

HYPERTENSION:

How to improve adherence?



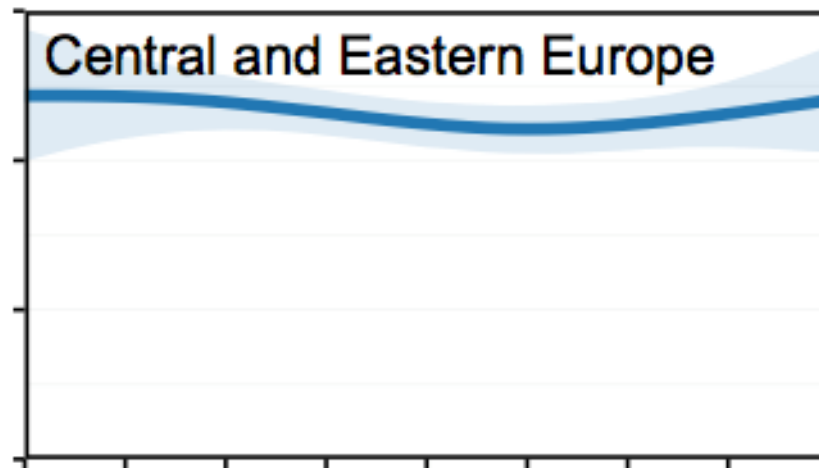
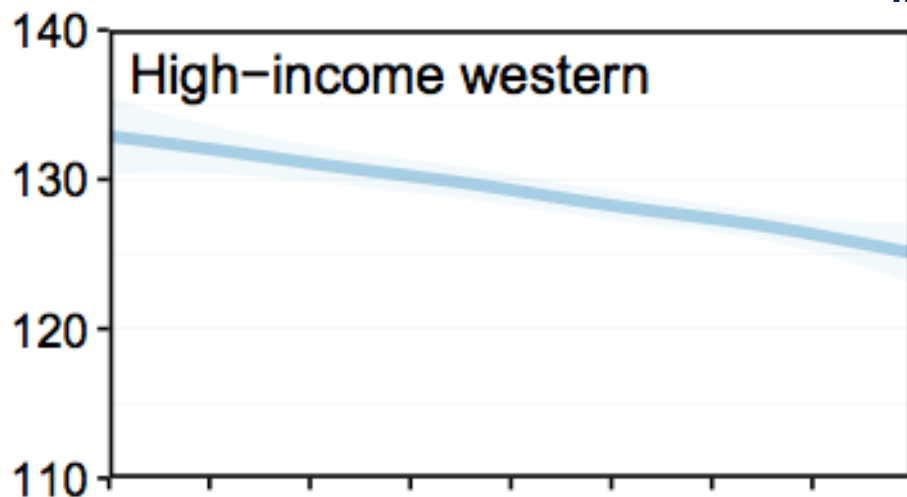
**First European Congress on Adherence to Therapy
Hypertensive Area**

**Rimini - Palacongressi
November 18-20, 2016**

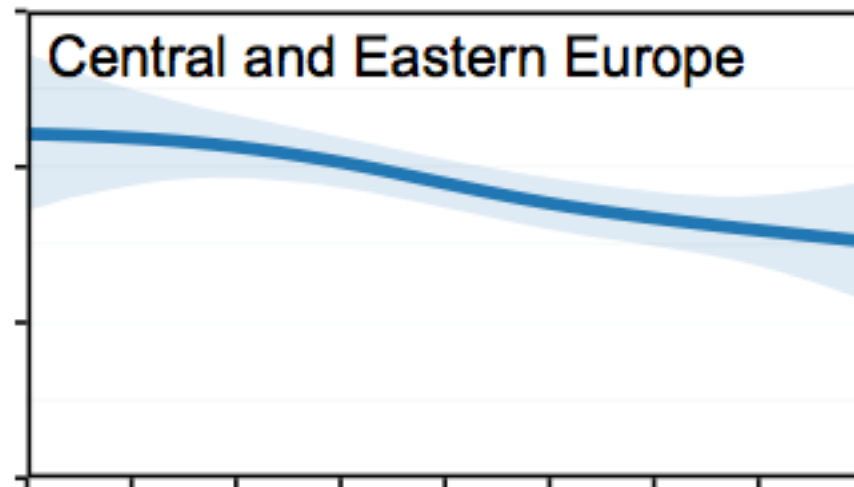
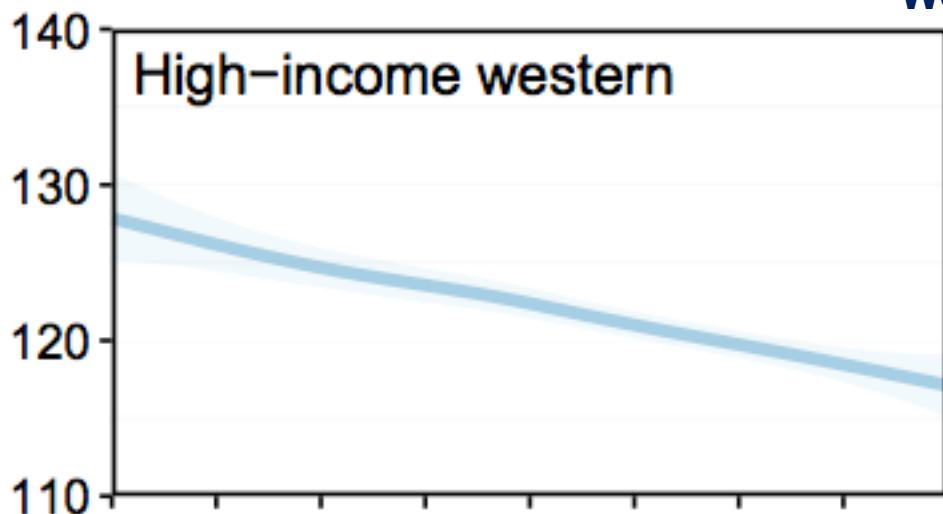
- **Lifetime burden of hypertension** remains substantial
- **Trend of decreasing BP values** is lower in Europe than in other western countries
- **Rate of BP control** in the population remains low

Trends in SBP values (1975-2015)

Men



Women



NCD Risk Factor Cooperation. Lancet 2016;(on line)

1975 - 2015

Improving adherence is aligned with the Healthy Ageing Program of EU

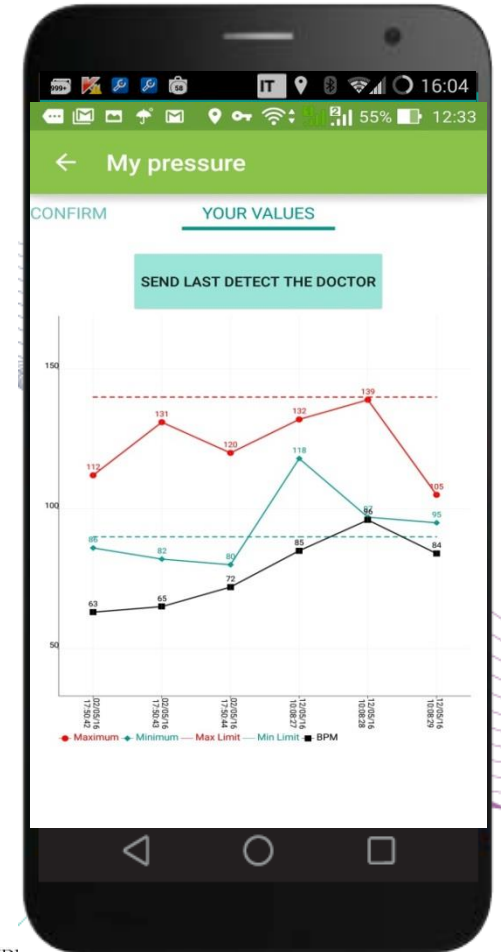
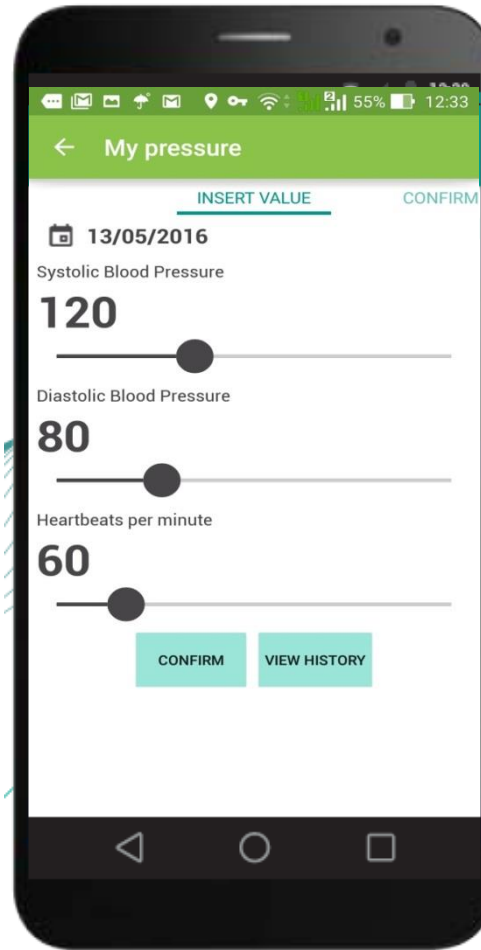
- Non-adherence is a common problem in all chronic disease and conditions
- Multimorbidity in elderly population is frequent and contribute to the low adherence
- To improve adherence we need to:
 - Aware the importance across populations and stakeholders
 - Empower patients
 - Multidisciplinary approach (team support)
 - Earlier and better recognition

- Self-BP measurement
- Patient empowerment
- Use of Decision Support Systems
- Use technologies (reminders,...)

- Stores, shows in graphs and transmits BP values, body weight and height
- Provides educational material
- Connects patients with their physician
- Locates ESH Excellence Centres all over Europe



MY VALUES



Improving adherence in Hypertension The Drug Treatment

- Symplification of drug treatments (reduce number of pills with FDCs, polypill, pharma packaging,.....)
- Giving acces to those available treatments
- Regular follow-up of treatment objectives

- Recognize the saving in cost of improving adherence
- Facilitate the involvement of health care providers
- Encourage and facilitate introduction of use of technologies for disease management and improvement of adherence (ICTs, telemedicine, registries,.....)
- Promoting awareness of the importance of adherence (tv, radio, press,...)
- Promote at EU-level transversal studies in adherence (relevance, cost-efficacy, methods to improve, ...)

Track nonadherence

Fight against inertia

Promote adherence

More potent treatments

Preserve/organize access to care

Better evaluation of BP level

Primary prevention of HT

Simple and implementable recommendations

Physicians

Caregivers

Authorities

Pharmacists

Patients

Scientific Societies

Pharma Industry