

NÃO ADESAO AO TRATAMENTO DA HIPERTENSÃO ARTERIAL

NON-ADHERENCE TO HYPERTENSION TREATMENT

João Pedro Cardoso Faccio; Amanda Tressoldi

1. Acadêmica do curso de Medicina na Afya Centro Universitário de Pato Branco - PR; 2. Professor do curso de Medicina da Afya Centro Universitário de Pato Branco - PR.

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ABSTRACT

Systemic arterial hypertension is a major public health issue due to its high prevalence and association with cardiovascular complications. Despite the effectiveness of antihypertensive treatment, low adherence remains one of the primary barriers to adequate blood pressure control. The aim of this study was to analyze, through a literature review, the main factors associated with non-adherence to hypertension treatment and the relationship between patient knowledge and therapeutic adherence. A literature review was conducted based on four scientific articles retrieved from the PubMed and Scientific Electronic Library Online (SciELO) databases. The studies investigated the prevalence of adherence and non-adherence, factors associated with therapeutic behavior, and the relationship between knowledge and adherence to antihypertensive treatment. The results demonstrated that adherence is multifactorial in nature, linked to individual characteristics, clinical conditions, pharmacological treatment, and the organization of health services. The literature also showed a low prevalence of adherence to antihypertensive treatment in Brazil. It is concluded that improving adherence requires individualized strategies and health education.

Keywords: Hypertension; Medication Adherence; Risk Factors.

INTRODUCTION

Systemic arterial hypertension (SAH) affects an average of 31% of the adult population in Brazil. Lack of treatment adherence is a primary cause of inadequate hypertension control, contributing to high rates of hypertension-related issues. Various factors may be associated with non-adherence to treatment, such as family context, difficulty reading packaging, and inadequate access to medications. A diagnosis of hypertension is established based on systolic blood pressure ≥ 140

mmHg and/or diastolic blood pressure ≥ 90 mmHg. Blood pressure management involves both pharmacological and non-pharmacological treatments; it is estimated that 45.2% of hypertensive patients do not adhere to prescribed regimens. Regarding adherence, it is important to consider the patient holistically and tailor treatment to their specific needs and personal circumstances, taking socioeconomic issues into account.

METHODS

A literature review was conducted based on scientific articles regarding the prevalence of adherence and non-adherence to antihypertensive treatment. The literature search was performed using the Scientific Electronic Library Online (SciELO), PubMed/MEDLINE, and PubMed Central (PMC) databases; four articles were selected, prioritizing those published between 2020 and 2026.

RESULTS

The four studies analyzed demonstrated that adherence to antihypertensive treatment remains a significant, multifactorial challenge. Despite methodological differences among the studies, there was a consensus on the need to understand adherence beyond individual patient behavior, taking into account treatment characteristics, clinical conditions, socioeconomic factors, and the organization of health services.^{1–4}

In the review by Coelho et al., there was no statistically significant improvement in adherence prevalence when comparing the 2001–2010 and 2011–2021 periods. The estimated prevalence was approximately 42% in the first period and 44.7% in the second, with no significant difference. This finding suggests that, despite the creation and expansion of policies and programs aimed at managing chronic diseases, low adherence remains a persistent problem in Brazil.²

The importance of health services was also highlighted by Albuquerque, Borges, and Rodrigues. In a cross-sectional study of 682 hypertensive patients monitored by the Family Health Strategy in Teresina, the prevalence of non-adherence to pharmacological treatment was 64.5%. The authors identified a higher likelihood of non-adherence among women, younger individuals, alcohol consumers, patients with uncontrolled blood pressure, those experiencing adverse drug reactions, and those who missed appointments.⁴

Among the identified gaps, the need for multicenter studies and greater standardization in adherence assessment stands out. The Brazilian review identified an absence of studies conducted exclusively in the North region and highlighted the need for national research using standardized instruments capable of identifying factors associated with non-adherence.² Further research is also needed to examine in greater depth how factors such as health literacy, attitudes toward treatment, digital technologies, and the nature of the patient-team relationship can influence adherence.¹

CONCLUSION

This review demonstrated that non-adherence to treatment for arterial hypertension is frequent and constitutes a multifactorial phenomenon. Key factors identified included individual and behavioral characteristics, younger age, alcohol consumption, uncontrolled blood pressure, adverse drug reactions, and missed appointments.

The main contribution of this review is to reinforce that non-adherence should not be understood solely as an individual failure on the part of the patient, but rather as the result of the interaction between different dimensions of care. Consequently, strategies to improve adherence must combine health education, effective communication, individualized identification of barriers, management of adverse effects, facilitated access to medications, and continuous monitoring by the healthcare team. For future research, multicenter, longitudinal studies are recommended to identify the determinants of non-adherence and evaluate the effectiveness of interventions aimed at improving adherence and the control of arterial hypertension.

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