CONSENSUS D'EXPERTS

Observance aux traitements antihypertenseurs en Médecine Générale

Actions spécifiques dans les situations particulières

Alexandre Persu
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Bruxelles, Belgique

Pas de conflit d'intérêt

The Importance of Medication Compliance

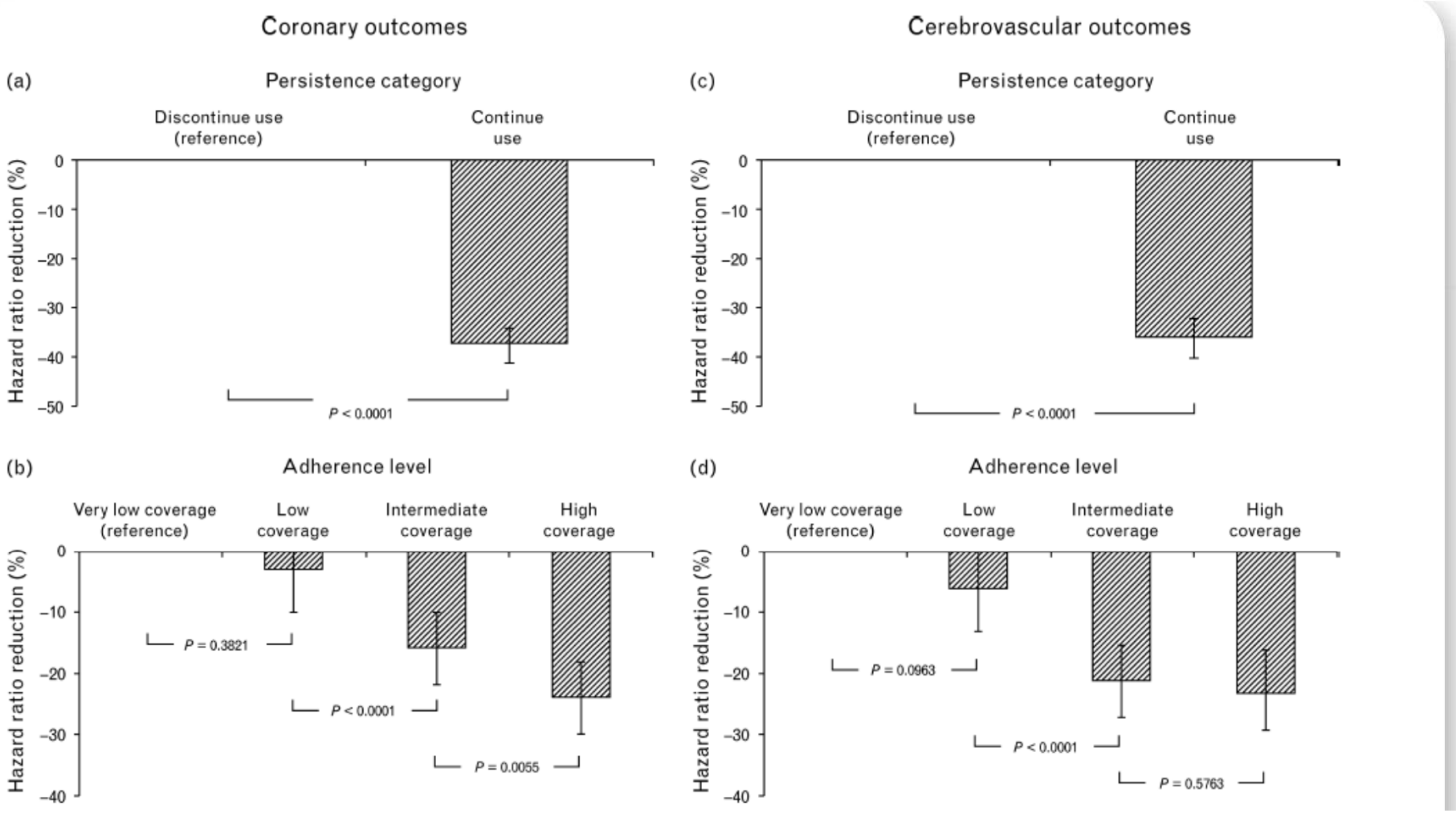
'Drugs don't work in patients who don't take them'

C. Everett Koop, MD

Osterberg and Blaschke. N Engl J Med 2005;353:487–97

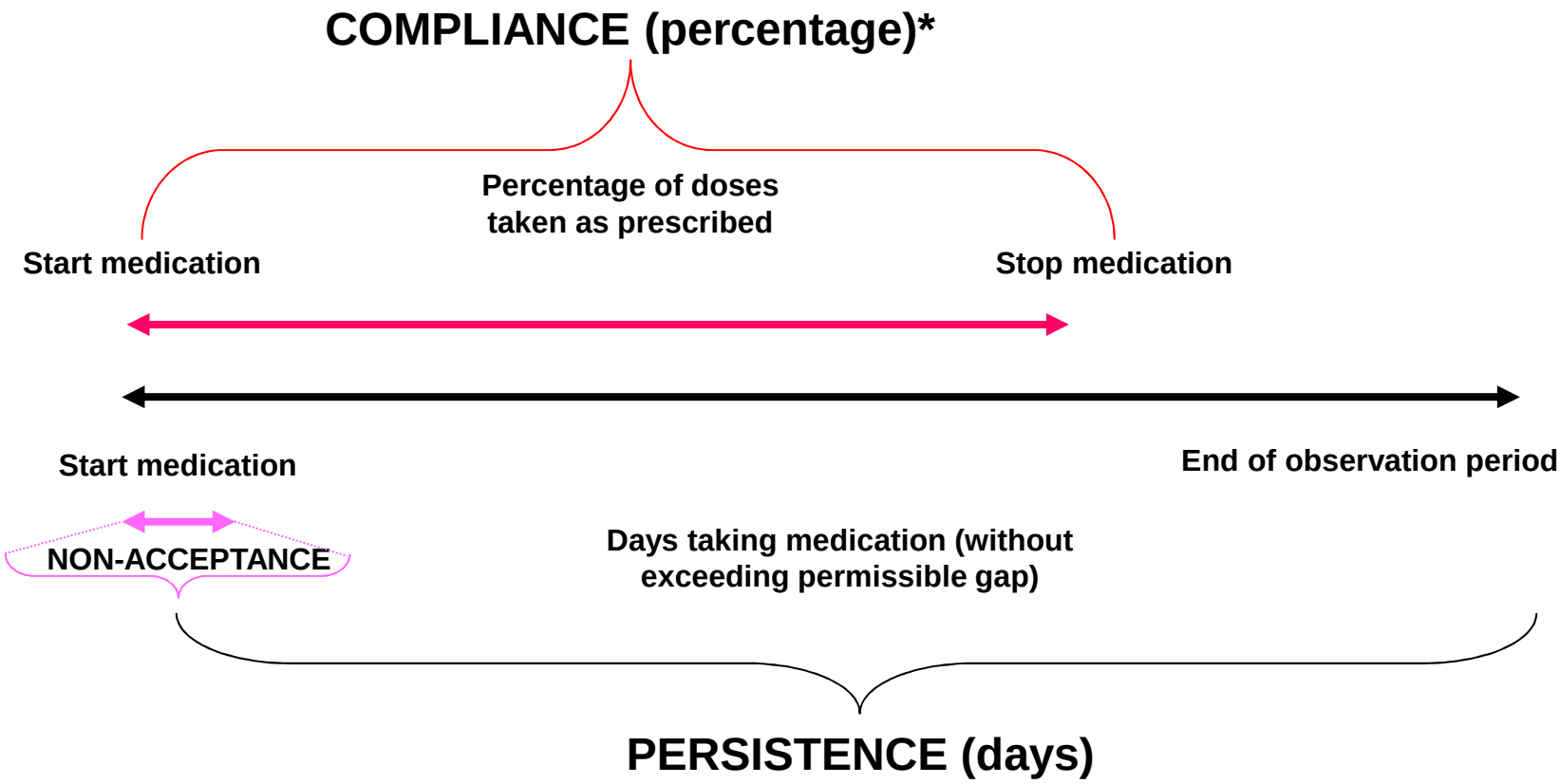
Better compliance to antihypertensive medications reduces cardiovascular risk

Giovanni Corrao[a], Andrea Parodi[a], Federica Nicotra[a], Antonella Zambon[a], Luca Merlino[b], Giancarlo Cesana[c] and Giuseppe Mancia[c]



Journal of Hypertension 2011, **29**:610–618

Measuring Medication Compliance and Persistence



***Often measured as medication possession ratio (defined as no. of days of therapy dispensed divided by no. of days between subsequent prescriptions)**

Medication Compliance and Persistence Special Interest Group, International Society of Pharmacoeconomics and Outcomes Research (ISPOR)

BMJ

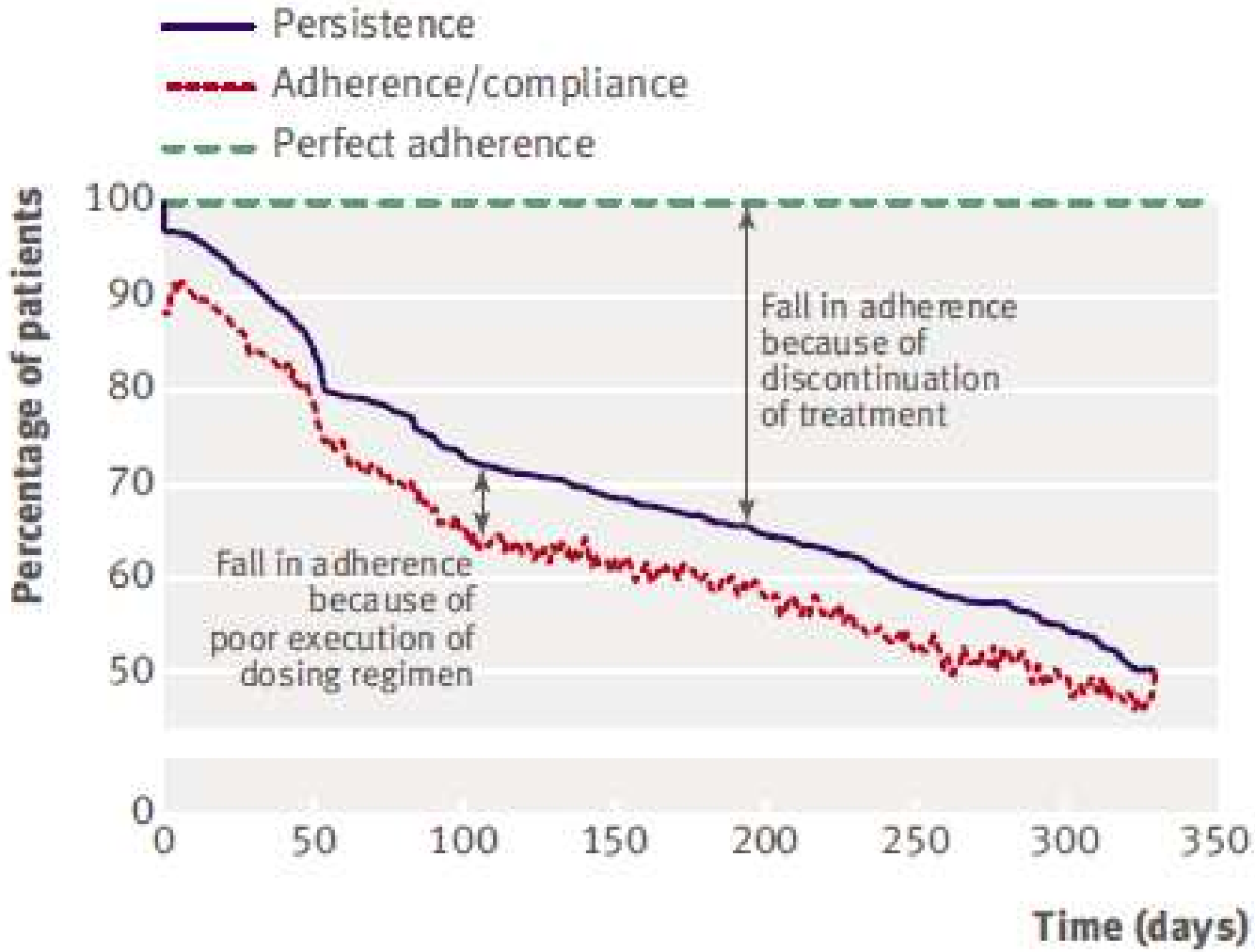
Adherence to prescribed antihypertensive drug treatments: longitudinal study of electronically compiled dosing histories

Bernard Vrijens, Gäbor Vincze, Paulus Kristanto, John Urquhart and Michel Burnier

BMJ. 2008 May 17;336(7653):1114-7.

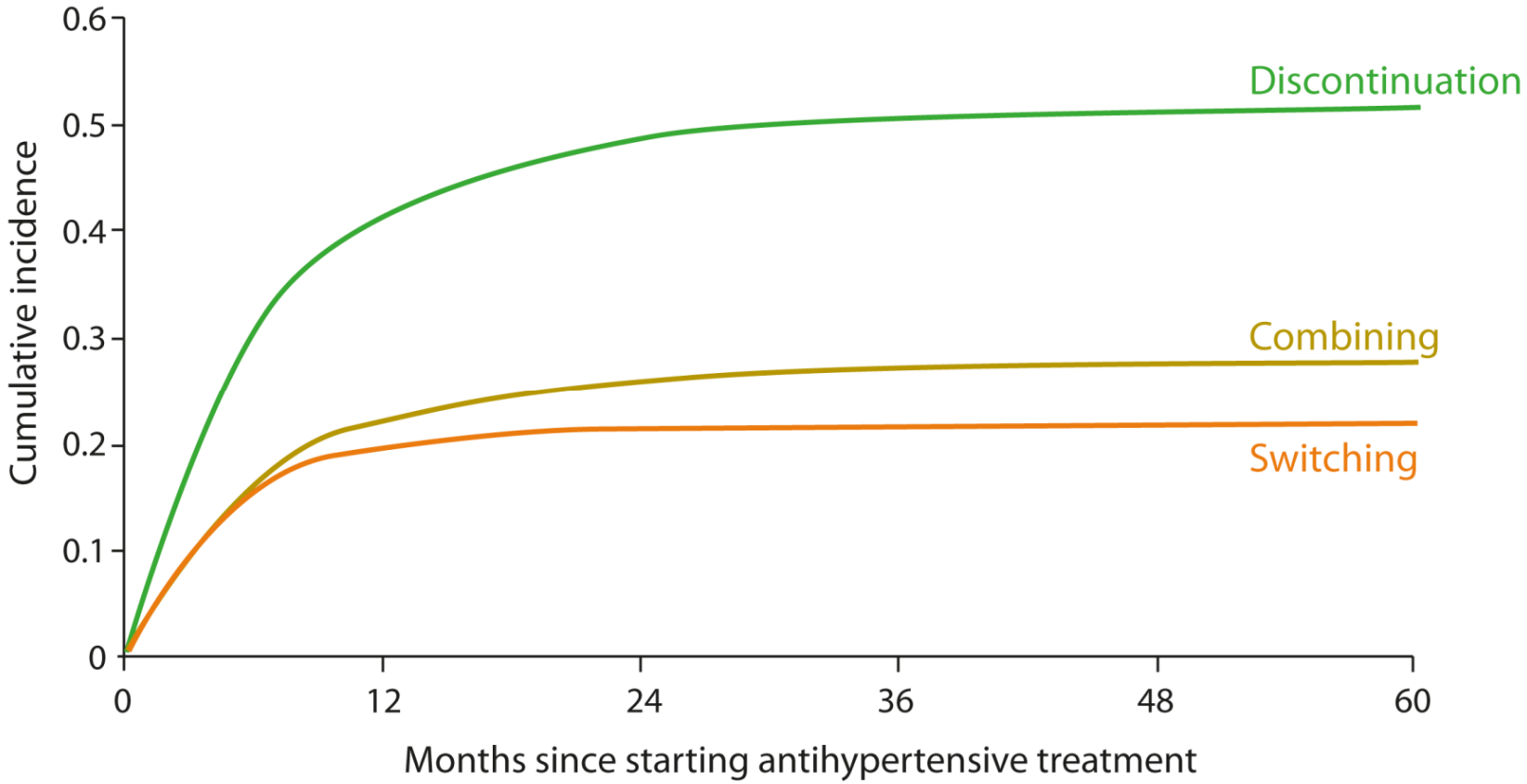
Hypertension

N=4783 patients from 21 clinical studies



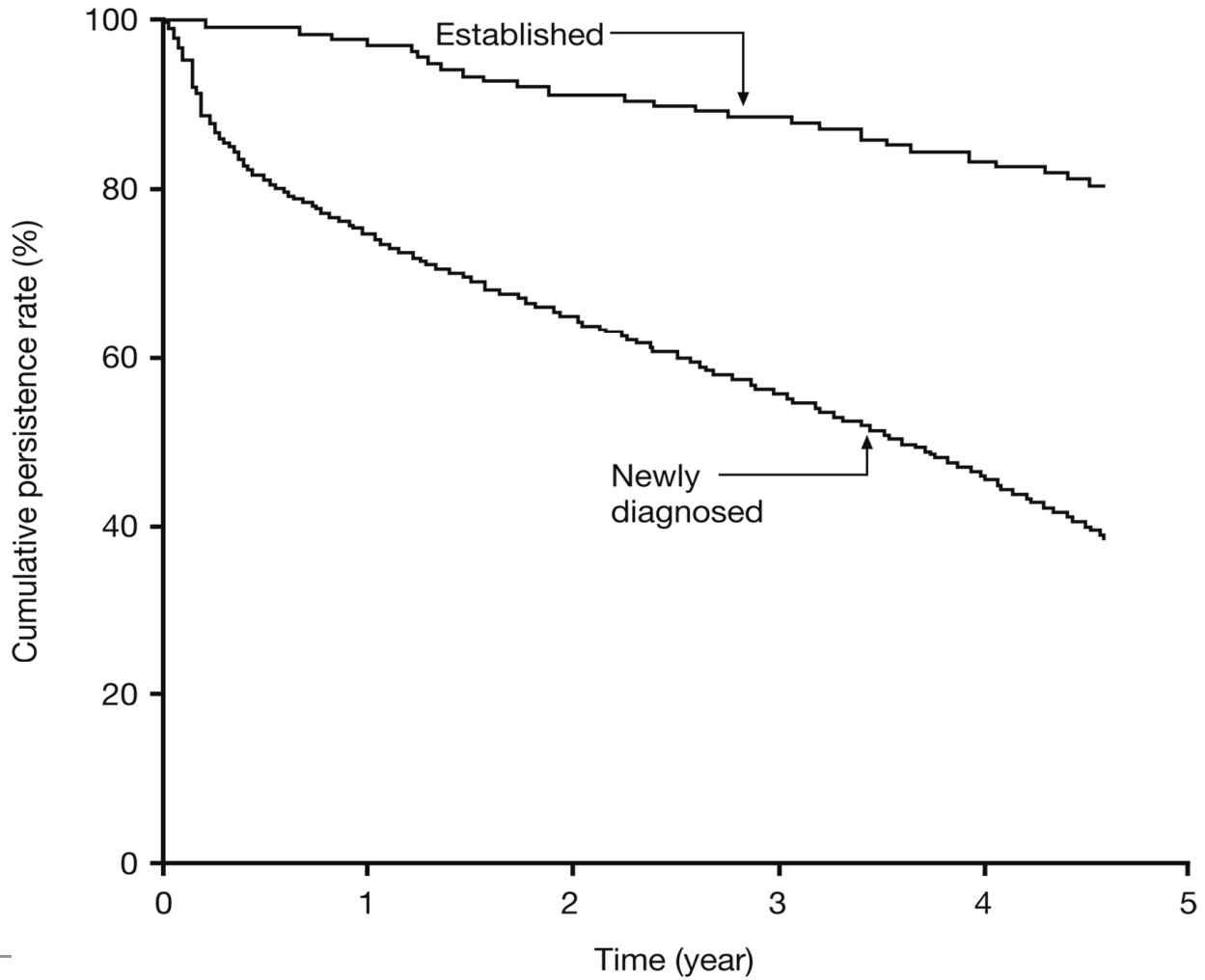
Cumulative incidence of modification of initial antihypertensive monotherapy over 5 years

(Lombardia Data-base, n=445,356)



Corrao et al. J Hypertens 2008; 26: 819-824.

Better Persistence of Treatment in Established Hypertensive Patients



Caro et al, Can J Med Assoc. 1999; 160:31

Première année de traitement

- L'arrêt du traitement antihypertenseur est fréquent dans la première année qui suit l'institution du traitement, surtout dans les 3 premiers mois de traitement, et si le sujet est jeune et sans facteur de risque associé.
- Il a été montré que 35% des hypertendus avaient stoppé leur traitement au bout de 12 mois.

Eviter l’arrêt du traitement

- Avant de débuter le traitement, effectuer une consultation d’annonce.
- Adopter une attitude empathique, écouter le ressenti concernant la maladie silencieuse.
- Utiliser les techniques d’entretien motivationnel.
- Au cours de la période d’adaptation du traitement et à chaque consultation, réaliser le test EVAL-OBS afin de dépister une mauvaise observance.
- Au cours du premier trimestre, réaliser le test FLAHS-observance afin d'attribuer au patient une des 3 catégories de risque d'inobservance (faible, possible, élevé).

Risque d'inobservance possible test EVAL-OBS +

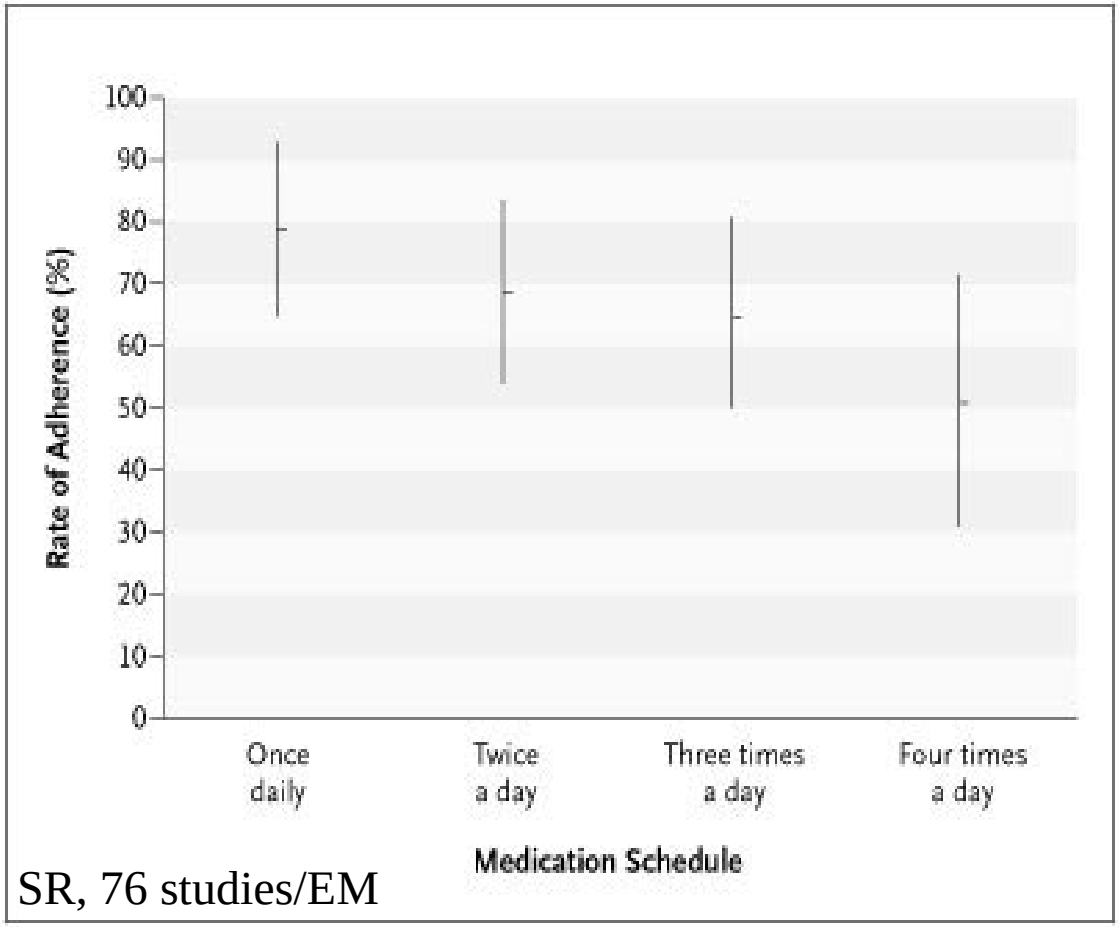
- Questionnaire pour chercher à déterminer les causes de mauvaise observance.
- Dialogue non-culpabilisant visant à rechercher des solutions.
- Ne pas tolérer les effets indésirables et savoir adapter le traitement.
- Communiquer sur les effets positifs et sur les principaux effets indésirables du traitement.
- Ecouter la demande d'arrêt du traitement, réévaluer la balance bénéfice risque et l'adapter.
- Renforcer l'usage de l'automesure tensionnelle.

Pathologies associées- R/multiples

Selon l'étude FLAHS 2015 réalisée chez 2743 hypertendus, les déterminants indépendants d'une mauvaise observance d'un traitement antihypertenseur chez l'hypertendu sont :

- le jeune âge
- le sexe masculin
- le nombre des comprimés antihypertenseurs prescrits
- la situation de prévention secondaire des maladies cardiovasculaires
- le nombre de maladies du métabolisme ayant un traitement médicamenteux (diabète et/ou dyslipidémie), le nombre des autres maladies chroniques.

Compliance and number of daily doses



SR, 76 studies/EM

Osterberg L, Blaschke K., *N Engl J Med*. 2005;353: 487-497.
Claxton AJ., *Clin Ther* 2001;23: 1296-1310.

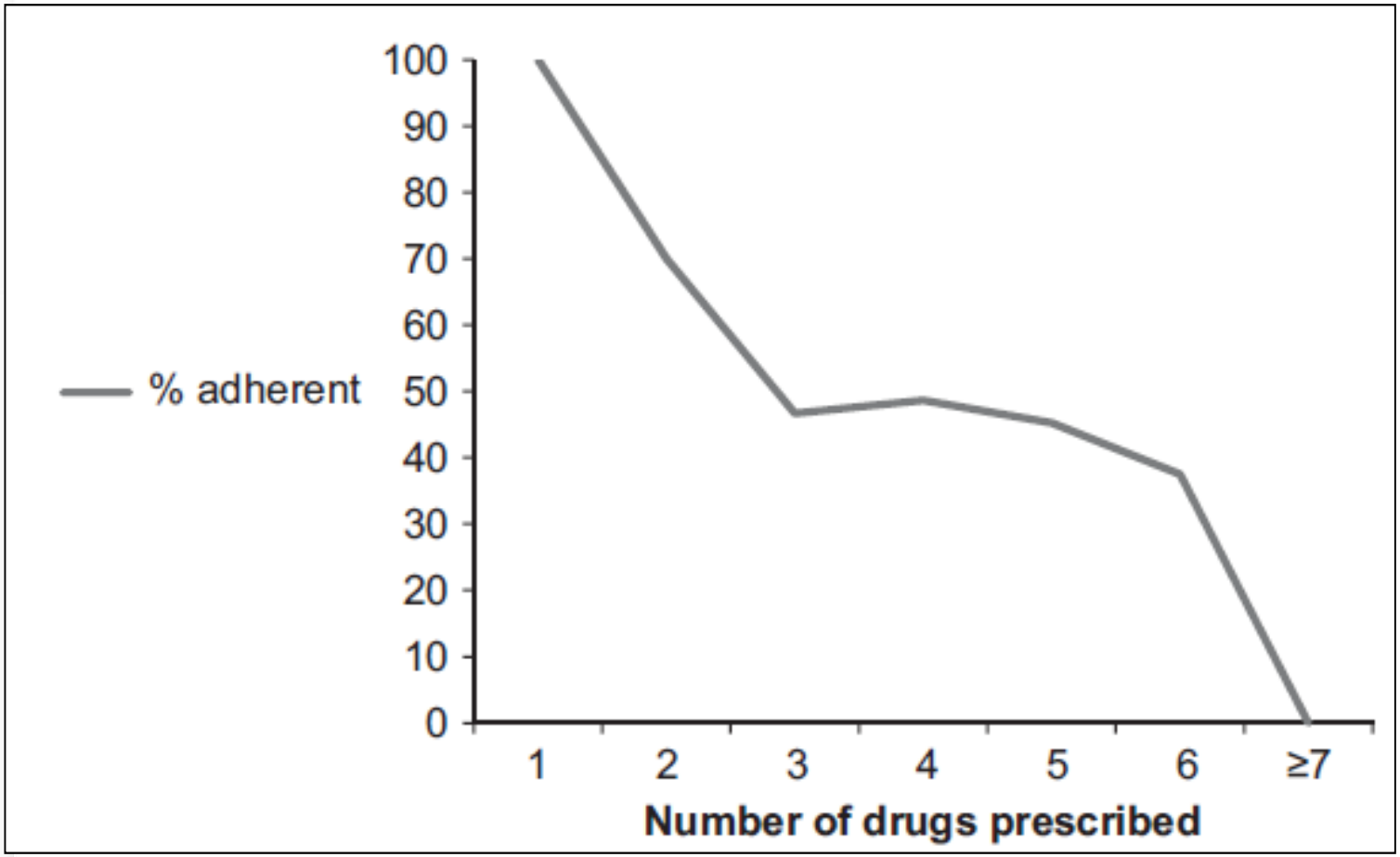
Journal of Human Hypertension (2017) **31,** 253–257

www.nature.com/jhh

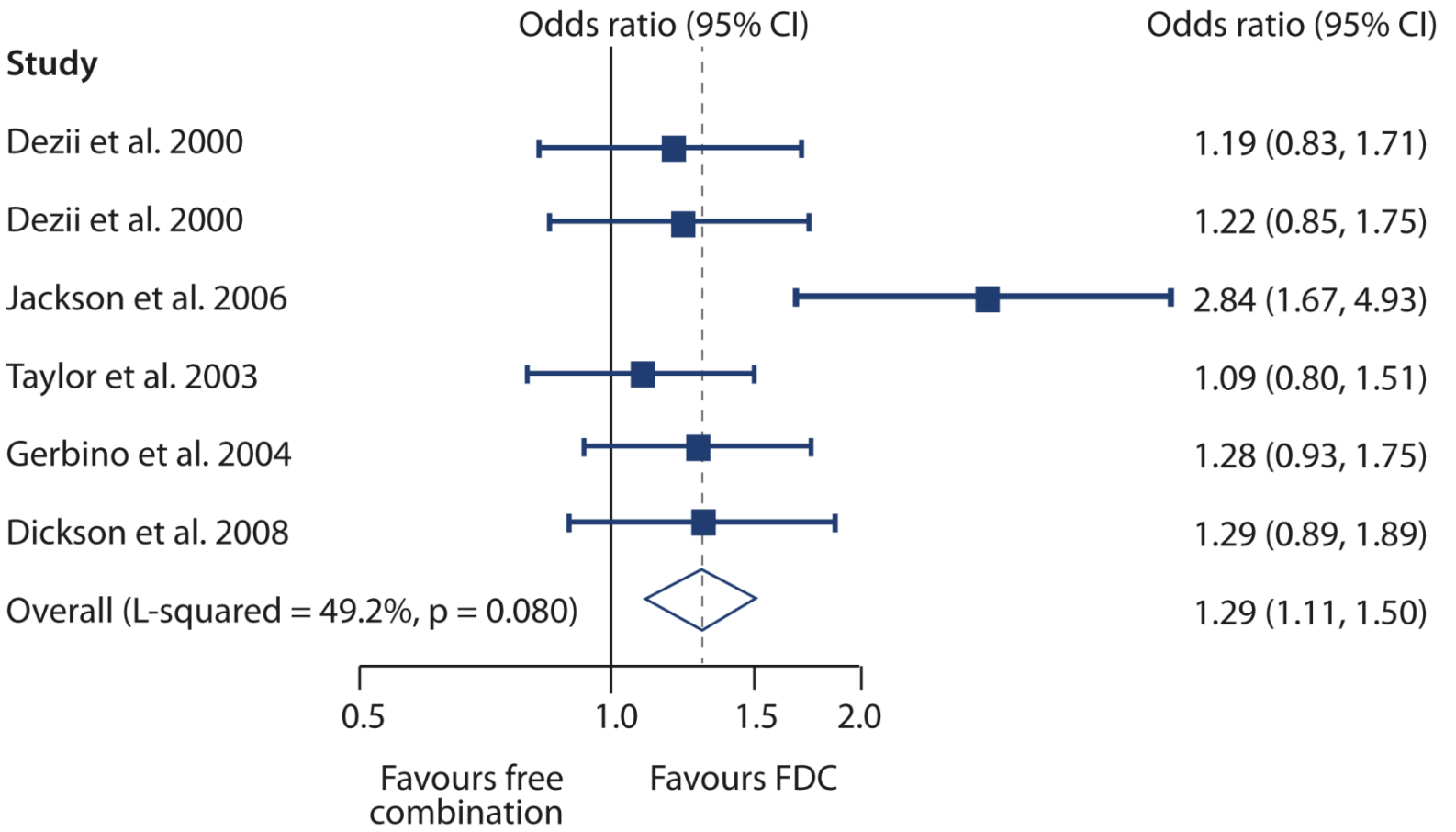
ORIGINAL ARTICLE

Detecting non-adherence by urine analysis in patients with uncontrolled hypertension: rates, reasons and reactions

M Pucci[1] and U Martin[2]



Systematic review of single-pill combinations of 2 antihypertensive agents vs. 2 agents supplied seperately: effects on compliance or persistence with therapy



Combination therapy in hypertension; Gupta et al. Hypertension 2010; 55: 399-407

Adherence to prescribed antihypertensive drug treatments: longitudinal study of electronically compiled dosing histories

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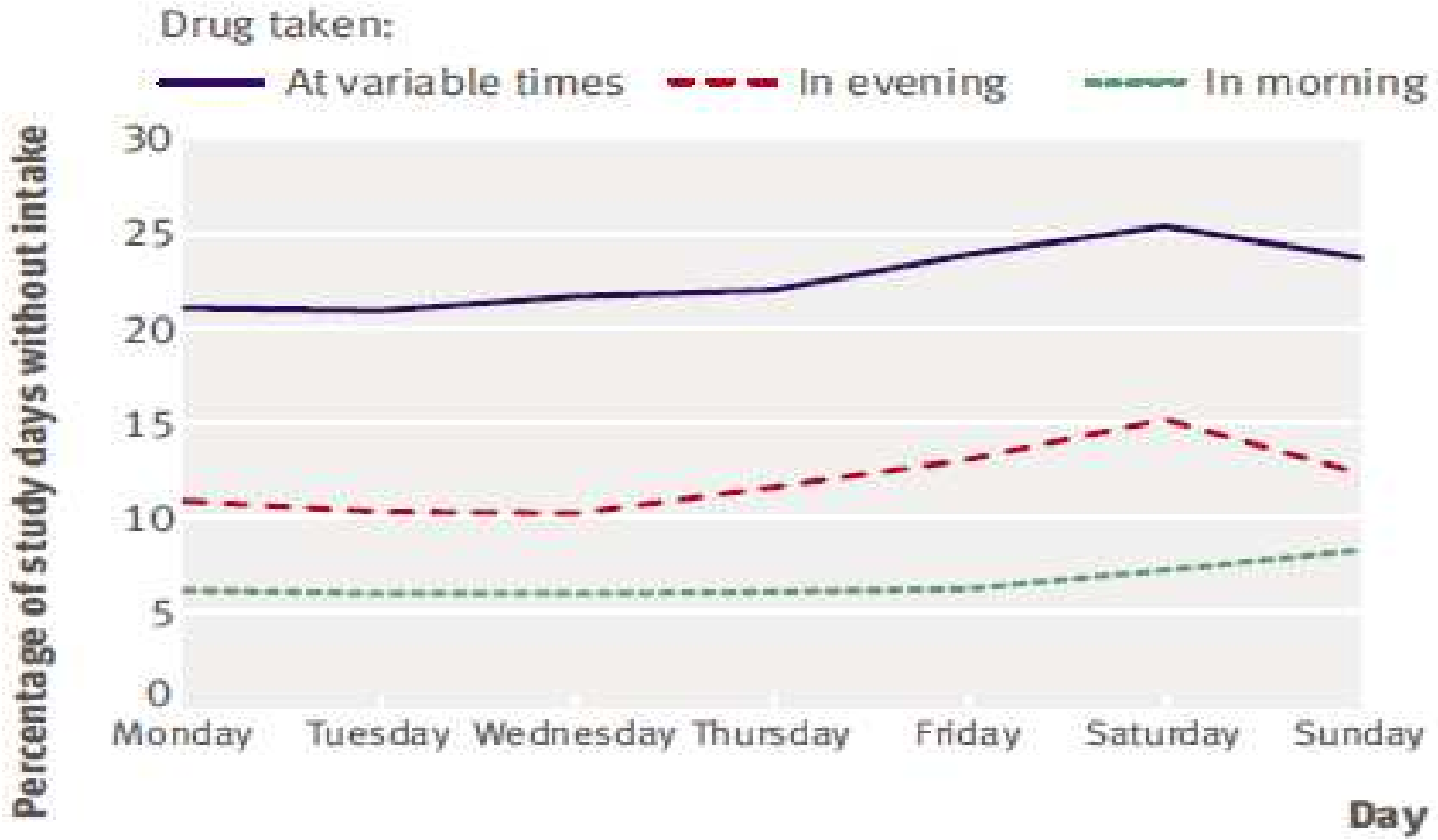


Pathologies associées- R/multiples
Améliorer l'observance

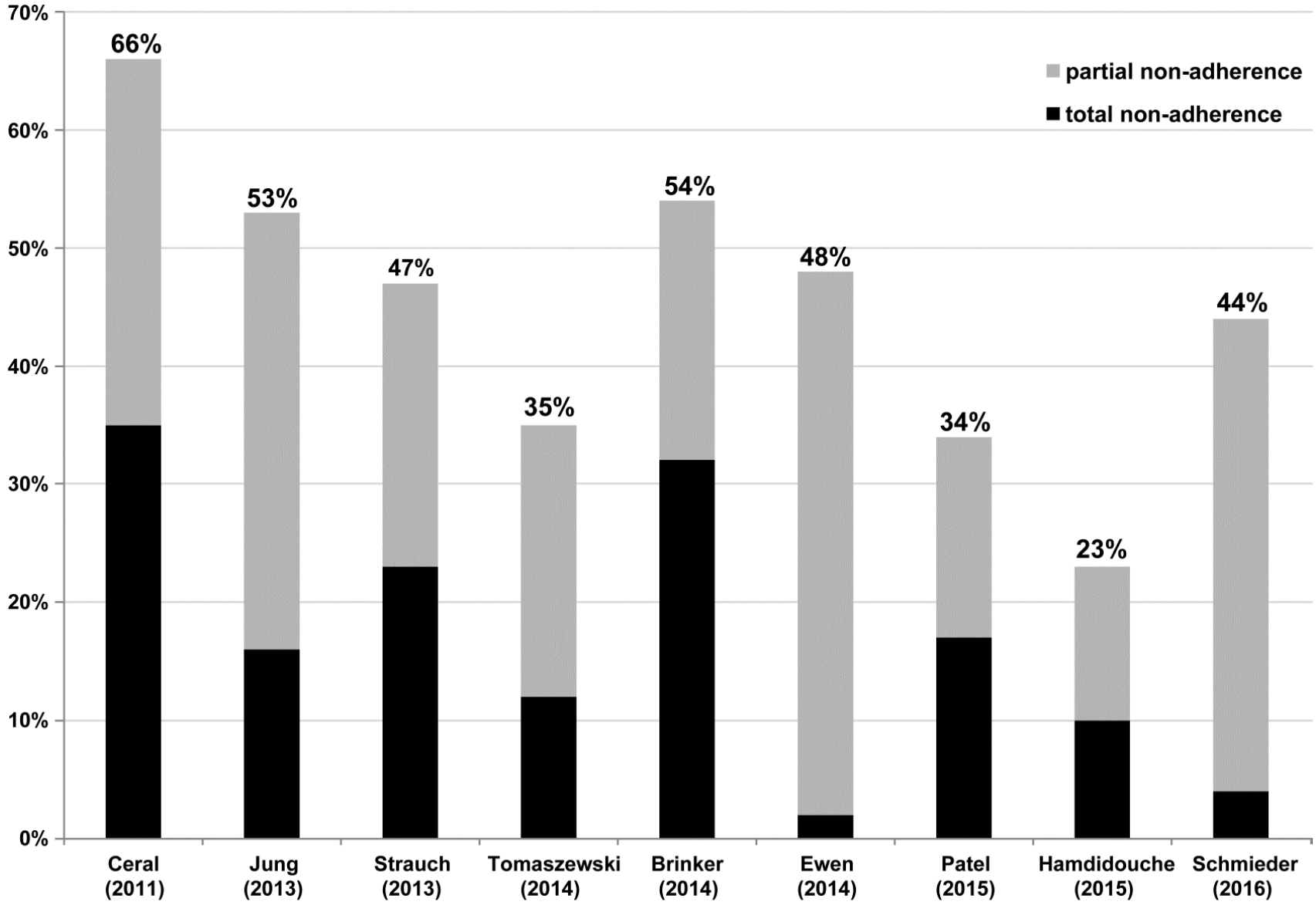
- Réaliser le test EVAL-OBS à chaque consultation
- Simplifier le traitement antihypertenseur (privilégier les médicaments en une prise par jour, bien tolérés, les associations fixes).
- Adapter les horaires de prise en fonction des préférences du patient.
- Reconsidérer la pertinence des autres traitements constitutifs de l'ordonnance.
- Renforcer l'éducation thérapeutique en fonction des comorbidités.

Et en cas d'HTA résistante?

- Dans l'HTA résistante, il a été récemment montré que la prise régulière des médicaments antihypertenseurs était très insuffisante.

- Pour améliorer la prise en charge de ces patients, il est recommandé de référer les hypertendus apparemment résistants à des équipes médicales spécialisées en Hypertension.

Adherence assessed by drug monitoring in patients with apparently resistant hypertension



Berra et al., Hypertension 2016

Assessment of drug dosing history

	Methods that reveal aggregate dose omissions but cannot show when omissions occurred (Sparse Sampling)	**Continuous assessment over time** **(Rich sampling)**
Methods that allow easy censorship of the data by the patient (Biased method)	•Pill counts •Retrospective questionnaire  	•Patient diary  
Reliable methods	•Therapeutic drug monitoring (TDM)  •Pharmacy refill data 	•Medication Event Monitoring System 

Modified from Vrijens & Urquhart, 2005 Journal of Antimicrobial Chemotherapy

CASE STUDIES IN HYPERTENSION
JOEL HANDLER, MD, SECTION EDITOR

Malingering: An Unusual Cause of Resistant Hypertension

Joel Handler, MD

Diagnosis of Malingering and Difficulty of Detection

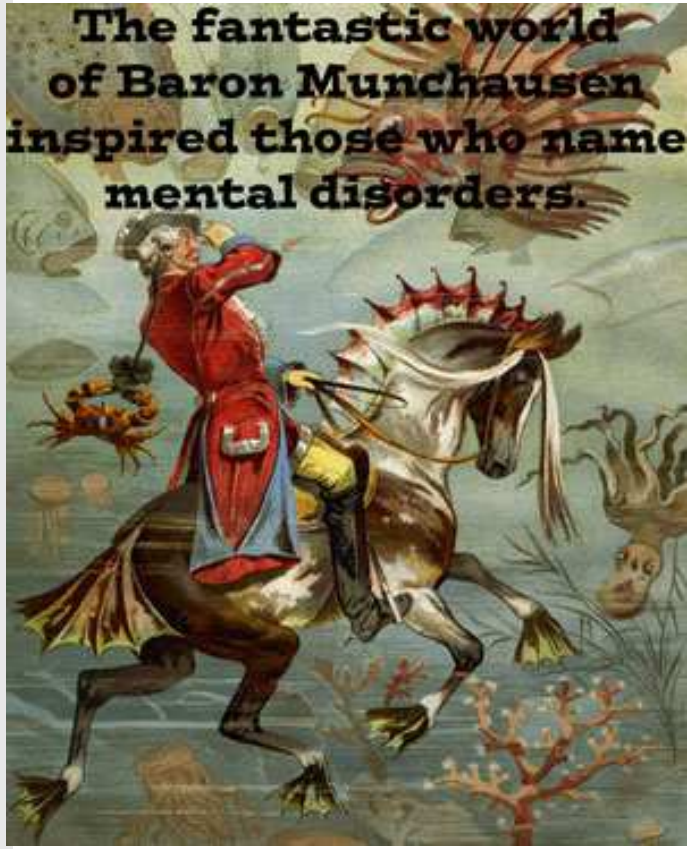
The Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition, Text Revision) (*DSM-IV-TR*) describes the essential feature of malingering as "the intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives."[1] The external incentives for malingering include obtaining drugs, obtaining financial compensation, evading criminal prosecution, and avoiding work or military duty.

A hospitalist asked a nurse to make sure the patient "was really taking his blood pressure pills." When the nurse brought a flashlight into the room, the patient asked what it was for and the nurse explained that she wanted him to open his mouth to make sure the pills were swallowed. The patient had pocketed the pills in his cheek and turned his head aside to swallow them. Once medication ingestion was regularly confirmed, blood pressures were consistently approximately 120 / 70 mm Hg on lisinopril 20 mg and labetalol 200 mg twice a day. Headaches resolved.

Munchausen syndrome: a novel cause of drug-resistant hypertension

Achille C. Pessina[a], Valeria Bisogni[a], Ambrogio Fassina[b], and Gian Paolo Rossi[a]

Case report: A young patient presented with a history of resistant arterial hypertension, associated with disabling symptoms. He was subjected to an enormous number of tests to identify a pheochromocytoma that was never found. He was eventually discovered to make factitious use of amphetamine to mimic this condition in order to gain medical attention. Munchausen syndrome was thus diagnosed. The patient was discharged and was lost to follow-up until he presented again in 2012 for 'resistant hypertension' in our outpatient clinic. He reported that because of poor blood pressure, he had been referred to a Cardiology department where transcatheter renal denervation was performed with no effect on blood pressure. Thereafter, he was presented to an Endocrinology unit where a left adrenalectomy was performed with diagnosis of pheochromocytoma that was not found at pathology.



Journal of the American Society of Hypertension 9 (2015) 420–426

Research Article

Comparison of Morisky Medication Adherence Scale with therapeutic drug monitoring in apparent treatment–resistant hypertension

Ambarish Pandey, MD[a], Fayez Raza, MD[b], Alejandro Velasco, MD[c], Stephanie Brinker, MD[b], Colby Ayers, MS[d], Sandeep R. Das, MD, MPH[a], Donald E. Morisky, ScD, MSPH, ScM[e], Ethan A. Halm, MD[b], and Wanpen Vongpatanasin, MD[a,c,*]

Prevalence of low, medium, and high Morisky Medication Adherence Scale (MMAS–8) scores among therapeutic drug monitoring (TDM)–based adherent and non–adherent patients

Adherence	Low MMAS–8 Score (<6)	Medium MMAS-8 Score (6 to <8)	High MMAS–8 Score (8)
Adherent by TDM, N (%)	6 (26%)	8 (35%)	9 (39%)
Non adherent by TDM, N (%)	6 (25%)	8 (33%)	10 (42%)

Table 1 Approach to diagnosis and management of adherence in resistant hypertension

	Non-intentional non-adherence	Intentional non-adherence
Diagnosis	Detailed patient history Morisky scale Pill counts Electronic monitoring (e.g. MEMS) Pharmacy records	Use of focus groups, one-to-one interviews Direct observed therapy Blood, urine assays
Management	Frequent visits with healthcare provider Simplified dosing regimens Pill organizers (Pill boxes/ dosettes/blister packs) Electronic reminders Patient self-monitoring BP Involvement of family, caregivers	Discussion with patient to identify cause Psychotherapy[a] Device therapy[a]

[a] Suggested, but not proven, approaches

(Gadkari et al. 2012, Mukhtar et al. 2014

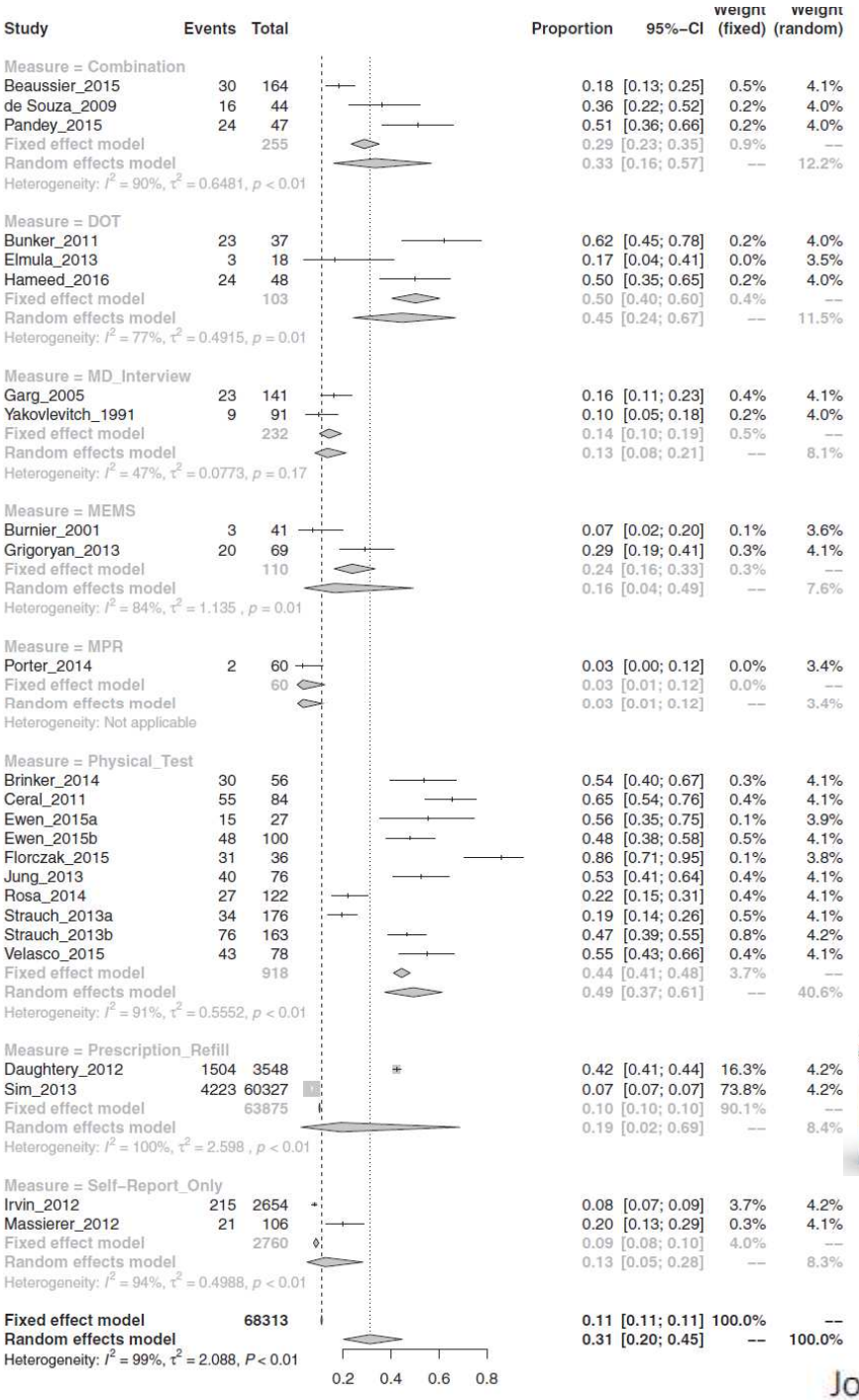
Marcel Ruzicka & Swapnil Hiremath
Curr Hypertens Rep (2015) 17: 69

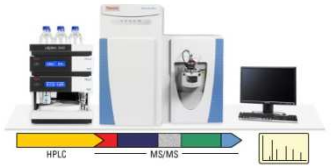
Non-adherence according to adherence measure

44.6%

47.9%

31.2%





Durand et al.

Journal of Hypertension 2017, 35:2346–2357

Et en cas d'HTA résistante?

En centre spécialisé

- Réaliser si possible le dosage des antihypertenseurs (prélèvement urinaire), après accord du patient.
- Caractériser une inobservance partielle ou totale.
- Evaluer les caractéristiques principales du profil psychologique (syndrome dépressif, recherche de bénéfices secondaires, mauvaise observance intentionnelle, autre), si nécessaire avec l'aide d'un psychiatre.

Journal of the American College of Cardiology
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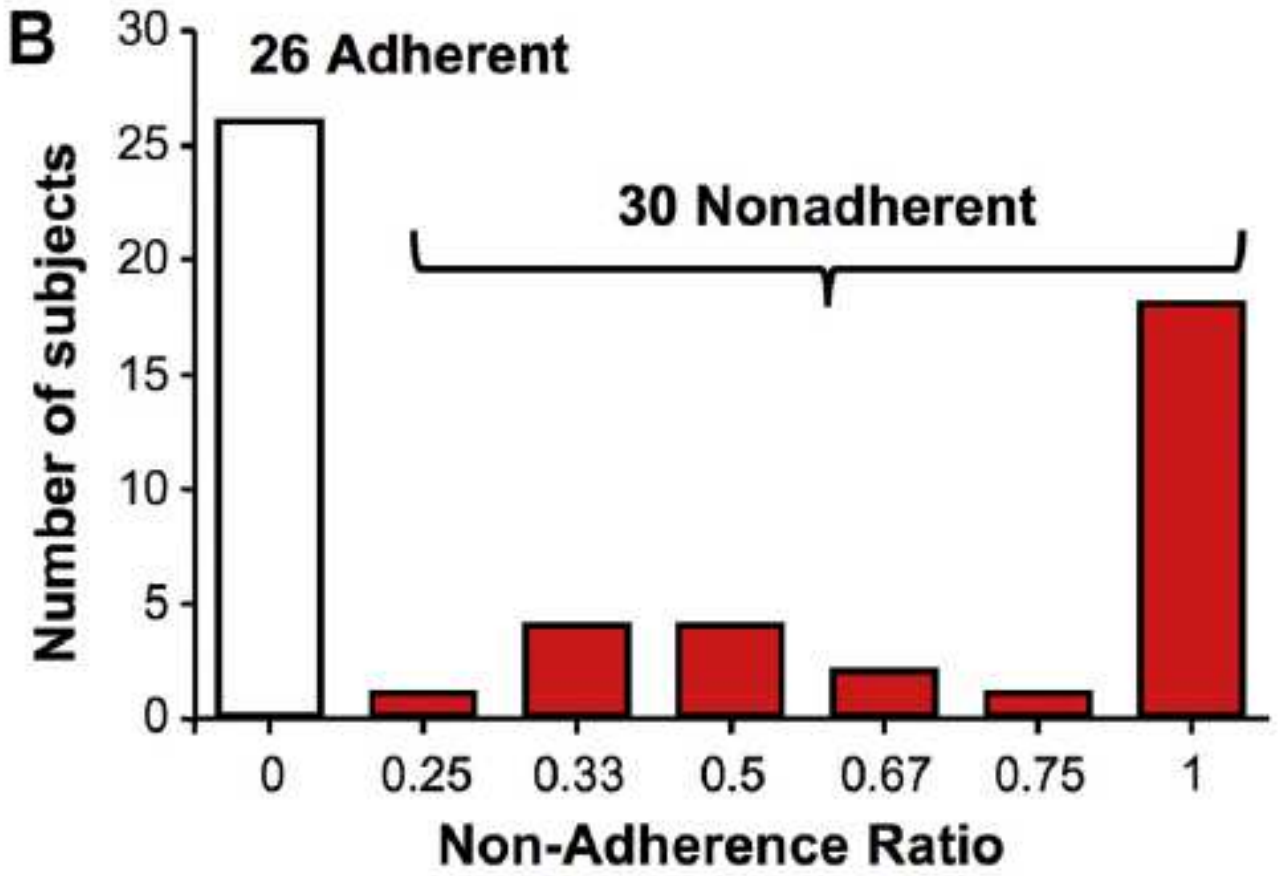
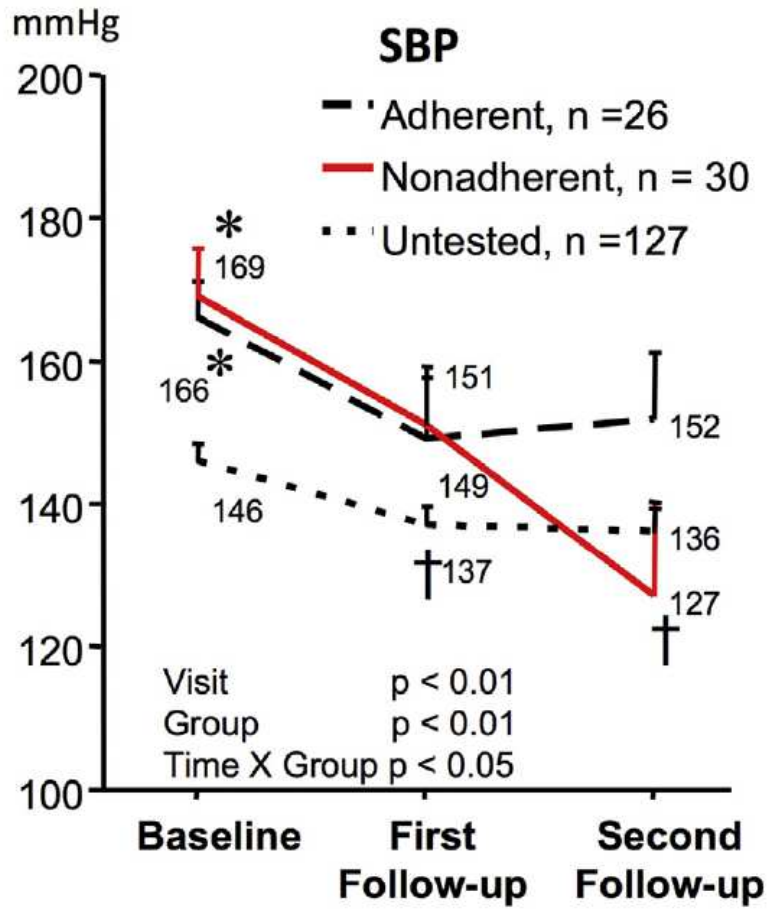
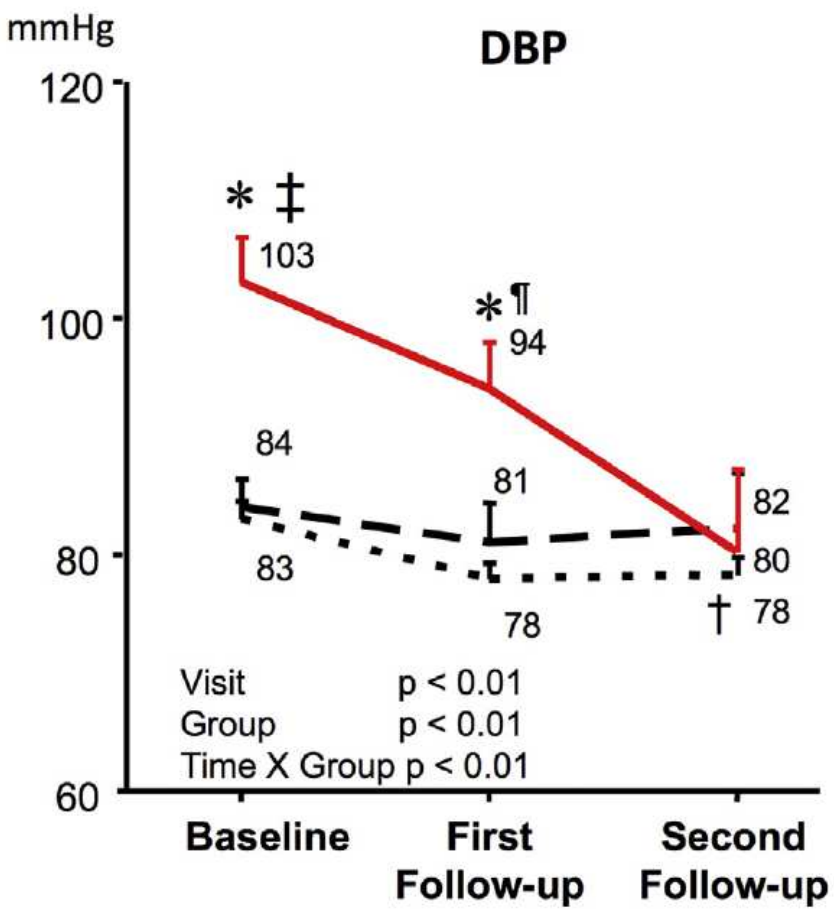
CORRESPONDENCE

Research Correspondence

Therapeutic Drug Monitoring Facilitates Blood Pressure Control in Resistant Hypertension




mmHg
SBP
200
180
160
140
120
100
Adherent, n =26
Nonadherent, n = 30
Untested, n =127
*
169
166
*
151
152
149
146
136
†137
127
†
Visit p < 0.01
Group p < 0.01
Time X Group p < 0.05
Baseline
First Follow-up
Second Follow-up


mmHg
DBP
120
100
80
60
* ‡
103
*¶
94
84
81
82
83
80
78
† 78
Visit p < 0.01
Group p < 0.01
Time X Group p < 0.01
Baseline
First Follow-up
Second Follow-up

14:00 >> 16:00

Tout savoir sur - All you need to know **Salon/Room Gulbenkian**

HTA ET PERSONNES ÂGÉES : CIBLES, DECLIN COGNITIF, HYPOTENSION

HYPERTENSION AND OLD PEOPLE: TARGETS, COGNITIVE DECLINE, HYPOTENSION

15:30 **Impact du profil psychologique sur l'adhérence et la résistance au traitement chez des patients apparemment hypertendus résistants**

Impact of psychological profile on drug adherence and drug resistance in patients with apparently treatment-resistant hypertension

C. GEORGES[1], G. PETIT[1], E. BERRA[2], A. CAPRON[1], Q. HUANG[3], M. LOPEZ-SUBLET[4], F. RABBIA[2], J.A. STAESSEN[3], P. WALLEMACQ[1], P. DE TIMARY[1], A. PERSU[1]

[1,2]Brussels (Belgium), [2]Turin (Italy), [3]Leuven (Belgium), [4]Bobigny (France)

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