Compliance With Hypertensive Therapy

To the Editor:

Halpern et al propose studies to evaluate patients’ compliance and persistence with hypertensive therapy. I have been in academic medicine and private practice for 42 years, many spent treating hypertensive patients.

In the 1960s and 1970s we had poorly tolerated antihypertensive medications, and that was the most common cause for noncompliance. Over the years we have been fortunate enough to have an effective and well tolerated armamentarium of drugs to treat hypertension, and there is no reason why one cannot tailor a drug regimen to suit each patient that is both effective and tolerable.

The reason for noncompliance today is obvious to anyone who practices clinical medicine.

The most important one is the cost of the drugs. If the choice is between not going hungry, having a roof over your head and raising your children, or taking an expensive drug, it’s a no-brainer.

To add insult to injury, HMOs and insurance companies practice “the drug of the month club”, having on their formulary whatever drugs profit them the most. They, unlike Medicare patients, get the drugs at “favored client” discounts. So the covered drugs on their formulary at any given time can vary. Having seen the difference in drug prices to the individual and the insurance company, I have no doubt that Blue Cross makes a profit on most drugs from their patients’ co-pay.

Also, only being able to get enough drugs for 1 month at a time puts the burden on the patient to stand in line and pick up the drugs monthly. Since not all antihypertensive or other drugs are prescribed at the same time, the patient on many medications has to go several times a month to get the refills.

Until the above problems are corrected it is worthless to think that anyone can have an impact on patient compliance and persistence with hypertension therapy or, for that matter, any drug therapy.

Disclosures

None.

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