

Sociodemographic and Clinical Determinants of Treatment Adherence and Illness Acceptance in Patients with Hypertension

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Introduction. Treatment adherence and illness acceptance are essential components of effective hypertension management, yet their sociodemographic and clinical determinants may differ. Identifying factors associated with these outcomes may support individualized nursing interventions and improve long-term disease management. This study aimed to identify sociodemographic and clinical factors associated with treatment adherence and illness acceptance among adults with hypertension receiving specialist outpatient care.

Methods. A single-centre cross-sectional study included 284 adults with physician-diagnosed hypertension attending routine follow-up visits at a specialist outpatient clinic. Treatment adherence and illness acceptance were assessed using validated questionnaires. Parallel multivariable linear regression models incorporating identical sociodemographic and clinical predictors were used to identify factors independently associated with each outcome. The study was reported in accordance

with the STROBE guidelines for cross-sectional studies.

Results. Medication burden was the only independent factor associated with both poorer treatment adherence and lower illness acceptance. Poorer adherence was additionally associated with hypertensive target-organ complications, single-pill combination use, fewer comorbidities, and lower self-rated adherence. No other independent determinants of illness acceptance were identified. Patients with both poor adherence and low illness acceptance exhibited the greatest medication burden and the highest prevalence of hypertension-related complications.

Discussion. Treatment adherence and illness acceptance represent related but distinct dimensions of hypertension management, with medication burden emerging as their only shared determinant. These findings highlight treatment complexity as a potential target for individualized interventions. Simultaneous assessment of adherence and illness acceptance may help nurses identify patients requiring educational, behavioural, or psychological support. Multidisciplinary strategies aimed at reducing treatment complexity may improve medication adherence and psychological adaptation.

Keywords: Hypertension, Medication Adherence, Adaptation, Psychological, Polypharmacy, Nursing Care

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