



Compliance with medication for blood pressure and cholesterol control

Studies show that 10-20% of people do not start taking medicine that has been prescribed for them. An even larger number, who have started, cease the medication after weeks or months. High blood pressure and high cholesterol both threaten life in the long term. They only produce symptoms toward the end of life. If people are to accept medication and adhere to taking it on a long term basis, they need to fully understand why it is being prescribed and what is to be gained by taking treatment over many years. The treating doctor must take some time to describe:

- The purpose of the medication
- Likely effect on blood pressure or cholesterol targets
- Any possible adverse effects of the medication
- Why follow-up is required to achieve appropriate target levels of blood pressure or cholesterol
- Why doses may be modified either upwards or downwards
- Other drugs are available, should the prescribed tablets prove ineffective or cause adverse effects.

Reasons for non-acceptance

Patients have many excuses for not filling a prescription or not taking medication. These include:

- "I might become dependent on the drugs, or addicted". In fact, none of the medications for the control of blood pressure or cholesterol are habit forming or addictive.
- "I don't like taking tablets".
- "I might become weak, depressed or impotent while on the medication"
- "I don't need treatment – I feel fine as I am".

These are all value judgments based on lack of understanding, denial or anxiety at having to receive medical treatment, which might be seen as some form of weakness or intrusion into life.

Such lack of understanding may be due to the patient's attitude or failure to take in the doctor's information, or failure of the doctor to supply that information. Some people check on the doctor by asking the pharmacist, who nearly always advises that the prescription should be followed exactly as written. Even then some patients will not proceed with the medication.

Reasons for non-adherence

As many as half of all patients being treated for high cholesterol levels have stopped their medication within a year. This is startling, since most modern treatments to lower cholesterol produce very few side effects. Some treatments to lower blood pressure may produce adverse effects in some people, but the range of drugs is so great that it is almost always possible to find a combination of treatments which control the blood pressure well, without producing adverse effects.

Reasons for "non-adherence" include:

- "I was feeling OK and thought I didn't need the tablets any more". In fact, if the medication was needed before, it is probably needed on a continuing basis.

- “My blood pressure (or cholesterol level) became normal, so I thought it was not necessary to continue the treatment”.
- “The doctor said I could stop”. In such cases, the patient has usually put it to the doctor that, as the blood pressure (or cholesterol level) is now normal, it would be reasonable to stop the treatment and see what happens. A compliant doctor may well agree with this, making it possible for the patient to say “the doctor said I could stop, and hence I have no further need to go see the doctor and no need to take medication”.
- “It cost so much for so little gain”. There is no immediate gain that is recognizable, and cost may be significant. However, the long term gains are important.
- “I took the tablets and felt no different” or “I took the tablets and felt worse”. The patient should not expect to feel better because of taking tablets. Some people will possibly feel worse because of adverse effects. This is one of the major reasons for medical review, adjustment of dose or change of medication.
- “I completed the course of treatment”. Most medications come with a limited supply of tablets and a number of repeat prescriptions. Patients may consider, or choose to consider, that once the first lot of tablets has run out, the course is complete and there is no longer a need to take the medication. This is due to lack of understanding or to personal denial of need.

Conclusion

Most patients understand the need for control of blood pressure and cholesterol levels, and how this can be achieved by medications. Most doctors prescribe well. Most patients are prepared to accept the information doctors give. However, some patients deny any need for medication, outside

control, advice or support. Non-compliance with medication, through either non-acceptance or non-adherence, is a major cause of future disability through heart and blood vessel disease, including strokes.

One cannot bully people into taking prescribed medication. If people consider that they do not need medication for any of the reasons given above, they need to explore their level of understanding and recognize aspects of their personality structure that prevent them from following medical advice – advice which could save their lives.

Dr Alan Goble
Cardiology Consultant
2001

For more information go to our website

www.heartresearchcentre.org

© Heart Research Centre