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A qualitative study of issues relating to adherence and concordance in hypertensive patients

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Focal points

- Qualitative methodology in the form of focus groups and individual interviews was used to identify issues which encourage adherence with anti-hypertensive medication, and to explore patient attitudes to concordance
- Many patients had negative attitudes towards medication; these were tempered by concerns about the consequences of uncontrolled blood pressure, which acted as an incentive for adherence
- The majority of patients felt that they would take part in discussion about treatment options during consultations, and for many, this was already the case
- Patients perceived some barriers to communication with the doctor, such as time constraints; such issues need to be addressed, if concordant relationships are to develop

Introduction

The report "From compliance to concordance" highlighted the need to move away from a paternalistic directive model of adherence to one that was collaborative in nature, ie, the philosophy of concordance.¹ However, little research is available to describe how willing patients are to engage in this process.

This study used focus groups involving patients with hypertension, a condition in which adherence has been reported to be poor,² to address these issues, and to gain a clearer understanding of the factors that motivate adherence with medication and which may contribute to concordance.

Method

Participants were identified from a general practice population consisting of six GP practices in south and east Northern Ireland, and were purposively sampled. Participants were eligible for inclusion in the study if they were over 18 years of age, had been prescribed antihypertensive medication only for a least one year, or had been prescribed antihypertensive medication for at least a year, plus one other medication for either hyperlipidaemia or cardiovascular disease, and provided written informed consent, stating that they were willing to take part in the research.

In the event of a low response rate from patients in any one GP practice, individual interviews were held, in place of focus groups. Focus groups were audiotaped and transcribed, read independently by the authors and analysed by using the method of constant comparison, in which transcripts were scrutinised for similar themes and then examined in detail within themes.³

Results

Twenty-seven patients took part in a total of five focus groups and two individual interview sessions. The sample consisted of 13 males and 14 females, with a mean age of 60.2 years. Analysis indicated that the main themes were related to attitudes to medicines, information needs, and management strategies, including concordance.

Panel 1 provides quotes which illustrate two dominant themes identified from the data.

Discussion

Many participants expressed negative attitudes towards medication, which is consistent with findings from another study.⁴ Patients also referred to the threat of perceived consequences of uncontrolled blood pressure, and this seemed to act as a strong incentive to take medication, which is again consistent with previous findings.⁵ Patients in this study

Panel 1 Illustrative quotes for the main themes from the focus groups

Patient attitudes to medicines

Patient 16: "Taking medication worries me ..."

Patient 27: "I would rather I didn't have to take them to be honest...I suppose there's no other way ..."

Patient 22: "I just keep taking the drugs because it's fear of having a stroke if I don't ..."

Patient attitudes to concordance

Patient 3: "I think it's important it's (consultation with the GP) a two-way process ... it's up to the patient to keep the doctor informed about how it's (medication) affecting them ... people need to take responsibility and the doctor needs to share the information ..."

Patient 5: "... I find him (GP) more than amenable to any suggestion I come up with in regard to my own condition ..."

Patient 14: "...t he doctors are so busy"

Patient 18: "But do you not think there's the odd doctor who resents being told ..."

appeared to have moved on from the purely paternalistic model of the doctor-patient relationship. While the majority reported positive attitudes to concordance, some barriers to the development of concordant relationships were identified, such as time constraints and patients' perceptions that some GPs are not open to discussion.

A limitation of this research is that only training practices participated in the study and thus future research could extend to include non-training practices. Finally the question remains as to how concordance will translate into practice, particularly under the pressure of time constraints. Further research is necessary, and health care policy must change to accommodate the implementation of concordance.

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