

## **M-1449 Patient adherence to antihypertensives in Slovenia**

**Background:** In patients with hypertension, non-adherence is a significant risk factor that is related to the reduced control of blood pressure leading to significant elevation of risk for serious cardiovascular diseases.

**Purpose:** To validate a Slovenian version of a self-reported 8 item Morisky Medication Adherence Scale (MMAS-8) and to evaluate patient adherence to antihypertensives in Slovenia. Additionally, to assess risk factors related to patient non-adherence.

**Methods:** MMAS-8 was translated to Slovenian language by two experts, consensus was reached on the Slovenian version, which was then back translated to English language and compared to the original version. Validation of the Slovenian versions of MMAS-8 and evaluation of adherence was performed on a sample of adult Slovenian speaking patients which were enrolled by pharmacists in a randomly allocated sample of Slovenian community pharmacies. Patients that were dispensed at least one antihypertensive medicine were asked to fill out the survey at home and return it by regular mail. The survey included MMAS-8 questionnaire and patient socio-demographic data, namely; sex, age, monthly income, education category, smoking status, and the data regarding antihypertensives (AH) (treatment duration, number of medicines taken and the dosage regimen). The degree of adherence was determined according to the score resulting from the MMAS-8 questionnaire. The risk factors of patient non-adherence were estimated using multinomial logistic regression in IBM SPSS Statistics version 21.

**Findings:** In total 468 patients returned completed surveys. Among them 58% were female; 14% were younger than 55 years, 33% were between 55 and 65, while 53% were older than 65; the majority (85%) were non-smokers. Almost all the patients (95%) were treated for hypertension more than 1 year; 37% of the patients were taking only one AH drug, 32% were concomitantly taking 2 AH drugs, the other were concomitantly taking 3 or more AH drugs; 45% of the patients take the AH drug once per day. Fiftythree percent of patients had high adherence rate (scored 8 points), 31% had medium adherence rate (scored 6 or 7 points), 16% had low adherence rate (scored 6 or less). Older patients were more adherent (odds ratio for adherence was 1.5 to 1.7;  $p < 0,01$ ), while patients taking one additional AH drug were less adherent (odds ratio 0,63;  $p < 0,01$ ).

**Conclusion:** Approx 50% of patients have an ideal adherence score according to MMAS-8. Patients that are older and have less antihypertensives are more adherent.

**Location of Primary Work:** Slovenia

