

### 3 Problem Statement

A major public health problem in the treatment of any disease, including hypertension, is ~~Medical non-adherence to medications~~ has been identified as a major public health problem in the treatment of hypertension. A plethora of ~~There is a large~~ research have been conducted, ~~record~~ which focusing on the understanding of ~~this phenomenon~~ medical non-adherence. However, to date, ~~the majority of most~~ studies that have been carried out in this field have been focused from ~~the look at the issue from a~~ medical care perspective, but ~~relatively~~ few studies have focused ~~concentrated~~ on the patients' point of view. Lack of attention and awareness ~~from patients~~ regarding ~~on the impact~~ non-adherence can have on patients (Rampal L, 2007), a topic which need further research, can obtain the advantages for adherence to patients.

~~Also, h~~ Hypertension is an overwhelming global challenge which ranks third as a cause of disability-adjusted life-years (Kearney PM, 2005). Any delay in ~~the taking appropriate doses~~ from ~~by the the~~ patients will lead ~~patients them~~ to worst situation. ~~The symptoms of risk~~ associated with ~~With poor adherence, take quite sometime to appear (silent killer) delay doses~~ for hypertension patients need time for any symptoms of risk (silent killer) when compared with other chronic diseases such as ~~epileptic patient~~ epilepsy. ~~For long term~~ In the long run, poor adherence ~~with to hypertension~~ hypertensive medications can affect their patient's medical situation because the ~~impact of effect that~~ poor adherence has on the patient does not appear quickly ~~as~~ compared with other diseases (Dennison et al., 2000).

Furthermore, ~~from~~ previous research, it has been ~~reported~~ found that there is a 44.2% rate of adherence to medications among Malaysians. ~~Based On the basis of on~~ this finding and findings from other studies conducted, it has been concluded that the rate of adherence ~~rate to medication~~

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in Malaysia is very low (Hassan NB et al., 2006) compared this result with other the studies have been done rate that is prevalent in western population such as in as Scotland were where a reported 91% rate of adherence has been reported among Scottish (MEInkster, 2006), and lower than in Pakistan were reported where a 77% rate of adherence among Pakistanis has been reported (Saman K et al, 2007).

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According to a report by the WHO, In addition, optimization of adherence with drug treatment using drugs represents one of the main unresolved issues in the management of hypertension (WHO, 2003)

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#### 1.4 Study Objectives

In general Overall, the objectives of this study are are intending to examine the influences extent to which of adherence to hypertensive therapy has a bearing on improving the scenario and to identify factors that facilitates facilitate or impede poor adherence in Malaysia will be explored in detail.

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The main objectives of this study can stated as follows following lists the main purposes of this study:

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- 1- This study attempts to help health-care professionals identify patients with poor adherence to antihypertensive therapy.
- 2- To investigate the potential psychosocial factors that facilitates facilitate or impede poor adherence to antihypertensive therapy.
- 3- To investigate the influences-relationship between the frequency of daily dose frequency and patient poor adherence of the patient to antihypertensive therapy.

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- To determine whether a single daily dose (~~SDD~~) frequency (~~SDD~~) is superior to a BID frequency, with regard to ~~patient~~ poor adherence by the patient, among ~~hypertension patients~~.

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- To determine ~~Whether whether~~ a BID frequency is superior to frequencies of more than twice daily (>BID), with regard to ~~patient~~ poor adherence by the patient.

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- 4- To investigate the ~~influences-relationship~~ between poor adherence to antihypertensive therapy and uncontrolled blood pressure outcome.

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- 5- To investigate the ~~influences-relationship~~ between uncontrolled blood pressure outcome, and uncontrolled intermediate clinical outcomes [such as lipid level (TC, HDL-C, LDL-C, and TG) and glucose level (FBG)]; among patients under antihypertensive medication.

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- 6- To investigate the consequences of poor adherence on hospitalization risk.

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