FACULTY OF CLINICAL SCIENCES
COLLEGE OF MEDICINE, UNIVERSITY OF LAGOS

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THEME

Environmental Virology, Exposomics and Epigenetics

VENUE

Old Great Hall, College of Medicine, University of Lagos, Idi Araba, Lagos State

DATE

WEDNESDAY 8TH JUNE 2016

TIME

8.00 am - 5.00pm

• PROGRAMME & BOOK OF ABSTRACTS •

COMPARATIVE STUDY OF COMPLIANCE WITH ANTIHYPERTENSIVE THERAPY AMONG HYPERTENSIVES IN RURAL AND URBAN GENERAL HOSPITALS IN LAGOS

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Background and Objectives: Hypertension is a major public health problem, being one of the leading causes of Disability Adjusted Life Years. In view of the high prevalence of hypertension, prevention and control remain major health priorities. Non-compliance with antihypertensive medication and/or lifestyle modification is a significant reason for failure to achieve good blood pressure (BP) control. The objective of the study was to compare level of compliance to antihypertensive therapy among hypertensive patients in General Hospitals in a rural and urban area in Lagos.

Materials and Methods: The study was a comparative study conducted from May– September 2015. Multistage sampling was used to select 180 respondents each from Randle (Urban) and Ikorodu (Rural) General Hospitals. An interviewer-administered questionnaire containing a validated self-report type of adherence tool for measurement of compliance to medication (Morisky's Medication Adherence Questionnaire-8) was used. BMI and BP were documented using conventional methods. Data was analyzed using Epi Info ® 3.5.1 and SPSS ® 20 statistical software.

Results: A small percentage of respondents from both hospitals had high compliance with their antihypertensive medication(s). In Randle 25.0% of respondents had high compliance, 33.3% had medium compliance and 41.7% had poor compliance. In Ikorodu, 29.4% of respondents had high compliance, 36.1% had medium compliance and 34.4% had poor compliance. A high percentage of respondents in both Randle/urban (59.4%) and Ikorodu/rural (80.0%) stated that drug cost was a reason for poor compliance. However there was no significant association between drug cost and compliance in both hospitals. There was a significant association between compliance and forgetfulness in both Randle (AOR: 29.9, $p<0.001$) and Ikorodu (AOR: 73.3, $p<0.001$). In Ikorodu hospital prescription of numerous medications was identified as a factor affecting compliance (AOR: 23.8, $p<0.001$) and respondents who always kept appointments were twice as likely to have medication compliance as those who did not. (AOR: 2.135, $p = 0.023$).

Conclusions: Compliance to antihypertensive medication is still sub-optimal both in patients attending hospitals in urban and rural areas in Lagos. A myriad of factors were highlighted as possibly being responsible for poor compliance which stretch from social/economic factors, provider-patient/health care system factors, and therapy related factors.