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Assessment of factors influencing poor medication adherence in diabetic and hypertensive patients**Naing S, Tusheva M, Arulthasan M, Pasha S, Park M, Singh S and Ramirez A**
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Introduction & Aim: Diabetes and hypertension are the two most prevalent chronic diseases in the United States of America. Non-adherence to prescribed medications that are otherwise effective in treating these diseases can lead to significant morbidity, mortality, and staggering by high healthcare cost. The purpose of this study was to determine modifiable factors influencing adherence to diabetic and hypertensive medications in an ethnically diverse populations.

Methodology: A cross-sectional survey was administered to 253 patients with diabetes and hypertension at Richmond University Medical Center. Adherence was measured using the standardized Morisky medication compliance questionnaire, with 12 additional questions to assess demographic and socio-economic factors. Data on age, sex, race, marital status, education level, feeling of depression on last month, psychological stress level, the means of commute from home to clinic, utilization of food stamps, type of residence, financial stress, and number of dependents in the house were collected. Chi-squared, and Kruskal-Wallis ANOVA tests were used, and a binary logistic regression model was created for statistical analysis. When Kruskal-Wallis test yielded a significant result we utilized Dunn's test to achieve more granularity. Statistical significance was considered at $P < 0.05$

Results: Out of a total 253 participants, 226 fully completed the survey. 60% were female. Mean age of the participants were 56 years; ranging from 22 to 86. From the surveyed patient population, the majority self-identified as African American (43%), Hispanic (25%), Caucasian (17%), Asian (10%), Native American (1%), and other (3%). Data analysis showed factors influencing adherence were depression ($P=0.0001$), female gender ($P=0.04$), psychological stress ($P=0.04$) and financial stress ($P=0.02$).

Conclusion: Rate of adherence observed in the study was extremely low; with only 25% of participant's adherent to their treatment. Significant predictors for poor adherence are depression, psychological stress and financial stress, which are potentially modifiable targets for intervention. Patient education by the physician and treatment of the modifiable factors is an urgent requirement to improve the outcomes.

Biography

Naing S graduated from Institute of Medicine (1) Yangon, Myanmar and completed her residency training in St. Vincent Medical Center (Richmond) and is Board Certified in Internal Medicine. She is currently working in Richmond University Medical Center as an Associate Program Director, in Internal Medicine Residency Program. She also holds a title of Assistant Professor of Clinical Medicine with New York Medical College.

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