
Updates in Hypertension and Cardiovascular Protection

Series Editors

Giuseppe Mancia
Monza, Italy

Enrico Agabiti Rosei
Brescia, Italy

The aim of this series is to provide informative updates on both the knowledge and the clinical management of a disease that, if uncontrolled, can very seriously damage the human body and is still among the leading causes of death worldwide. Although hypertension is associated mainly with cardiovascular, endocrine, and renal disorders, it is highly relevant to a wide range of medical specialties and fields – from family medicine to physiology, genetics, and pharmacology. The topics addressed by volumes in the series *Updates in Hypertension and Cardiovascular Protection* have been selected for their broad significance and will be of interest to all who are involved with this disease, whether residents, fellows, practitioners, or researchers.

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Michel Burnier
Editor

Drug Adherence in Hypertension and Cardiovascular Protection



Editor
Michel Burnier
Service of Nephrology and Hypertension
CHUV, University of Lausanne
Lausanne
Vaud
Switzerland

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Preface

When asked about the difficulties encountered in the management of patients with cardiovascular risk factors such as hypertension, dyslipidemia, and diabetes, most practicing physicians and healthcare providers will admit that adherence to recommendations and prescribed therapies is a critical issue. This is not very new as several centuries ago, Hippocrates was already warning physicians that “[they] should keep aware of the fact that patients often lie when they state that they have taken certain medicines.”

In cardiovascular medicine, strong evidence has been gathered over the last 10 years indicating that adherence to drug therapy is a major determinant of success in the primary and secondary prevention of cardiovascular events. Nevertheless, drug adherence remains the “poor relation” of disease management in all therapeutic fields. Thus, there is still a surprising discrepancy between the recognized importance and relevance of the topic and the relatively low enthusiasm for the domain in clinical practice as well as in research.

Several factors contribute to this apparent discrepancy including a lack of knowledge, methodological limitations, limited time and resources to implement strategies supporting adherence, and a lack of cooperation within healthcare providers. However, in hypertension, the interest for drug adherence has increased suddenly with the recognition of the importance of non-adherence as a cause of resistant hypertension. Hence, within a few years, many new developments have become available that can now be used not only in reference centers or in clinical studies but also in clinical practice. These novelties take advantage of the new technologies such as digital medicine, biochemical analysis based on high-performance liquid chromatography-tandem mass spectrometry, information and mobile health technologies, and large national or regional prescription databases.

The goal of this book is to present these various new aspects of the adherence-related sciences. The book discusses the most recent data obtained with new technologies, but it will also cover other, more humanistic aspects, such as ethical aspects and interdisciplinary approaches involving nurses and pharmacists. Therefore, the book should catch the attention of healthcare students and professionals but also of industrial developers and specialists of e-technologies.

Improving adherence is a major challenge for healthcare systems, and in order to encourage everybody to join the effort, I would like to cite Hayden B. Bosworth from Duke University and the National Consumers League who claimed that “...*more health benefits worldwide would result from improving adherence to existing treatments than developing any new medical treatments.*”

Lausanne, Switzerland

Michel Burnier

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