Good health literacy is associated with better adherence to blood pressure medications among Hispanic individuals with high blood pressure, finds a study by NYU Rory Meyers College of Nursing and Columbia University School of Nursing. However, the majority of this population lacks health literacy and has poor adherence to their medications.

The findings, published in the *Journal of Racial and Ethnic Health Disparities*, point to a need for tailored interventions that consider health literacy and other factors to support medication adherence among Hispanics.

Hypertension, or high blood pressure, is a leading cause of cardiovascular disease for Hispanic individuals, the largest racial or ethnic minority population in the United States. Poor adherence to prescribed medication for high blood pressure is a major contributor to disparities in effective blood pressure control among Hispanics.

"Adherence to prescribed antihypertensives is an essential component of modifying the devastating risks of untreated hypertension," said Ann-Margaret Navarra, Ph.D., CPNP-PC, assistant professor at NYU Meyers and the study's senior author.

Whether a patient takes a medication as prescribed is influenced by many factors, including sociodemographic characteristics (e.g., age, sex, education level, and health insurance) and health (e.g., depression, anxiety, and sleep disturbances). Previous studies show that medication adherence is also linked to health literacy, or an individual's skills to gain access to, understand, and use information in ways that promote and maintain his or her health.

This study investigated the association between health literacy and adherence to blood pressure medication among Hispanic individuals who reported having hypertension. The researchers surveyed 1355 Hispanic adults, primarily individuals born in the Dominican Republic. Medication adherence and health literacy were evaluated, along with other sociodemographic and health factors.

The researchers found that having adequate health literacy was associated with higher adherence to blood pressure medication. However, the majority of patients had low levels of adherence to blood pressure medications (88.4 percent) and inadequate health literacy (84.9 percent).

Although having better health literacy levels was associated with being more adherent to medications, this association was not fully explained by health literacy levels. Other factors, including age, sex, birth country, level of education, mental health, sleep quality, and the clinical site where patients were receiving their care, also influenced medication adherence levels.

For instance, the researchers found a clear disparity between women and men, with men more likely take their blood pressure medications as prescribed. In addition, as age increased, medication adherence decreased.

"Our study suggests that a number of factors—including health literacy, sex, age, and sleep—should be considered when developing meaningful interventions to increase Hispanics' adherence to medication for high blood pressure. While more research is needed to further identify and prioritize these factors, a tailored approach could support medication adherence and therefore improve hypertension outcomes of Hispanics," said Maichou Lor, Ph.D., RN, a postdoctoral research fellow at Columbia Nursing and the study's lead author.

"When considering health literacy, for example, it is important to assess a patient's understanding of the
dose and purpose of the antihypertensive and use visual aids for individuals with low health literacy. However, it is equally important to ask about other modifiable factors for suboptimal adherence, including sleep disturbances and mental health issues, as we found these variables to be associated with lower antihypertensive adherence levels," added Navarra.


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