



## CLINICAL ISSUES IN HYPERTENSION

CANADIAN COALITION FOR HIGH BLOOD PRESSURE PREVENTION AND CONTROL  
COALITION CANADIENNE POUR LA PRÉVENTION ET LE CONTRÔLE DE L'HYPERTENSION ARTÉRIELLE

# *Layman's Hypertension:* How to Talk to Your Patients

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Drugs don't work in patients who don't take them! How can practitioners provide a clear message to enhance long-term adherence to antihypertensive regimens?

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Despite significant efforts by the health-care community, most hypertensive Canadians do not achieve adequate blood pressure control.<sup>1</sup> One of the reasons for this may be the inability, unwillingness, or lack of continued motivation for hypertensive individuals to undertake intensive efforts to reduce risk factors.

### *How is adherence affected?*

Compliance and adherence are multidimensional challenges. The terms adherence and compliance are, in fact, not synonymous. Compliance implies obedience to a directive, rather than a mutually agreed-upon course of action.<sup>2</sup> Conversely, adherence implies a more participatory process. The World Health Organization (WHO) defines adherence as the extent to which a person's behaviour—taking medications, following a diet, and/or executing lifestyle changes—corresponds with recommendations from a health-care provider.<sup>3</sup>

The WHO describes five interacting factors that affect adherence: social and economic, health-care team- and system-related, condition-related, therapy-related,

and patient-related. Other considerations within these dimensions include:

- knowledge of disease and its precursors;
- previous levels of adherence;
- ability to follow recommended behaviours;
- perception of health/benefits of therapy;
- availability of social support; and
- complexity of treatment regimen.<sup>4</sup>

It is important patients be involved in the decision-making process, and that they be well-informed about medications they are taking. Physicians and pharmacists must effectively communicate with the patient to ensure long-term adherence.

### *What do patients want to know about medications?*

Present-day thinking encourages educated patients who are interested, and sufficiently informed, to actively participate in their health management. It is generally accepted that better patient information improves health care. This improvement is manifested as ameliorated adherence and reduced levels of anxiety, or as improvement in the patient/provider relationship.<sup>5-7</sup>



Data from multiple sources suggest that, in general, four pieces of information are thought to be necessary by patients (Table 1).<sup>8</sup> However, there is an incongruity between what patients want to know and what physicians feel is important (Table 2).<sup>9</sup>

Currently, debate exists over whether information about side-effects leads to decreased compliance. A number of studies have found no difference between groups when information about side-effects is presented, but further investigation is required to define if there is a relationship between provision of this information and outcomes.<sup>10-12</sup>

A recent study of 406 hospital in-patients indicated 36% of patients received little or none of the information they desired.<sup>13</sup> The study also showed that:

- 73% wanted to know more about the condition and the medical name;
- 76% wanted further information on how the condition affects daily life;
- 85% wanted information on what is likely to happen to people with the condition;
- 90% wanted information on what the treatment is, and how it works;
- 81% wanted information on the side-effects of treatment; and
- 90% wanted information on causes of the condition, and whether it can be avoided.

### *What about written information?*

Written medication information is an important component of health education for patients and health-care providers. When used as an adjunct to verbal counselling, it can reinforce specific instructions or warnings. It may also provide a means for introduc-

Table 1

#### Medication information patients feel is necessary

- Side-effects
- What medication does, what it is used for
- How to take medication
- Dos & don'ts related to taking medication

ing supplemental information that may be difficult to convey during a counselling session. The benefits of written information on improving recall have been well-documented. However, content is not standardized, and materials are frequently written at a more technical level than the average patient can understand.<sup>14</sup> Simplified, evidence-based information sheets have been developed based on patient needs, and customized to provide basic information on medical conditions ([www.ti.ubc.ca/canadadrugguide](http://www.ti.ubc.ca/canadadrugguide)).<sup>15</sup>

### *How do health-care providers interact with patients?*

It has been suggested that patients are rarely involved in the prescribing process. Physicians may initiate discussions about medications, but, rather than having effective two-way communication, they tend to domi-

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Table 2

## Patient vs. physician perception of information

Information category	Patient's ranking	Doctor's ranking	Doctor's rating
Possible side-effects	1.0	10.5	3.3
What the medication does	2.0	10.5	3.3
Lifestyle changes	3.0	3.0	4.2
Detailed questions about taking the medication	4.0	2.0	4.2
What the medication is (drug type, active ingredient, etc.)	5.0	15.0	2.6
Interaction with medication prescribed for long-term use	6.0	1.0	4.3
What to do if the symptoms change or don't change	7.0	10.5	3.3
Probability that medication will be effective	8.0	14.0	2.7
Any alternatives to the medication	9.0	16.0	2.3
If medication is known to be effective	10.0	13.0	2.8
If medication treats symptoms or underlying cause	11.0	6.5	3.7
What if patient forgets to take it or takes too much?	12.0	6.5	3.7
Interaction with non-prescription items	13.0	4.0	4.2
Risks of not taking medication	14.0	8.0	3.5
Interaction with medication prescribed at same time	15.0	5.0	3.9
How to know if medication is working	16.0	10.5	3.3

Scale: Ranking of importance, where 1 is the most important, and 16 is the least important  
 Doctor's mean ratings of importance, on a 5-point scale, ranging from 1 (not at all important) to 5 (vital)

nate the discussion.<sup>16</sup> The drug prescribed may not be identified by name or by how it differs from other medications. Physicians generally discuss the benefits of treatment more than the harms, precautions, or risks.<sup>16</sup>

Once a drug has been chosen, the pharmacist often becomes involved in the medication

process. One pilot study showed that, while pharmacists do a good job of providing side-effect information, drug indication, name of medication, and daily scheduling information, the focus is mainly on the product. Therapeutic benefits, auxiliary treatment measures, and the patient's lifestyle are discussed only rarely.<sup>17</sup>



Table 3

### Suggested guidelines for the prescribing process

#### Step 1:

- Elicit patient's views on the possibility of having to take medicine
- Explore views with the patient; discuss pros and cons of taking/not taking the medication
- Involve patient in decision-making process

#### Step 2:

- Define problem from the perspective of both the patient and the provider
- Convey equipoise: make it clear that professionals may not have a set opinion about which treatment option is best, even when patient's priorities are taken into account
- Outline options: discuss options, including no treatment and consequences
- Provide information at patient's level of understanding
- Elicit patient concerns and expectations
- Determine patient's preferred role
- Defer, if necessary: review patient's needs and preferences after patient has considered options
- Review arrangements


### *How can we communicate more effectively with patients?*

Unfortunately, there is little well-evaluated guidance available to practitioners. Various models are available, however, that provide suggestions for communicating to evoke behavioural change (Table 3).<sup>16</sup>

Patients may feel more comfortable with the medication if pharmacists provided more information about the benefit of disease-state control. To do this, pharmacists would be aided if physicians were to write the diagnosis for which the drug is being used on the

### Take-home message

- Information should always be provided at the patient's level of understanding.
- Patients should be effectively coached to ask questions, and relate concerns to their providers.
- Overall, patients feel that full disclosure of side-effect information would help them make more informed treatment decisions.
- Pharmacists may be better able to provide information to patients if physicians provide the diagnosis that resulted in the prescription being written.
- Pharmacists should provide information pertaining to the benefit of disease control, while putting adverse effects into perspective.

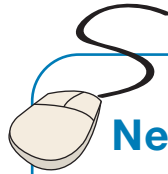
prescription itself. Patients should also be effectively coached to ask questions, and relate concerns to their health-care providers. When putting adverse effect information into context, pharmacists may consider reviewing the adverse effects in the placebo control arm of studies, or referring to the adverse effects reported for commonly used drugs, such as acetaminophen or ibuprofen. 

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## Net Readings

1. Objective Comparisons for Optimal Drug Therapy  
[www.RxFiles.ca](http://www.RxFiles.ca)
2. Talking the Talk  
[www.medsafe.govt.nz/Profs/PUarticles/talk.htm](http://www.medsafe.govt.nz/Profs/PUarticles/talk.htm)

[www.stacommunications.com](http://www.stacommunications.com)



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