

Out of Hours

Hypertension from the patient's perspective

TREATING HYPERTENSION

Every day, countless prescriptions are signed for antihypertensive medications, many of which are never taken. When managing hypertension we demand a lot from our patients: lifestyle changes that can be difficult and disruptive; and, if necessary, regular use of antihypertensive medication. These come with risks and many patients struggle to remember to take their tablets as prescribed. Hypertension is a largely silent condition and treatment aims to reduce the risks of future diseases, in particular strokes, ischaemic heart disease, and renal failure, rather than to reduce current suffering. It is perhaps not surprising, then, that studies tend to find very poor levels of patient compliance with antihypertensive medication regimes.^{1,2} This is because patients do not have debilitating symptoms as a motivator to comply, nor the reward of relief of suffering to encourage continued adherence.

In order to motivate patients to comply, and to ensure that they use the medications appropriately and with informed consent, we must ensure they understand the potential benefits (and risks) of treating hypertension.

PATIENT VIEWS

In order to better understand patients' perceptions of hypertension and its treatment, in early 2015 I undertook semi-structured interviews (including the Morisky MMAS8 medication compliance questionnaire)³ with patients at a GP practice in central Manchester who were attending their annual hypertension reviews. Excluded from the survey were patients not taking antihypertensive medication at the time of the interview, those who would not comply with the survey, and those unable to speak English sufficiently to complete it, leaving 27 patients.

All patients felt that treating hypertension was either 'very' or 'quite' important. This may not be representative of the practice's patients with hypertension as a whole because the patients included in the study had all agreed to attend an annual hypertension review; others were invited but did not attend.

The mean MMAS8 compliance score for those answering that treating hypertension is 'very' important was 0.8 (high adherence); the mean for those answering 'quite' was 2

(medium adherence). Patients were asked why they thought treating hypertension is important. Answers ranged from the specific (reduced vision, painful legs) to the vague ('*something would happen*', '*it isn't healthy*'), with an occasional '*because the doctor tells you to!*' Most patients volunteered one or both of heart attacks and strokes as being reasons to treat hypertension; just 8/27 were unaware of either of these potential consequences. Interestingly, the group that thought hypertension control 'very important' and the group considering it 'quite important' had the same rates of recognition of heart attacks and strokes as complications.

SYMPTOMS

A total of 17/27 patients said they had experienced symptoms as a result of their hypertension. The most commonly reported symptoms were headaches, dizziness, hot flushes, and mood disorders (low mood, frustration, irritability). Other answers included chest tightness, palpitations, backache, constipation, and reduced vision. These symptoms would not normally be expected with the non-accelerated hypertension documented for these 27 patients. We certainly cannot assume that the existence of these symptoms was a direct result of the hypertension.

The patients' belief that their symptoms were hypertension related was resulting in potential harm. Symptoms that might normally prompt the patient to seek medical advice (for example, palpitations, dizziness, low mood) were being ignored, presumed treated by the antihypertensive medications. One patient was treating her severe headaches with extra doses of her drugs. Many patients expected that they would feel better if their blood pressure was lower, giving the potential for poor compliance as a result of perceived ineffectiveness.

"... many patients ... did not understand why they were being treated for hypertension ..."

ADDRESS FOR CORRESPONDENCE

Anna K Goodhart

Postgraduate Centre, Central Manchester Foundation Trust, Manchester, Oxford Road, M13 9WL.

E-mail: annagoodhart@yahoo.co.uk

HOME BLOOD PRESSURE MONITORING

A common theme among patients who believed their symptoms were a result of their hypertension was the use of home blood pressure monitoring. Patients described how a painful or worrying symptom would arise and so, in something of a panic, they would measure their blood pressure and find it to be high, thereby strengthening their belief that the symptom was a result of high blood pressure.

MORE PATIENT EDUCATION NEEDED

In conclusion, many patients in this group did not understand why they were being treated for hypertension, and most attributed symptoms to this condition. More patient education into what to expect from hypertension and antihypertensive medications, and into the risk reduction aims of treatment, is required in order to promote patient autonomy for managing hypertension and to improve safe compliance with treatment regimes. The gaps and inaccuracies in patients' understanding identified by this study are being addressed with a leaflet for practitioners to give to newly diagnosed patients and to patients at annual hypertension reviews. A similar approach may benefit patients elsewhere.

Anna K Goodhart,

CMT2, Manchester Royal Infirmary, Oxford Road, Manchester.

DOI: 10.3399/bjgp16X687757

REFERENCES

1. Osterberg L, Blaschke T. Adherence to medication. *N Engl J Med* 2005; **353**(5): 487–497.
2. Lagi A, Rossi A, Passaleva MT, et al. Compliance with therapy in hypertensive patients. *Intern Emerg Med* 2006; **1**(3): 204–208.
3. Pérez-Escamilla B, Franco-Trigo L, Moullin JC, et al. Identification of validated questionnaires to measure adherence to pharmacological antihypertensive treatments. *Patient Prefer Adherence* 2015; **9**: 569–578.