

Illness Acceptance and Self-Reported Treatment Adherence in Adults With Hypertension: A Cross-Sectional Study

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Introduction. To examine the association between illness acceptance and adherence to antihypertensive treatment and determine whether illness acceptance contributes to adherence independently of clinical and sociodemographic characteristics.

Methods. Single-centre cross-sectional study. A total of 227 adults with physician-confirmed hypertension attending routine follow-up visits at a university outpatient clinic were enrolled. Treatment adherence was assessed using the Hill-Bone Compliance to High Blood Pressure Therapy Scale and illness acceptance using the Acceptance of Illness Scale. Associations were examined using Pearson correlation and multivariable linear regression. This study followed the STROBE guideline for cross-sectional studies. Patients participated in the study by completing the study questionnaires.

Results. Greater illness acceptance was associated with better self-reported adherence across medication taking, appointment keeping and reduced sodium intake. Greater illness acceptance remained independently associated with better adherence after adjustment for clinical and sociodemographic characteristics. Greater antihypertensive medication burden and hypertension-mediated target-organ damage were associated with poorer adherence.

Discussion. Greater acceptance of illness was independently associated with better adherence to antihypertensive treatment and contributed information beyond clinical and sociodemographic characteristics. Brief assessment of illness acceptance may help nurses identify patients who need additional adherence support. Treatment complexity and hypertension-mediated organ damage should also prompt closer adherence assessment. This study identifies illness acceptance as an independent correlate of self-reported adherence in adults with hypertension and supports more individualized nursing assessment of patients at risk of non-adherence.

Keywords: Hypertension, Illness Acceptance, Treatment Adherence, Blood Pressure, Patient-Reported Outcomes, Psychological Adaptation

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