Response to Maximizing Treatment Adherence: Physician–Patient Partnerships vs Procedures

We thank Bensadon1 for the comments on our review article on drug adherence in resistant hypertension.2 The author is concerned by the fact that we ignored the critical role of physicians in supporting drug adherence and that we did not discuss the potential benefits of behavioral interventions in the management of poor adherence. The author actually postulates that focusing too much on drug management will further disengage patients and physicians from their responsibilities in the management of hypertension.

Regarding the role of physicians in supporting adherence to therapy or lifestyle changes, we do agree with Bensadon that physicians have a critical role and we do not deny this aspect because we are also convinced that poor adherence in general is a multifaceted problem that involves not only all healthcare providers but also the patient. However, we strongly think that the cornerstone of effective management is reliable measurements and this is particularly the case in resistant hypertension, which may lead to costly investigations or interventions. Today, most physicians remain completely disarmed when confronted with a suspicion of poor adherence because they have no reliable means to make the diagnosis and to evaluate the importance of the issue with a good methodology. Therefore, although most physicians recognize the importance of drug adherence in the management of chronic diseases, they remain poorly active in this field be it pharmacologically or using behavioral approaches.

We disagree with the claim of the author of the letter that the use of technology to diagnose poor compliance disempowers patients and physicians. Actually, in our experience, the electronic monitoring of drug adherence, which we use regularly in our patients with hypertension, is an excellent tool not only to perform a correct diagnosis but also to reinforce our patients. Patients are informed that they are providing the data on adherence and these latter are carefully discussed with them at the consultation. Therefore, the compliance report that patients bring to their physician is an excellent opportunity to discuss adherence in terms of not only drug but also behavior and difficulties to cope with the treatments. Thus, depending on how physicians use the adherence monitoring it is a fantastic support for improving communication and introducing motivational techniques. Thus, we strongly think that technology should not be opposed to behavioral interventions because these 2 approaches could be complementary.

Disclosures

None.

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