# RESISTANT HYPERTENSION: RESULTS FROM OUR RESEARCH

We are a team of health researchers working in Galway and Limerick to learn about Resistant Hypertension (when patients take 3 or more blood pressure medications but blood pressure readings remain consistently above target level).

We carried out 6 research studies in 16 practices – including this practice! - in the west of Ireland over 3 years (2015 - 2018). This is a summary of what we found out. Without the involvement of patients we could not have achieved this.

Thank you!

### WE DID A REVIEW OF EXISTING STUDIES

First we reviewed all the existing research on medication adherence in Resistant Hypertension. We found that 1 in 3 people diagnosed with Resistant Hypertension may not be taking their medications properly.

### WE LOOKED AT HOW COMMON THIS IS IN IRELAND

About 3% of patients with high blood pressure may have Resistant Hypertension. Two in 3 patients who appear resistant to treatment may have problems with adherence or dosing that can be fixed.

## WE WANTED TO FOLLOW PATIENTS OVER TIME

We found that, with support from practices, it is possible to follow patients to see how they are getting on with their health over longer periods of time.

# WE ASKED PEOPLE QUESTIONS ABOUT THEIR MEDICINES

The main reason people reported for not taking medication was that they forgot. People who had stable routines and strong habits for taking their medications had the best adherence.

# WE ASKED A FEW PEOPLE SOME MORE DETAILED QUESTIONS

People who always took their medications believed they were necessary and knew that they were working to control their blood pressure. They also used effective strategies to help them remember. It can be hard to identify if someone is having a problem with medication by talking, so GPs may need to use other tools.

# WE CHECKED URINE SAMPLES (WITH CONSENT) FOR MEDICINES

One in 4 patients were at least partially non-adherent to their blood pressure medications. Another 1 in 4 had white coat hypertension (when blood pressure readings are higher in the doctor's office than in other settings). It is important to check for this before calling someone resistant to treatment.

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# WHAT CAN I DO WITH THIS INFORMATION?

Here are some strategies that might help you to manage your medications more effectively. These apply to any kind of medication, not just for blood pressure. Talk to your GP about whether some of these options might work for you.



### ACTION PLANNING

Make an *if* - *then* plan of exactly how you will take your medication. For example, "If I have eaten my breakfast, then I will take my medication." This can help you to develop a strong routine for taking medication that works best for you.



### PIGGYBACKING

Try linking your medication taking with something you already do at the same time and place every day, like brushing your teeth or having a cup of tea in the morning. You can keep your medicines where you do those things to help you to remember.



### ADHERENCE SUPPORTS

There are lots of useful tools to help people to take their medications, including daily pill organisers, reminder alarms and diaries to keep track of when you have taken your medicine. Try some of these to see what suits you.





