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Supplementary Table 1 Medication Adherence in older people with hypertension

| Author, Year | Aim | Sample (n, Age Range) and Setting | Findings | Factors Influencing Medication Adherence |
|---|--|------------------------------------|--|--|
| Quantitative Study | | | | |
| Budiarti et al.,2023 (24) Indonesia | To understand the factors related to medication adherence in older people with hypertension | N : 92 Age : ≥65 years Rural | Age, knowledge, and family support influence medication adherence, while gender, history of hypertension, and comorbidities do not affect it. Adherence is considered quite compliant with the following adherence rates: <ul style="list-style-type: none">• Moderate adherence 87%• Low adherence 13% | <ul style="list-style-type: none"> - Knowledge - Family support - Age |
| Winarti et al.,2023 (25) Indonesia ^a | To determine the factors associated with adherence to treatment in patients with hypertension. | N : 93 Age : ≥60 Years Rural | The duration of treatment, knowledge, family support, access to healthcare, and the role of healthcare providers are considered influential, while age and gender are not. Compliance is fairly poor with the following results: <ul style="list-style-type: none">• Low compliance 74.2%• Moderate compliance 25.8% | <ul style="list-style-type: none"> - Duration of treatment - Knowledge - Family support - Access to healthcare - Role of healthcare providers |

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| <p>Dolo et al.,2021 (26) Indonesia</p> | <p>To understand the factors influencing medication adherence in older people with hypertension.</p> | <p>N : 100 Age : 55-90 Years Urban</p> | <p>Family support, healthcare provider roles, and the use of communication media (WhatsApp groups, Telegram, direct phone contacts) are considered influential. Compliance is quite high with the following results:</p> <ul style="list-style-type: none"> • High compliance 63% • Low compliance 37% | <ul style="list-style-type: none"> - Family support - Healthcare provider roles - Utilization of communication media |
| <p>Rahmawati & Bajorek (27) 2018 Indonesia</p> | <p>To assess medication adherence and hypertension knowledge, as well as their predictive factors, in patients with hypertension residing in rural communities in Indonesia.</p> | <p>N : 384 Age : ≥45 Years Rural</p> | <p>Good knowledge potentially predicts good adherence to antihypertensive treatment, but knowledge about hypertension and its management is generally low.</p> <ul style="list-style-type: none"> • Good adherence: 21% • Poor adherence: 42% | <p>Level of Knowledge</p> |
| <p>Siregar et al.,2022 (28) Indonesia^a</p> | <p>To analyze the relationship between risk factors, stress, and medication adherence with the incidence of hypertension.</p> | <p>N : 92 Age : ≥50 Years Urban</p> | <p>Most respondents are not compliant with taking the medication prescribed by the doctor, especially if they do not feel any symptoms or complaints. Older people tend to forget to take their medication. Compliance is considered poor with the following results:</p> <ul style="list-style-type: none"> • High compliance 40.2% • Low compliance 59.8% | <ul style="list-style-type: none"> - No complaints - Forgetting and feeling bored with taking medication |

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| Isbiyantoro et al.,2023 (29) Indonesia ^a | To identify several factors related to medication adherence in patients with hypertension | N : 110 Age : ≥50 Years Rural | Family support is the most significant factor affecting the medication adherence of patients with hypertension. Adherence is rated poorly with the following results: <ul style="list-style-type: none">• Low adherence 61.8%• High adherence 38.2% | Family Support |
| Hapsari & Kartiana, 2021 (30) Indonesia ^a | To determine the factors related to medication adherence in older people with hypertension | N : 170 Age : 55 – 74 Years Rural | Knowledge and family support are considered influential in adherence. Adherence is rated poorly with the following results: <ul style="list-style-type: none">• Poor adherence 50.6%• Good adherence 49.4% | - Knowledge - Family support |
| Wannasirikul et al.,2016 (34) Thailand | To explore the relationship between health literacy, medication adherence, and blood pressure levels among older people with hypertension receiving healthcare services at Primary Health Care Centers | N : 600 Age : 60 -70 Years Urban | Although health literacy is low, 98.3% of the subjects have good adherence to their medication. This indicates that health literacy is not the only factor influencing medication adherence. | Health literacy |
| Charoensab et al.,2020 (35) | To identify factors associated with uncontrolled hypertension, | N : 248 Age : ≥58 Years | The average number of antihypertensive drugs taken by patients in different groups is relatively similar, but | - Forgetting to take medication |

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| Thailand | including higher body mass index (BMI) and poor medication adherence | Urban | tends to be higher in the group with controlled hypertension (50%). | - Stopping medication when feeling better or worse |
| Haung et al.,2020 (37) Myanmar | To identify the prevalence of self-care behaviors and related factors among patients with hypertension. | N : 410 Age : ≥55 Years (About 30-70 Years) Rural | Age, income, and knowledge affect patients' adherence to hypertension treatment. Adherence is rated as quite poor with the following results: <ul style="list-style-type: none"> • Non-adherence 75.9% • Adherence 24.1% | - Age - Monthly income - Knowledge |
| Han et al.,2015 (38) Myanmar | To determine the prevalence of medication adherence among patients with hypertension and identify factors associated with adherence | N : 216 Age : 52,8 Years (About ≥45-60 Years) | Age, gender, household income, duration of hypertension, and perceived barriers by patients are important factors affecting patients' adherence to antihypertensive treatment. 50% of outpatients reported good adherence. | - Age - Gender - Duration of hypertension - Perception of treatment |
| Lestari et al.,2019 (31) Indonesia | To determine the extent to which patients with hypertension adhere to the recommended treatment | N : 55 Age : 62,9 Years Urban | Almost half of the study participants were found to be non-adherent to the prescribed antihypertensive medication after being diagnosed with hypertension. Non-adherence was reported at 47.3%, with uncontrolled hypertension at 58.2%. | - Perception of long-term therapy - Knowledge - Availability of health insurance |
| Qualitative Study | | | | |

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| Rahmawati & Bajorek,2018 (32) Indonesia | To explore the perspectives of untreated patients with hypertension and the factors influencing their decision not to take antihypertensive medication | N : 30 Age : ≥ 65 Years (About 50-80 Years) Rural | <ul style="list-style-type: none"> • Despite being aware of the diagnosis, patients often underestimate the importance of consulting with healthcare professionals to control high blood pressure. • Poor compliance • Unwillingness to take antihypertensive medication | <ul style="list-style-type: none"> - The use of alternative medicine to manage high blood pressure - Access to healthcare services - The need for antihypertensive medication |
| Berek & Afyanti,2020 (33) Indonesia | To explore strategies to improve patient adherence to self-care in the management of hypertension, both pharmacological and non-pharmacological | N : 5 Age : $\geq 45-70$ Years Rural | <ul style="list-style-type: none"> • Efforts to improve medication adherence • Barriers and challenges to medication adherence | <ul style="list-style-type: none"> - Family Support |
| Tan et al.,2017 (39) Malaysia | To explore the perspectives of patients with hypertension on the quality of medication use | N : 17 Age : $\geq 45-80$ Years Urban | <ul style="list-style-type: none"> • Poor compliance • Preferring herbal consumption | <ul style="list-style-type: none"> - Forgetfulness - Fear of medication side effects |
| Woodham et al.,2018 (36) Thailand | To gain a deeper understanding of how patients manage their medication at home | N : 30 Age : 60-79 Years Rural | <ul style="list-style-type: none"> • Most participants do not take the medication as prescribed. • Expired medication was found in their medication supply. • Poor compliance | <ul style="list-style-type: none"> - Negative perception of medication - Difficulty remembering medication schedule - Lack of knowledge |

Note: ^aArticle in Bahasa

Supplementary Table 2 The Supporting and Inhibiting Factors of Medication Adherence Among Older People with Hypertension

| Factors | Theme | Sub-Theme | Sources | Quotations |
|------------|------------|--------------------------------|---|--|
| Supporting | Individual | Setting reminder | Berek & Afyanti, 2020 (33), Tan et al., 2017 (39) | <p>“...My wife likes to write down my medication schedule on a whiteboard and place it near the dining table...” (33) p.26</p> <p>“I keep them in a plastic bag. I write or note down in a book when taking medicine so as not to forget because I am a stroke patient” (39) p.4</p> |
| | | Personal strategies | Tan et al., 2017 (39) | <p>“I don't know the name of the medicine, but usually I will bring my high blood pressure medicine as an example when buying medicine at the pharmacy.” (39) p.8</p> |
| | | Self-motivation | Berek & Afyanti, 2020 (33) | <p>“If you don't regularly take your medicine, you'll have trouble breathing, which means you have heart failure, what they call CHF” (33) p.25</p> |
| | Social | Discussing with a partner | Tan et al., 2017 (39) | <p>“I would be happy to discuss my medication issues with an NGO that can remind me to take my medication(39). p.13</p> <p>I will share my medication issues with the NGO staff” p.4</p> |
| | | Healthcare facility assistance | Tan et al., 2017 (39) | <p>“I have transportation issues, but a nurse (NGO staff member) will help patients get medication from the hospital, so I will share my medication issues with them” (39) p.4</p> |
| | | Health education | Tan et al., 2017 (39), Woodham et al., 2018 (36) | <p>“While waiting for the doctor at the hospital, a nurse provided us with information about hypertension and diabetes” (36) p.88</p> <p>“The knowledge I gained from health education lectures and training” (36) p.8</p> |

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|------------|-------------|-----------------------------------|--|--|
| | Environment | Utilizing communication media | Berek & Afyanti, 2020 (33), Tan et al., 2017 (39) | <p>“...My child reminds me from his phone to take my medicine, even though his message says, 'To get better, don't forget to take your medicine ...’ (33) p.26</p> <p>“I get a lot of information (about hypertension management) from TV and radio.” (39) p.8</p> |
| Inhibiting | Individual | Difficulty remembering | Berek & Afyanti, 2020 (33), Tan et al., 2017 (39), Woodham et al., 2018 (36) | <p>“Even though the medicine was brought to the office, eee I still forgot to take it..” (33) p.26</p> |
| | | Negative perception of medication | Tan et al., 2017 (39), Woodham et al., 2018 (36) | <p>“I'm afraid of the side effects of the medicine and the consequences that might cause cancer ...” (39) p. 4</p> <p>“I'm afraid that the high blood pressure medication will damage my kidneys” (39) p. 7</p> |
| | | Lack symptoms or signs | Rahmawati & Bajorek, 2018 (32), Woodham et al., 2018 (36) | <p>“I feel like I don't need to take the medication because there are no signs or symptoms. I don't have headaches or anything. I don't see why I need to take the medication.” (36) p. 86</p> |
| | | Lack of knowledge | Rahmawati & Bajorek, 2018 (32), Tan et al., 2017 (39) | <p>“We think that taking hypertension medication for a long time will damage the kidneys and liver, which is why people develop diabetes after hypertension. That's why I don't take the medication every day”. (36) p. 89</p> |

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| | | | | <p>“I feel that my high blood pressure medication is not suitable for me. It gives me headaches and dizziness. So, I don't take it regularly. When I feel uncomfortable and have back pain, then I will take the medication, if not, then I won't take it. But every month I still pick up my hypertension medication from the hospital.” (36) p. 4</p> |
| | Environment | Lack of family support | Berek & Afyanti, 2020 (33) | <p>“I live alone, so when there are no complaints, the medication runs out. If there are new complaints, then I come back here again” (33) p. 28</p> |
| | Social | Lack of access to healthcare services | Rahmawati & Bajorek, 2018 (32), Tan et al., 2017 (39) | <p>“I have difficulty getting transportation because the hospital is too far away”</p> |