# Improving medication adherence among patients with hypertension

# A tip sheet for healthcare providers

edication adherence is critical to successful hypertension control for many patients. However, only 51% of Americans treated for hypertension follow their healthcare providers' (HCPs') advice

when it comes to their long-term medication therapy.

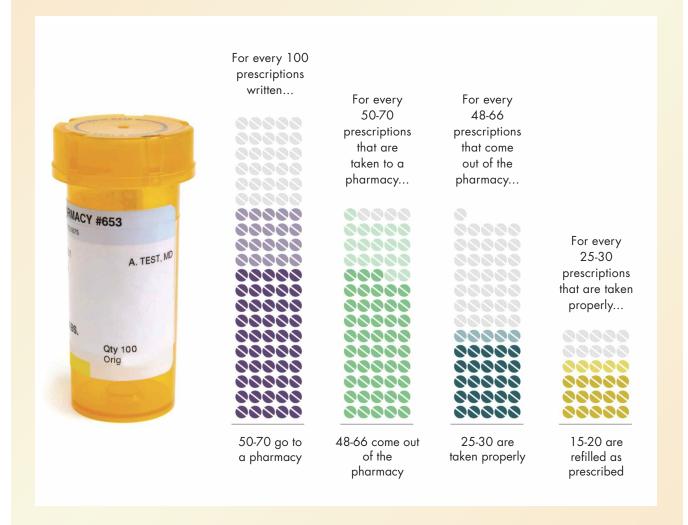
Adherence matters. High adherence to antihypertensive medication is associated with higher odds of blood pressure control, whereas non-adherence to cardioprotective medications increases a patient's risk of death from 50% to 80%.

As an HCP, you can empower your patients to take their medications as prescribed. Effective two-way communication is critical; in fact, it doubles the odds of your patients taking their medications properly. Try to understand your patients' barriers and address them as honestly as you can to build trust.

#### The SIMPLE method

Use the SIMPLE method to help improve medication adherence among your patients.

# Medication adherence by the numbers



# Simplify the regimen

- Encourage patients to use adherence tools such as day-of-the-week pill boxes or mobile apps.
- Work to match the action of taking medication with a patient's daily routine (e.g., mealtime or bedtime, with other medications they already take properly).

### mpart knowledge

- Write down prescription instructions clearly, and reinforce them verbally.
- Provide websites for additional reading and information—find suggestions at the Million Hearts® website.

# Modify patients' beliefs and behavior

- Provide positive reinforcement when patients take their medication successfully, and offer incentives if possible.
- Talk to patients to understand and address their concerns or fears.

#### Provide communication and trust

 Allow patients to speak freely. Time is of the essence, but research shows that most patients will talk no



# Predictors of non-adherence

When discussing medications, be aware if your patient:

- Demonstrates limited English language proficiency or low literacy.
- Has a history of mental health problems such as depression, anxiety, or addiction.
- Doesn't believe in the benefits of treatment.
- Believes medications are unnecessary or harmful.
- Has a concern about medication side effects.
- Expresses concern about the cost of medications.
- Says he or she is tired of taking medications.

These behaviors and beliefs can all be predictors of a patient who may struggle with adherence to medication.

longer than 2 minutes when given the opportunity.

- Use plain language when speaking with patients.
  Ask, "Did you take all of your pills?" instead of using the word "adherence."
- Ask for patients' input when discussing recommendations and making decisions.
- Remind patients to contact your office with any questions.

#### Leave the bias

- Understand the predictors of non-adherence and address them as needed with patients.
- Ask patients specific questions about attitudes, beliefs, and cultural norms related to taking medications.

#### Evaluate adherence

- Ask patients simply and directly if they are sticking to their drug regimen.
- Use a medication adherence scale—most are available online:
  - Morisky-8 (MMAS-8)
  - Morisky-4 (MMAS-4 or Medication Adherence Ouestionnaire)
  - · Medication Possession Ratio (MPR)
  - Proportion of Days Covered (PDC)

Additional materials to help your patients control hypertension are available at the Million Hearts® website.

The information in the article is courtesy of the Million Hearts<sup>®</sup> initiative at www.millionhearts.hhs.gov.