 years and 72.5% were females. Mean number of prescribed antihypertensives per patient was 1.8 (SD=0.6). Only 240 (34.7%) patients had controlled BP. The means of systolic and diastolic BP were 149.7±13.2 mmHg and 88.1±8.5 mmHg respectively. 67 patients (9.7%) met criteria for RH. 174 out of 452 (38.5%) patients with uncontrolled BP and appropriate antihypertensive treatments were nonadherers. 10.0% (45/452) of patients with uncontrolled BP were adherent to inappropriate antihypertensive treatment; and 45.8% (207/452) of patients with uncontrolled BP were nonadherers and used inappropriate treatment. All these patients (426/452) met the criteria for pRH. Age, number of antihypertensive agents and appropriateness of prescription neither did affect BP control nor systolic and diastolic BP values. Medication adherence was significantly associated with BP control (P=0.000). Poor adherence to antihypertensives seems to be the most relevant cause of pseudoresistant hypertension. The use of assessment tools related to BP in order to support the identification and removal of this factor may contribute to rule out the diagnosis of resistant hypertension.

Biography

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