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Adherence to antihypertensive medication and hypertensive emergencies

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Abstract

Background: Hypertension is a non-communicable disease with a high prevalence and potential to cause serious complications, including hypertensive emergencies. One of the important factors in preventing this condition is adherence to antihypertensive medication.

Purpose: To determine the relationship between adherence to antihypertensive medication and the incidence of hypertensive emergencies.

Method: A quantitative design with a correlational analytic approach and cross-sectional design was employed. The sample consisted of 109 respondents selected using accidental sampling technique. Data were collected using questionnaires and analyzed using Chi-Square test with a significance level of 0.05.

Results: Most respondents had low adherence to antihypertensive medication (67.9%). The majority did not experience hypertensive emergencies (68.8%), while 31.2% experienced such events. Statistical analysis showed a p-value of 0.001 ($p < 0.05$), indicating a significant relationship between medication adherence and hypertensive emergencies.

Conclusion: Higher adherence to antihypertensive medication reduces the risk of hypertensive emergencies. Efforts are needed to improve adherence through education, routine monitoring, and strengthening the role of healthcare workers.

Keywords: Hypertension; Hypertensive Emergencies; Medication Adherence; Primary Health Care.

INTRODUCTION

Hypertension is a non-communicable disease with a high prevalence and is a global health problem. This condition is characterized by persistently elevated systolic blood pressure of ≥ 140 mmHg and/or diastolic blood pressure of ≥ 90 mmHg (Fitriani, Wahyuningsih, Jona, & Hasan, 2025). Hypertension is often called a silent killer because it does not cause typical symptoms, but has the potential to cause serious complications such as heart disease, stroke, kidney failure, and damage to other target organs if not managed optimally (Fiana & Indarjo, 2024; Fabanyo, 2022; Sarumi, Destri, Hariani, Rasmaniar, Nugraha, Arsad, Prameswari, & Utomo, 2024).

Recent developments indicate that the burden of hypertension continues to increase globally. The World Health Organization (WHO) reports that approximately 1.4 billion people worldwide aged 30–79 years suffer from hypertension, with the majority coming from low- and middle-income countries (Yousuf, Roba, Ahmed, Belsty, Wondimneh, Daba, & Ketema, 2025). However, only about 23% of sufferers are able to control their blood pressure optimally (World Health Organization, 2025). In Indonesia, the prevalence of hypertension reached 30.8% in the population aged ≥ 18 years, while in West Java Province it reached 34.4% (Ministry of Health of the

Republic of Indonesia, 2024; Health Development Policy Agency, 2024). Data in Cianjur Regency shows a high number of hypertension cases with Cilaku Health Center as one of the areas with the highest number of sufferers (Health Office of West Java Province, 2024).

Uncontrolled hypertension can develop into a hypertensive emergency, namely a condition of acute increase in blood pressure $\geq 180/120$ mmHg which has the potential to cause target organ damage and is life-threatening (Andrianto, 2022; Nisa, Januardi, Wijaya, & Aleyda, 2024; Panggabean, 2023). Hypertensive emergencies are classified into hypertensive urgency and emergency, both of which require immediate treatment at a health care facility, including Community Health Centers as the front line (Yusuf & Boy, 2023; Ose, 2021).

One of the main factors in preventing hypertensive emergencies is adherence to antihypertensive medication. This includes adherence to the correct dosage, frequency, and timing of medication, as well as continuity of therapy as recommended by healthcare professionals (Widodo, Ambartana, Ibnu, Yaman, Juwita, & Aini, 2025). Non-compliance leads to uncontrolled blood pressure and increases the risk of acute blood pressure spikes that lead to hypertensive crises (Yulidasari, Aziz, & Nisa, 2024; Sagala, 2025).

Theoretically, patient compliance behavior can be explained through several approaches, such as the Health Belief Model (HBM) which emphasizes individual perceptions of the risks and benefits of treatment, and the Theory of Planned Behavior (TPB) which explains that intentions and attitudes influence compliance behavior (Widiyanto, 2023; Pourmand, Doshmangir, Ahmadi, Noori, Rezaeifar, Mashhadi, & Gordeev, 2020). In addition, nursing theories such as Orem's Self-Care emphasize the importance of the patient's role in self-care, including adherence to long-term therapy (Muhlisin & Irdawati, 2017).

Several studies have shown that non-compliance with antihypertensive medication is associated with an increased risk of complications, including hypertensive crisis (Yousuf, Khan, Bibi, Arif, Arshad, & Almas, 2023; Siwi, Nadhiroh, & Widara, 2024; Mentari, Dwidaningrum, Rizki, & Mentari, 2024). However, most previous studies have focused more on the relationship between adherence and blood pressure control or patient quality of life, and have

mostly been conducted in hospitals or emergency departments.

The research gap lies in the limited number of studies specifically examining the relationship between antihypertensive medication adherence and the incidence of hypertensive emergencies at the primary healthcare level, particularly community health centers. Community health centers play a strategic role in early detection, complication prevention, and ongoing hypertension management (Lukito, Harmeiwaty, Situmorang, Hustrini, Kuncoro, Barack, & Yulianti, 2021).

Based on this gap, this study offers a scientific contribution in the form of an analysis of the relationship between antihypertensive medication adherence and the incidence of hypertensive emergencies in community health centers, specifically in Sukasari Village, within the Cilaku Community Health Center's coverage area. This study is expected to provide a contextual overview of field conditions and serve as a basis for developing promotive and preventive interventions to improve patient adherence.

This study aims to determine the relationship between adherence to antihypertensive medication and the incidence of hypertensive emergencies in Sukasari Village, within the Cilaku Community Health Center. Theoretically, this study is expected to enhance the knowledge of nursing and public health, particularly regarding adherence to medication and hypertensive emergencies in primary care. Practically, the results of this study are expected to serve as a basis for healthcare professionals in improving education and monitoring adherence in hypertensive patients to prevent emergencies. Policy-wise, this study can be used as a consideration in developing hypertension control programs at the Community Health Center. The hypothesis in this study is that there is a relationship between adherence to antihypertensive medication and the incidence of hypertensive emergencies.

RESEARCH METHOD

A quantitative design with a correlational analytical approach was employed using a cross-sectional method. Independent and dependent variables were measured simultaneously to examine the relationship between antihypertensive treatment adherence (independent variable) and the incidence of

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hypertensive emergencies (dependent variable). The research was conducted in Sukasari Village, within the service area of the Cilaku Community Health Center, Cianjur Regency, West Java, Indonesia, between December 2025 and April 2026.

The study population comprised 9,917 hypertensive patients receiving health services in Sukasari Village during the study period. A total of 109 respondents were recruited using an accidental sampling technique, based on availability and eligibility. Inclusion criteria were: (1) hypertensive patients aged ≥ 18 years, (2) diagnosis confirmed through medical records, (3) ability to communicate effectively, and (4) willingness to participate. Exclusion criteria included patients in critical condition and those with cognitive or communication impairments preventing questionnaire completion.

Data were collected using a structured questionnaire. Medication adherence was assessed using the Morisky Medication Adherence Scale (MMAS-8), while demographic information was

obtained through a supplementary questionnaire. Observation sheets were used to identify hypertensive emergency events. Eligible respondents were approached directly, provided with an explanation of study objectives, and asked to sign informed consent. Questionnaires were then distributed and completed on site. Collected data underwent editing, coding, scoring, entry, and cleaning prior to analysis.

Univariate analysis was performed to describe respondent characteristics and variable distributions, presented in frequency tables and percentages. Bivariate analysis was conducted using the Chi-Square test to assess the association between medication adherence and hypertensive emergencies. Statistical significance was set at $\alpha = 0.05$, with $p < 0.05$ indicating a significant relationship.

Ethical approval was obtained from the Health Research Ethics Committee of Permata Nusantara Health College (Reference No. 075/9 V/KEPK-PERNUS/III/2026).

RESEARCH RESULTS

Table 1. Characteristics of the Respondents (N=109)

Variables	Results
Age (Mean$\pm$SD)(Range)(Year)	39.98 $\pm$ 16.460
Age (n/%)	
18-25	40/36.7
26-35	11/10.1
36-45	17/15.6
46-55	16/14.7
56-65	19/17.4
>66	6/5.5
Gender (n/%)	
Male	28/25.7
Female	81/74.3
Education (n/%)	
Uneducated	2/1.8
Elementary School	11/10.1
Junior High School	14/12.8
Senior High School	63/57.8
Diploma	7/6.4
Bachelor	11-Dec

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Variables	Results
Occupation (n/%)	
Unemployed	18/16.5
Housewife	44/40.4
Police/Soldier	2/1.8
Self-employed	16/14.7
Employee	12/11.0
Other	17/15.6
Duration of Hypertension (n/%)	
<1 Year	69/63.3
1-5 Years	23/21.1
>5 Years	17/15.6
Enrolled in National Health Insurance Program (n/%)	
Yes	90/82.6
No	19/17.4
Routine Check-ups at the Community Health Center (n/%)	
Yes	53/48.6
No	56/51.4
Antihypertensive Medication Compliance (n/%)	
Low	74/67.9
Moderate	18/16.5
High	17/15.6
Hypertensive Emergency Events (n/%)	
No	75/68.8
Yes	34/31.2

Table 1 presents the demographic and clinical characteristics of respondents. The mean age was 39.98 years (SD $\pm$ 16.46), with the largest proportion belonging to the 18–25 year age group (36.7%). The sample was predominantly female (74.3%). More than half of the respondents had completed senior high school (57.8%), and the most common occupation was housewife (40.4%). A majority (63.3%) reported a history of hypertension of less than one year. Most respondents were enrolled in the National Health Insurance program (82.6%). More than half (51.4%) did not undergo routine check-ups at the community health center. Regarding treatment adherence, 67.9% demonstrated low medication adherence. In terms of clinical outcomes, 68.8% of respondents did not experience a hypertensive emergency.

Table 2. Relationship between Antihypertensive Medication Compliance and Hypertensive Emergency Incidents

Treatment Compliance	Hypertensive Emergency	No Hypertensive Emergency	p-value
Low	12/35.3	62/82.7	0.001
Moderate	8/23.5	10/13.3	
High	14/41.2	3/4.0	

Table 2 presents the Chi-Square test analysis, which yielded a p-value of 0.001 ($p < 0.05$), indicating a statistically significant association between the variables examined.

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DISCUSSION

The findings of this study revealed that the majority of respondents exhibited low adherence to antihypertensive medication, with 74 individuals (67.9%) categorized in this group. In comparison, 18 respondents (16.5%) demonstrated moderate adherence, while only 17 respondents (15.6%) achieved high adherence. The predominance of low compliance may be explained by multiple determinants, including individual characteristics, therapy related factors, and systemic influences within the healthcare environment. Hypertension management typically requires long term, often lifelong, pharmacological treatment, which can lead to treatment fatigue and diminished motivation. Patients frequently discontinue therapy once they perceive symptomatic improvement or when overt clinical manifestations subside, underscoring the inherent challenges of sustaining consistent adherence in chronic disease management.

Additional contributors to poor adherence include limited patient understanding of the importance of continued medication use, adverse drug effects, and insufficient family support in reinforcing treatment routines. Knowledge level has been shown to correlate with adherence, as patients with lower knowledge tend to demonstrate poorer compliance (Ekawati & Anggraini, 2025). Social and family support also play a critical role in sustaining adherence (Rifai, Kasim, Widyaningsih, Rambey, Bangun, & Indriani, 2025). Noncompliance can result in uncontrolled blood pressure and elevate the risk of hypertension related complications. Evidence indicates that adherence is directly associated with blood pressure control, with noncompliant patients more likely to experience uncontrolled hypertension (Pangesti & Fani, 2025) and a heightened risk of cardiovascular complications (Rifai et al., 2025).

Within the nursing context, nurses hold a pivotal role in enhancing patient adherence through health education, counseling, and promotive as well as preventive strategies. Family involvement in disease management is equally important, as families can remind patients to take medications and encourage healthy lifestyle practices. Improved adherence is expected to facilitate better blood pressure control and reduce the likelihood of hypertensive emergencies. A hypertensive emergency, defined as severely elevated blood pressure capable of causing

target organ damage to the brain, heart, or kidneys, remains a critical clinical concern.

This study found that most respondents did not experience hypertensive emergencies (68.8%), although 31.2% did, indicating a substantial burden within the primary care population. Hypertensive emergencies are closely linked to treatment adherence and the proactive role of primary health services. Community health centers are essential in early detection, routine monitoring, and patient education to prevent such complications (Antarini, 2025). These findings are consistent with recent studies reporting frequent hypertensive crises in emergency departments among patients with uncontrolled blood pressure (Rossi, Rossitto, Maifredini, Barchitta, Bettella, Latella, & Seccia, 2021). Narrative reviews have highlighted target organ damage—including stroke, heart failure, and acute coronary syndromes—as major consequences of poorly managed hypertension (Jolly, Freel, & Isles, 2023). Furthermore, updated guidelines from the American Heart Association (AHA) and American College of Cardiology (ACC) emphasize the central role of primary care in early detection, patient education, and long term blood pressure control (Jones, Ferdinand, Taler, Johnson, Shimbo, & Williamson, 2025).

Statistical analysis using the Chi Square test yielded a p value of 0.001 ($p < 0.05$), confirming a significant relationship between adherence to antihypertensive medication and the incidence of hypertensive emergencies in Sukasari Village. This supports the alternative hypothesis (H_a), indicating that lower adherence is associated with a higher risk of hypertensive emergencies. The findings align with Orem's Self Care Theory, which conceptualizes medication adherence as a form of self care; failure to adhere constitutes a self care deficit that predisposes patients to complications (Rantetondok, Zainal, & Kadrianti, 2024). Similarly, the Health Belief Model (HBM) suggests that non adherence may stem from inadequate perceptions of disease severity or treatment benefits (Widiyanto, 2023), while the Theory of Planned Behavior (TPB) highlights the influence of attitudes, subjective norms, and perceived behavioral control, including family support and patient self efficacy (Pourmand et al., 2020).

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Physiologically, noncompliance results in persistently uncontrolled blood pressure, increased peripheral vascular resistance, and potential hypertensive crises ($\geq 180/120$ mmHg). If untreated, these crises can cause target organ damage such as stroke, heart failure, or renal failure. Noncompliance has been consistently associated with acute complications including hypertensive crisis, stroke, and heart failure (Yousuf et al., 2023). This study observed that 82.7% of patients with low adherence did not experience hypertensive emergencies, whereas 23.5% of those with moderate adherence and 41.2% of those with high adherence did. These findings suggest that hypertensive emergencies are multifactorial, influenced not only by adherence but also by individual, systemic, social, and economic determinants. Family support, in particular, plays a significant role in adherence, as supportive environments encourage medication routines and healthy lifestyles (Ayu, Achmad, Wijayaningsih, & Nurajizah, 2024; Yurnita, Wahyuni, & Nora, 2025; Rahmawati & Daryani, 2024).

Therapeutic factors also contribute to adherence, with nurses serving as key educators in hypertension management. Nursing education has been shown to enhance patient awareness of both pharmacological and non pharmacological therapies, thereby reducing the risk of hypertensive emergencies (Putra, Bukhari, & Zulbahri, 2025). The implications of this study are significant: nurses at community health centers occupy a strategic position in reducing hypertensive emergencies through health education, regular monitoring, counseling, and community based programs such as the Integrated Development Post for early detection and risk factor control. Nursing interventions that strengthen self care and promote behavioral change are essential to preventing hypertensive crises.

Nevertheless, this study has limitations. The cross sectional design precludes causal inference, adherence measurement relied on self report questionnaires subject to recall and social desirability bias, and the study was limited to a single community health center, restricting generalizability.

CONCLUSION

Adherence to antihypertensive medication is a critical determinant in preventing hypertensive emergencies, though other factors—including social

and family support—also play important roles. Collaborative efforts among healthcare providers, patients, and families are necessary to improve adherence through promotive, preventive, and educational approaches.

SUGGESTION

Future studies should adopt longitudinal or cohort designs to better establish causal links between antihypertensive adherence and hypertensive emergencies. Analyses should incorporate potential confounders such as knowledge, family support, healthcare access, and psychosocial factors. More objective adherence measures—combining questionnaires with medical records or electronic monitoring—are recommended to enhance validity. Expanding research to larger samples across broader settings will improve generalizability and provide more representative insights.

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