

# Intensive management can improve blood pressure in non-adherent hypertensive patients

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Researchers from Boston University School of Medicine (BUSM) have shown that patients with uncontrolled hypertension respond to treatment intensification regardless of their degree of adherence to antihypertensive medications. This study, which has been published online in *Hypertension* could have an immediate impact on clinical care, as it challenges a widely held assumption.

The BUSM researchers studied 819 [patients](#) with [hypertension](#). Adherence was assessed using electronic bottle caps that record all bottle openings and provide a detailed record of pill-taking. Patients were divided into five groups: those with the best adherence, next-best, fair, poor and patients who did not return their electronic bottle cap (missing adherence).

The investigators then characterized the degree to which each patient's therapy was intensified, relative to the patient's blood pressure control. The effect of treatment intensification upon the final blood pressure was similar in all five adherence groups, and the small differences among groups were not statistically significant. The investigators concluded that treatment intensification can improve [blood pressure](#) control for patients with varying levels of adherence to therapy. .

"Despite a lack of evidence, many clinicians assume that 'nonadherent' patients cannot benefit from treatment intensification," said the study's

lead author, Adam Rose, MD, MSc, an assistant professor of medicine at BUSM and investigator at the Bedford Veterans Administration Medical Center in Bedford Mass. "Our study calls this assumption into question. One of the major contributions of this study is to remind us that adherence is not a binary concept, with patients divided into those who are 'adherent' or 'nonadherent,'" added Rose.

Rose recommends further studies be undertaken to determine the most effective management strategy for patients with uncontrolled hypertension and suboptimal adherence.

Source: Boston University Medical Center

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