

ADHERENCE IN HYPERTENSION

PART 1: WORLD ADHERENCE DAY – THE CAMPAIGN



Improving medication adherence and hypertension control: the essence of a global movement

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There are some simple facts about hypertension that bear repeating. Hypertension remains the leading risk factor for non-communicable disease mortality, responsible for 11 million deaths in 2021.¹ Treatment is affordable, cost-effective, and can be integrated into primary care with relative simplicity. Finally, less than half of adults with hypertension globally are receiving treatment, and fewer than 20% of people with hypertension have their condition under control.² These simple and seemingly incongruous facts reveal a complex reality; one where the policies and systems needed to implement hypertension care are lacking, and where barriers to initiating and sustaining treatment pose significant challenges to patients.

Failure to initiate or sustain pharmacological treatment, known as medication non-adherence, is common. Although rates vary across studies and settings, the proportion of people not adhering to antihypertensive medication in the first year after starting treatment often ranges from 50-80%.^{3,4} It is also one of the major drivers of the

high rates of uncontrolled hypertension observed globally. Of the approximately 630 million people treated for hypertension worldwide, only 320 million have their condition under control. As of 2024, 99 countries have control rates below 20%. In addition to significant mortality and morbidity, uncontrolled hypertension causes massive expense due to the costs of managing myocardial infarction and stroke, and resulting productivity losses. These losses are greatest in low- and middle-income countries, where most people with hypertension live and where hypertension control rates are often lower.²

The question, therefore, is clear; how do we intervene to increase medication adherence in people with hypertension? We need to act on multiple fronts and with tailored interventions. Adherence may seem like the simple matter of helping individual patients remember to take their pills, and we are fortunate to have several evidence-based approaches in our toolbox to help achieve this. Patient education and motivation

interventions, medication reminders and clinical pharmacist consultations for example have been shown to improve adherence in several trials.⁵ However, we also need to ensure that our health policies and systems make these interventions feasible, and do not present additional roadblocks to medication adherence. Hypertension medications must be affordable and available to the entire population. Treatment protocols should appropriately address medication adherence, and primary care teams must be trained, equipped and ready to implement these protocols in their practice. Policies to improve health literacy and public awareness of the risks of hypertension and non-adherence should be pursued.⁶

As a global advocacy organization representing over 200 scientific and advocacy societies worldwide, World Heart Federation (WHF) is working to promote such policies and awareness. We recognize that these interventions must be driven at national level and be context appropriate. But we also recognize such national action can be inspired and shaped by the power of global campaigns. Improved hypertension detection, treatment and control rates were central to WHF's advocacy at the recent UN High Level Meeting on Non-Communicable Diseases. The resulting draft UN Declaration contains a target of 150 million more people having their hypertension under control by 2030. Although less ambitious than the 500 million target advocated by WHF, this sets countries with a clear goal towards which they now must work.⁷ Policies to improve adherence to hypertension medications must naturally be a part of this, and WHF will work to support implementation of such policies at national level. WHF's Hypertension Roadmap provides a useful guide for this work, and improving medication adherence is one of the priority solutions it calls on countries to implement. Specific policy approaches presented in the Roadmap include steps to reduce patient out-of-pocket costs for medication, improve care coordination and patient-centredness, and reduce the burden of renewing and refilling prescriptions.⁶

The use of single-pill combination therapies (SPCs) has also proven effective in improving medication adherence. Leading hypertension treatment guidelines now give preference to these

medications and several combination therapies are included in the WHO Essential Medicines List.⁶ However, barriers to implementation of SPCs, including complex regulatory pathways and challenges to procurement, persist. WHF's recent Roadmap on SPCs again presents several policy approaches to overcoming these barriers that can be implemented at national level.⁸ The Pan American Health Organization's HEARTS in the Americas programme provides a useful case study. SPCs for hypertension treatment have been integrated into the programme's standard treatment protocols, and a centralized pooled procurement mechanism ensures the availability of affordable SPCs in several countries in Latin America.^{8,9}

Although advocacy and technical guidance are key to policy change, a major shift in adherence rates to hypertension treatment will also require the momentum and impetus of a global movement. Recently, WHF initiated World Adherence Day to unite civil society, healthcare professionals and other actors behind this cause every year on 25th March.¹⁰ Thanks to a wealth of educational and communication resources and the engagement of partners, including the International Society of Hypertension, events were organized internationally to educate health professionals and patients. News stories and social media raising awareness about the importance of adherence reached over half a million people worldwide. Going forward, World Adherence Day offers an excellent opportunity to build momentum and harness further action on adherence at national level. Ultimately, it should be the engine that drives the machine of improved awareness and policy.

While the need to act on hypertension may seem self-evident, and the challenge of adherence straightforward, the solutions are complex and require a thoughtful and holistic response. This response relies on the energy of an array of stakeholders, working nationally and internationally to highlight the significant health gains to be made by tackling uncontrolled hypertension and non-adherence. Global advocacy, awareness campaigns and policy guidance are an important part of this, and WHF is committed to this work. We count on your support.

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