

## **Abstract**

### **TREATMENT COMPLIANCE AMONG PATIENTS WITH HYPERTENSION AT KENYATTA NATIONAL HOSPITAL (KNH)**

**Samuel Kimani, Waithira Mirie, Margaret Chege**

*University of Nairobi, School of Nursing Sciences*

**Background:** Cardiovascular diseases (CVD) such as hypertension (HTN) are a leading cause of morbidity and mortality globally. They are gaining momentum in developing countries due to westernization, nutritional transition among others. Successful management of hypertension and other CVD are dependent on early diagnosis and initiation of treatment therapy including lifestyle modifications but more importantly treatment compliance. We sought to elucidate the treatment compliance among patients with hypertension attending Kenyatta National Hospital. 64 2nd Bi-annual International Scientific Conference 2013, Nairobi Kenya

**Methods:** A cross-sectional sample (N=200) of cases who presented at Kenyatta National Hospital (KNH) in and out-patient departments. A structured questionnaire for obtaining socio-demographic, risk factors for HTN and treatment compliance was used. Objective measurements notably, anthropometrics were conducted to elicit physiological status of the participants. Ethical approval was obtained from the KNH/ UoN Ethics Committee. Data was abstracted and analyzed using SPSS.

**Results:** A total of 200 hypertensive patients including 87 (43.5%) males were recruited with the average age of patients and illness being 52.7 and 5.8 years, while most (31.7%) patients were 60 years and above. Majority (96.5%) of patients were aware of their hypertensive status while 68 (34%) were suffering from other co morbidities mainly diabetes (70.6%). Majority 190 (95%) of the patients were on pharmacological antihypertensive therapy and 175(87.5%) took drugs as prescribed. Compliance with pharmacological therapy, clinic appointment, regular monitoring of blood pressure decreased ( $p<0.05$ ) proportionally to age.

Additionally, a number of patients still engaged in risk behavior namely, smoking (10.5%), taking alcohol (13.5%), adding salt (55%) and lack of exercise (35.5%). Participants also had significant abnormal anthropometric measurements.

**Conclusion:** The results underscore the need to develop appropriate strategies to target specific behavioral interventions among clients with hypertension to leverage with pharmacological compliance. Emphasis on the importance on lifestyle modification for control and prevention of risk factors may delay development of complications, improve quality of life and assure longevity.

Acknowledgement: Support from KNH research grant (KNH/23/22 (PI) (2012).