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MEETING ABSTRACT

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Knowledge on arterial hypertension therapy in outpatients in Novi Sad

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Background: Factors such as obesity, smoking, poor eating habits and sedentary life-style, and high levels of cholesterol all can contribute to higher rates of cardiovascular diseases. Despite the availability of a large number of medicines efficient in hypertension management, the rate of successfully controlled hypertension in Serbia was found to be low. Previous studies in our setting found prescription patterns in line with available guidelines, but information on patient-related factors possibly influencing blood-pressure control is lacking. Involving patients in decision-making regarding treatment, and providing information about the life-style habits that can affect blood-pressure control should be a routine part of care. Therefore, this study aimed to determine levels of knowledge on risk factors, symptoms, treatment and complications of hypertension in outpatients currently being treated with antihypertensive drugs.

Methods: This research was conducted on a random sample of 100 outpatients between 17 December 2018 and 31 January 2019 during dispensing of antihypertensive drugs in pharmacies. Patients completed a questionnaire containing four parts: demographic information, health status, knowledge on therapy for arterial hypertension and current practice of management of hypertension.

Results: Rates of uncontrolled hypertension, during the last check-up, were statistically significantly higher in men (52.3%), patients older than 65 years of age (44.0%) and pensioners (51.9%) compared to reference groups. A high level of knowledge of non-pharmacological measures of prevention of hypertension was observed, but misconceptions on hypertension symptoms were prevalent. Patients were well aware on the complications of hypertension. The highest percentage of examinees stated that they were using 2 medicines in therapy (46.8%), and that they were aware of the voluntary risks of therapy termination. About 30% of patients stated that they sometimes skip taking the prescribed therapy, listing forgetfulness as the most common reason.

Discussion: Adequate blood pressure control was achieved only in less than half of outpatients on antihypertensive therapy. The fact that included patients were the ones picking up their treatment in pharmacies could mean that the overall rates of blood-pressure control in patients prescribed antihypertensive drugs in the Serbian setting are even lower, as the patients with primary non-adherence and patients with non-persistence could not be included. Previous findings of male sex being associated with lower rates of blood-pressure control was confirmed in the present study. Results on the influence of age on blood-pressure control in the available literature are contradicting, but the observed lower rates of blood-pressure

control in patients older than 65 years could possibly be explained by comorbidities, drug-taking habits and fear of interactions with other drugs. The biggest misconception identified in the present study was uncontrolled hypertension being associated with specific symptoms, while knowledge on other hypertension-related issues was adequate. Multiple other factors that could influence blood-pressure control could not be determined due to the nature of study design. Further research is necessary to determine the culprits behind low rates of blood-pressure control in the Serbian setting.

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