

Refractory hypertension due to lack of treatment compliance in a 37 year old woman

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Abstract

BACKGROUND: Therapeutic inertia and lack of compliance are the main barriers to hypertension control

OBJECTIVES: Presentation of a case illustrating the importance of proper adherence to blood pressure and a detailed anamnesis in patients with apparent refractory hypertension.

METHODS: Review of the clinical record.

RESULTS: A female patient had been diagnosed of hypertension 3 years ago, with SBP around 150-160 mmHg and DBP around 90-100 mmHg. Ambulatory Blood Pressure Monitoring (ABMP) was performed while untreated, showing a normal dipper pattern, with average BP 141/93mmHg (diurnal) and 115/69mmHg (nocturnal); the respective HR were 81 and 68 bpm. The peak SBP was 156 mmHg (2:30 p.m.). No cause of secondary hypertension or target organ damage had been found.

The patient never achieved adequate BP control despite multiple permutations and combinations of drugs. She was prescribed up to 12 different patterns of antihypertensive treatment; the final combination before referral to our Hypertension Clinic was:

Cardesartan 16 mg + Torasemide 10 mg + Amlodipine 10mg + Doxazosin 10 mg + Bisoprolol 10mg + Spironolactone 50 mg. Reinterrogating the patient in order to clarify the inefficiency of the antihypertensive treatment, she finally admitted that she had never taken it regularly and had taken at most one tablet daily. An agreement was made: She would take only one daily pill (Valsartan 80 mg) avoiding omissions. After 2 weeks the ABPM was repeated and the results were: average BP 123/83mmHg (diurnal) and 116/73mmHg (nocturnal); the respective HR were 75 and 77 bpm. It clearly showed that she had a pseudorefractory hypertension, caused by lack of compliance.

CONCLUSIONS: This case illustrates that in patients with hypertension labeled as refractory it is essential to obtain a detailed anamnesis and assessment of the level of compliance, before prescribing drugs and explorations which can entail high costs and side effects.

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