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Self-reported adherence and associated factors regarding antihypertensive medication in Seychelles

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Introduction. Adherence to medication for asymptomatic disease is often low. We assessed factors associated with good adherence to medication for high blood pressure (HBP) in a country of the African region.

Methods. A population-based survey of adults aged 25-64 years (N=1240 and participation rate=73%). Information was available in knowledge attitude and practice, SES and other variables. One question assessed adherence. Good adherence to treatment was defined as answering “I forget very rarely” vs “I forget on 1-2 days in a week” or “I forget on 3 or more days in a week”.

Results. In a univariate model adherence was strongly associated with belief that hypertension is a long-term disease (OR 2.6, $p<0.001$) and was negatively associated with concomitant use of traditional medicine (OR 0.36, $p<0.005$). The following variables tended to be associated with good adherence for HBP treatment: age, SES, BMI, belief that HBP is not symptomatic, going to government’s clinics, medium stress level, controlled hypertension, taking statins. The following variables were not associated with good adherence for HBP treatment: education, higher BP, knowing people who had a stroke/MI, suffering from another chronic condition. In a multivariate model, pseudo R^2 was 0.14.

Conclusion. We built a multidimensional model including a wide range of variable. This model only predicted 14% of adherence variability. Variables associated with good adherence were demographics or related to knowledge attitude and practice. The latter one is modifiable by different type of interventions.