

COMPLIANCE

and the art of blood pressure maintenance

by **Dr. Art Hister**

HISTER'S NEW dictionary of Real Meanings defines the word "compliant" in the following way:

compliant: **1.** To make a commitment every ounce of your being rejects **2.** To do something when you'd rather be doing anything else **3.** Often confused with the word **complaint.**

example: a compliant husband visits his mother-in-law on Super Bowl Sunday

To a medical observer like myself, applying the concept of compliance to daily life offers an interesting paradox. On the one hand, it seems that most of us are generally very compliant, non-complaining folks in the way we live most aspects of our lives. When prodded by a spouse, we will eventually get around to the fix-it job we've been avoiding since the holidays. Some of us are even noble enough to improvise a last-minute gourmet meal for a stressed-out mate when we'd desperately rather go to a restaurant. All in all, our generalized adaptation to being compliant helps make the world a much easier place to live in.

On the other hand, when it comes to living our lives as patients, we're anything but compliant. Most of us don't rush out to get medical tests nearly as often as we're advised. Want proof? Hands up, all those who are reading this and have actually made it to a doctor's office to get their annual colon cancer screening test (the one that samples the unthinkable from the unmentionable).

Dr. Art Hister was a family physician and now works primarily in the media as host of the national radio call-in show *Housecalls*. He's author of *Midlife Man* and *Dr. Hister's Guide to a Longer and Healthier Life*, and a health columnist for Global TV.

But don't feel bad for keeping your hand down. We doctors are no better. The receptionist at my gastroenterologist's office recently told me that if I phoned one more time to postpone my overdue colonoscopy, they'd come and do it in my bathroom. Beyond non-compliance with screening tests for diseases we don't yet have, statistics show we're really bad at complying with medical treatment plans for diseases we do have and especially bad at taking prescribed medications. Unfortunately, this can have serious consequences.

Compliance and your blood pressure

Take high blood pressure, a common condition that's quickly increasing in prevalence as the population fattens and ages. About 4.5 million Canadians reported having high blood pressure in 2000, but many more aren't aware they're affected. And that exacts a huge cost, because high blood pressure leads to significantly higher risk of strokes, heart attacks, sudden death, kidney failure, erectile dysfunction and a host of other complications. Controlling high blood pressure can reduce the risks of all those complications.

So you'd think people would do everything they could to keep their blood pressure as low as possible. But if you thought that, you'd be wrong, and that's where we get back to non-compliance. A significant percentage of the population that's hypertensive doesn't know about it, a good number of those who've been diagnosed aren't treating it, and of those who do know and are being treated, a many don't take their medications as prescribed. This state of affairs continues despite our efforts to educate people about taking high blood pressure more seriously (the disorder is also called hypertension, mainly, as one of my med school profs used to say, because it makes doctors hyper and tense trying to make their patients see reason).

Get off the couch

Now, it's easy to understand why so many people find it hard to comply with the lifestyle adjustments that help keep blood pressure down. I've spent the better part of my life adding salt to make my mother's food edible, so I know it's hard to shake the habit even though it's important to if you have high blood pressure.

An even better example is exercise. Most doctors still advise people with high blood pressure to exercise regularly. It may be enough to bring your blood pressure down into the normal zone. Even if it doesn't, regular exercise leads to all sorts of other health benefits, especially cardiovascular ones.

Swallow hard

Lifestyle changes can help you reach your target blood pressure. If these changes aren't enough, your doctor may recommend that you start taking blood-pressure-lowering medication. Here too, compliance is an issue. Now, I can readily understand why people avoid exercise. After all, exercise involves work, and no one likes to work any harder than they absolutely have to. A little harder to fathom, however, is the fact that so many people also have trouble regularly sliding a pill down their throat, an activity that really just involves swallowing — which, we have to

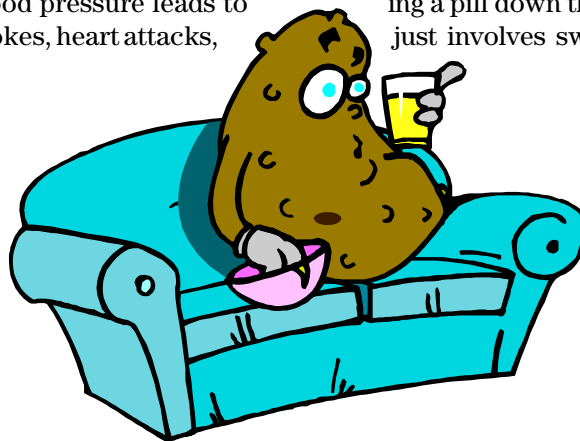
agree, isn't hard work for most of us at all. And yet, over 30% of people with hypertension who are prescribed medication are non-compliant with their treatment after one year. Translated, that means that many people with high blood pressure don't take their medication the way they're supposed to.

One reason for such widespread non-compliance is that (except in rare instances) high blood pressure produces no symptoms. Basically, it's easy to ignore something that doesn't poke

you in the ribs several times every day to say, "Hey, take me seriously, man." Another reason is that medication can lead to uncomfortable side effects. Many people simply stop their meds if side effects kick in. This is really not a good idea because 1) you still need to treat your high blood pressure — it didn't vanish when you stopped your pills, and 2) you'd be amazed at how many treatment options are currently available. If you have side effects from your drugs, go back and talk to your doctor about other options. And if you're on a medication you tolerate well, don't slide down the slippery slope towards non-compliance.

Do yourself a favour

The changes in routine that irk you now will become routine themselves over time. And you'll have the satisfaction of knowing you're actively making your



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life better. Find ways to work exercise into your daily routine. If you've been prescribed medication, there are plenty of tricks to help you take them regularly. Do you always forget to take once-a-day pills? Try taking them as part of some already established daily routine, like brushing your teeth. Or get a "calendar" pill dispenser to sort your pills, and put the dispenser somewhere you'll notice it. My wife puts mine on top of my stash of chocolate and I haven't missed a pill yet.

The important thing is to take your medicine as prescribed. Don't be a statistic and further endanger your health by being non-compliant. My wife has her own memory technique for remembering her medication. She gets a trusted buddy to remind her to take her pills, and hey, I've rarely let her down.

Find the trick that works for you. What matters is that you take your pills as prescribed. And thank you for being so completely and compliantly Canadian and reading through to the end of this article. 🇨🇦

HEALTH *essentials*

looks at... WHAT MAKES A PERSON MORE OR LESS ADHERENT TO MEDICATION REGIMENS

"Compliance" is the term traditionally used to describe whether or not a patient follows the regimen prescribed by their doctor. The term "adherence" is also used.

The issue of adherence to prescribed medicines is getting more attention today for a number of reasons.

- More people are taking medications long-term to keep chronic diseases under control.
- The outcomes expected from medications depend on their being taken as directed.
- There are safety issues involved in non-adherence.
- The issue of cost comes into it because the person, insurance plan or government who pays for a medicine expects to see outcomes improve. Money spent on a medicine that doesn't get taken or is taken incorrectly or only part of the time is often money wasted.

Some of the things found to affect adherence include:

Social supports: The more support you have from family and friends, the more likely you are to adhere to a treatment regimen.

Complexity of the regimen: The more complex in terms of timing and frequency of taking medications and the more restrictions on what and when you can eat with the medication, the less adherent you're likely to be. The same effect is seen in people who are on many different medications for different health problems and have to fit them all into a schedule.

Duration of therapy: The longer you have to take a medication, the less likely you are to adhere to the regimen over time. This is why the worst problems with adherence are in chronic

diseases where life-long medication is often needed, such as hypertension, epilepsy, HIV, diabetes and others.

Side effects: The experience of or concern about side effects makes people less adherent, but if medical support is available to help deal with side effects, adherence suffers less.

Belief in the seriousness of the illness and in the effectiveness of therapy: Hope that therapy will change the course of a disease improves adherence.

Contact with health professionals: Regular visits with the same physician who spends enough time discussing expectations of and concerns about medications.

Adequate communication and instruction: The better your doctor explains why a medication is needed, how you need to take it, what benefits you can expect and what risks you run by not taking it, the more adherent you will be.

Cost: High out-of-pocket expenditure on a medication reduces adherence.

Self-management skills and motivation: Armed with the motivation to improve health, the confidence that you can change the course of disease and the knowledge of how to do it, your adherence will improve.

