



BRITISH HYPERTENSION SOCIETY ENDORSES THE USE OF SINGLE PILL COMBINATION TREATMENTS IN HYPERTENSION

“In view of the apparent benefits of fixed dose combinations over free-drug combinations, the BHS believes that if there are no significant cost disadvantages “fixed-drug” or single-pill combinations of drugs should be used preferentially for the routine management of hypertension when ≥ 2 drugs are required”¹.

Recent QOF results show that approximately 20.7%² (2010-2011 figures) of treated hypertensive patients were not treated to a target of $\leq 140/90$ mmHg. This represents approximately 1.54 million uncontrolled patients on treatment³. The Health Survey for England (HSE) showed that 40.1% of treated hypertensives are uncontrolled to the NICE clinical target of $\leq 140/90$ mmHg, representing approximately 3 million uncontrolled patients⁴.

It is thought that between a third and a half of all medicines prescribed for long-term conditions are not taken as recommended. If the prescription is appropriate, then this may represent a loss to patients, the healthcare system and society. The costs are both personal and economic⁵.

Hypertension is one of the most important preventable causes of premature morbidity and mortality in the UK. Most hypertensive patients require a combination of 2 or more drugs to control hypertension⁶. However, studies have shown that patients on multiple drugs find it harder to comply with treatment⁷. Thus adherence is a major factor in blood pressure control. This poor adherence may put hypertensive patients at cardiovascular risk⁸.

Patients may need support to help them make the most effective use of their medicines. This support may take the form of further information and discussion, or involve practical changes to the type of medicine or the regimen.

‘Simplifying the dosing regimen’ is one way of improving patient adherence as suggested by the NICE medicines adherence guidelines⁹.



“The BHS has campaigned long and hard for the effective detection of untreated hypertension in every patient worldwide but this is only half the story in as much as then there needs to be effective treatment. There is clear evidence that adherence goes down as patients are challenged with large pill burdens. There is also an emerging body of data to suggest that fixed drug or single pill combinations of drugs are associated with improved adherence and in consequence better blood pressure control with an associated effective reduction in cardiovascular risks”.

Professor Tony Heagerty, President of the British Hypertension Society.

References:

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