## МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ ХАРКІВСЬКА МІСЬКА РАДА ХАРКІВСЬКОЇ ОБЛАСТІ ДЕПАРТАМЕНТ ОХОРОНИ ЗДОРОВ'Я НАЦІОНАЛЬНИЙ ФАРМАЦЕВТИЧНИЙ УНІВЕРСИТЕТ НАВЧАЛЬНО-НАУКОВИЙ ІНСТИТУТ ПРИКЛАДНОЇ ФАРМАЦІЇ

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## IMPACT OF PHARMACOLOGICAL DRUG SELECTION ON COMPLIANCE OF PATIENTS WITH ARTERIAL HYPERTENSION

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According to the results of recent researchers, regardless of the region of the world, high or low economic level, the quality of medical care, only 40% of patients with hypertension receive treatment and only a total of 35% of patients with hypertension receiving treatment reach the target office systolic blood pressure < 140 mm Hg. Thus, today one of the most important problems is the improvement of blood pressure (BP) control in patients with hypertension. One reason why the current hypertension treatment strategy failed to achieve higher BP control scores is low patient compliance.

To date, there is a lot of evidence that patient adherence to treatment -compliance is a very important factor in achieving adequate BP control. According to American studies, about 33% of patients do not comply with doctor's recommendations. Moreover, 1 hour after talking with a doctor, 60% patients cannot remember and say what the doctor specifically recommended them. Compliance is influenced by both undesirable reactions to the drug and the need to change their behaviour or habits when conducting therapy. Treatment adherence assessment studies have unambiguously shown a direct inverse relationship between pill count and treatment attachment. Low compliance level in antihypertensive therapy is dangerous because in irregular therapy among the development of uncontrolled arterial hypertension.

The current algorithm for selecting antihypertensive pharmacological drugs is based on several key recommendations. First of all, most patients need to start treatment with one tablet containing two active substances. Such selection will ensure increase of speed, efficiency and predictability of BP control. Preference should be given to two-component combinations: angiotensin II receptor blocker (ARB) with calcium antagonist (CA) or diuretic. The use of a three-component combination in a single tablet containing an ARB, CA and a diuretic is recommended in cases where the use of two drugs in a single tablet cannot be controlled by BP. The main advantage of combinations in one tablet as a conventional therapeutic approach in arterial hypertension is that patients can receive one, two or three drugs while remaining on a simple regimen with a single tablet.

The strategy for the drug treatment of arterial hypertension, presented in the recommendations of the European Society for Arterial Hypertension and the European Society of Cardiology, will contribute to improving patient compliance and, as a result, improving the effectiveness of BP control, preventing vital complications of this disease and improving the prognosis of patients.