

Publication

Adherence and persistence with taking medication to control high blood pressure

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Author(s) Hill, Martha N; Miller, Nancy Houston; Degeest, Sabina; American Society of Hypertension Writing Group; Materson, Barry J; Black, Henry R; Izzo, Joseph L; Oparil, Suzanne; Weber, Michael A

Author(s) at UniBasel [De Geest, Sabina M.](#) ;

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Nonadherence and poor or no persistence with taking antihypertensive medications results in uncontrolled high blood pressure, poor clinical outcomes and preventable health care costs. Factors associated with nonadherence are multilevel and relate not only to the patient, but also to the provider, health care system, health care organization, and community. National guideline committees have called for more aggressive approaches to implement strategies known to improve adherence and technologies known to enable changes at the systems level including improved communication among providers and patients. Improvements in adherence and persistence are likely to be achieved by supporting patient self-management, a team approach to patient care, technology-supported office practice systems, better methods to measure adherence, and less clinical inertia. Integrating high blood pressure control into health care policies that emphasize and improve prevention and management of chronic illness remains a challenge. Four strategies are proposed: focusing on clinical outcomes; empowering informed, activated patients; developing prepared proactive practice teams; and advocating for health care policy reform. With hypertension remaining the most common reason for office visits, the time is now.

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