An Examination of the Relationship Between Perceived Social Support and Medication Adherence in Uninsured Patients with Hypertension
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Introduction
Hypertension affects approximately one in three Americans. Antihypertensive medications are often prescribed as treatment, but non-adherence is rather common and likely leads to uncontrolled levels of blood pressure. Additionally, individuals without health insurance are more likely to have uncontrolled levels of high blood pressure. Untreated hypertension can lead to serious health consequences, including heart attacks and kidney disease. In other chronic illnesses, social support has been shown to be positively associated with medication adherence. It was hypothesized that higher levels of social support would be correlated with better medication adherence. Additionally, it was hypothesized that self-reported medication adherence would be correlated with pharmacy refill data.

Method
- N=79 (uninsured, 3-month history of hypertension, use clinic’s pharmacy)
- 39 females/40 males; mean age was 51.46 years (SD = 8.66); 58% African American
- Surveys: Morisky Medication Adherence Scale, Medical Outcomes Study – Social Support Survey, Clinic Social Support Questionnaire, demographic survey
- Pharmacy refill data: single interval compliance (CSA) = days’ supply obtained/interval between pick-ups
- Urban free medical clinic in mid-size Midwestern city

Results
Total scores on the MMAS determined adherence levels.

<table>
<thead>
<tr>
<th>Self-reported Medication Adherence</th>
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<tbody>
<tr>
<td>High</td>
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<tr>
<td>Medium</td>
</tr>
<tr>
<td>Low</td>
</tr>
<tr>
<td>38%</td>
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<tr>
<td>29%</td>
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<tr>
<td>33%</td>
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Based on pharmacy data, the mean CSA score was 0.87 (SD = 0.15). A CSA score ≥ 0.8 was classified as persistent.

Persistence in Obtaining Medications

<table>
<thead>
<tr>
<th>Persistent</th>
<th>Non-persistent</th>
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<tbody>
<tr>
<td>39%</td>
<td>61%</td>
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Participants reported moderate to high levels of social support from family/friends (M = 3.55-4.03, SD = 1.00-1.25) and from the clinic (M = 4.36, SD = 0.64).

There were no significant correlations between social support and medication adherence or self-reported adherence and pharmacy refill data. Self-reported adherence was significantly higher for persistent participants, as determined by an independent samples t-test, t(73) = 2.63, p = .01. Individuals who were persistent scored higher by 1.05 points on the MMAS, suggesting the validity of the self-report measure.

Discussion
Results do not support the hypothesis that higher levels of social support would be correlated with better medication adherence. While self-reported medication adherence was also not correlated with pharmacy refill data, individuals who were persistent in obtaining their medications had significantly higher MMAS scores. Medication-specific social support might be more important in increasing adherence than general social support. This study also provides important information about this sample.

Future directions
- Medication-specific social support
- Additional factors that might affect adherence

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References