

PUBLICATIONS

MEDICATION ADHERENCE AS A DETERMINANT OF SCORE2- ESTIMATED CARDIOVASCULAR RISK IN PATIENTS WITH ARTERIAL HYPERTENSION AND DYSLIPIDEMIA

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To assess medication adherence as determined by the Moriskiy medication adherence-8 scale, is associated with SCORE2- estimated cardiovascular risk groups in hypertensive high and very high CV risk patients.

The study included 119 patients with arterial hypertension and dyslipidemia at high or very high cardiovascular risk (SCORE2: 18.12 ± 7.83). The mean age was 52.5 ± 9.6 years; the mean duration of hypertension was 8.7 ± 6.6 years and average score of MMAS-8 was 1.6 ± 1.5 score. Treatment adherence was evaluated using the MMAS-8 questionnaire and Fatal and nonfatal cardiovascular risk evaluated by SCORE2 scale. All patients received antihypertensive or antiplatelet therapy before participating in the scientific study. Statistical analysis was performed using standard methods of descriptive and correlation statistics. Spearman's rank correlation coefficient (r_s) was applied. Statistical significance was set at $p < 0.05$.

The analysis illustrated a significant negative correlation between SCORE2 cardiovascular risk and Moriskiy medication adherence scores ($r_s = -0.54547$; $p < 0.001$). Patients with lower adherence scores demonstrated higher SCORE2 risk levels. This moderate inverse suggests an association that low adherence to antihypertensive therapy may contribute to increased long-term cardiovascular risk.

Analysis of the study indicated a significant inverse relationship between SCORE2 risk levels and medication adherence measured by the Morisky scale. These findings support that patients with lower medication adherence tend to have remarkably higher cardiovascular risk.