



EVALUATION OF ADHERENCE AND QUALITY OF LIFE IN CANCER PATIENTS WITH HYPERTENSION

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Introduction

Adherence to therapy is crucial in managing hypertension and enhancing the quality of life for cancer patients (1,2). Consistent medication use, dietary control, and regular follow-up are key components of effective hypertension management. For cancer patients, adherence to treatment plans significantly influences symptom control and overall well-being. Nonadherence can lead to disease progression, increased complications, and reduced quality of life. Therefore, improving adherence is essential for achieving better health outcomes in both populations. This study aims to assess therapy adherence and quality of life in cancer patients diagnosed with hypertension.

Methods

- ❖ This prospective-descriptive study was conducted between January and September 2024 at an outpatient clinic in Turkey.
- ❖ The Turkish versions of the Functional Assessment of Cancer Therapy-General (FACT-G) and the Hill-Bone Compliance to High Blood Pressure Therapy Scale (HBCHBPT) were administered face-to-face.
- ❖ The FACT-G is a validated instrument used to assess health-related quality of life in cancer patients. It contains four domains: physical, social/family, emotional, and functional well-being. **Higher scores** indicate **better quality of life**, reflecting fewer symptoms, greater functional ability, and overall well-being.
- ❖ The HBCHBPT scale measures patient adherence to hypertension treatment regimens, including medication use, dietary practices, and appointment keeping. **Higher scores** indicate lower adherence to treatment recommendations, suggesting more frequent **noncompliant behaviors**.

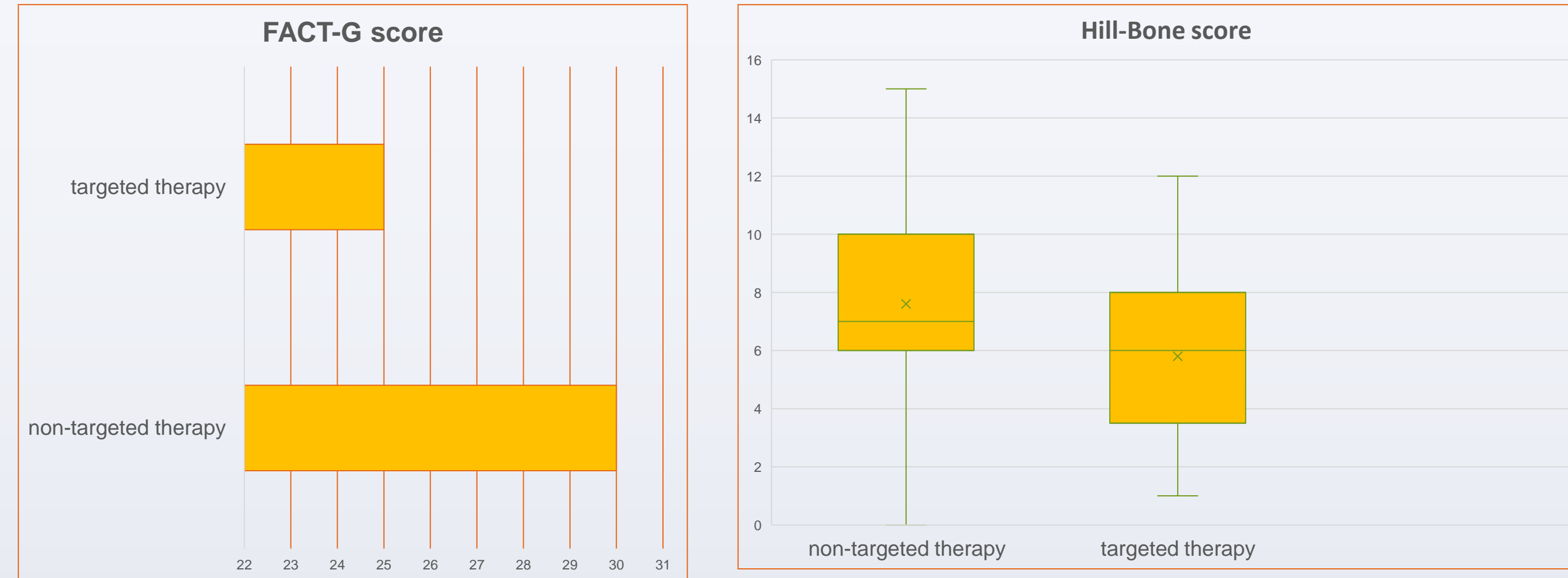


Figure 2. Quality of Life and hypertension treatment adherence of the patients



Figure 1 Distribution of patients' cancer diagnosis

Results

- The median age of the 60 patients was 63 years (range: 47-77), with 65% being female. It was determined that 45% of the patients had a family history of cancer. Forty-two percent of the patients were receiving colorectal cancer treatment (**Fig 1**), while 45% were undergoing targeted therapy.
- The median duration of antihypertensive treatment was 11 years (1-50), and the median number of medications was 4 (1-14).
- The median systolic and diastolic blood pressures were 128 mmHg (69-174) and 70 mmHg (50-94). The median HBCHBPT score was 6.6 (0-15).
- Hypertension medication adherence scores were significantly lower in patients receiving targeted therapy (5.7 vs. 7.6, $p = 0.013$) (**Fig 2**).
- The median FACT-G score was 104 (45-164), and quality of life scores were slightly lower in those receiving targeted therapy (102.5 vs. 105.5, $p > 0.05$).
- A negative correlation between adherence score and the number of medications was observed (Spearman's rho: -0.250, $p > 0.05$). A similar non-significant result was found between the duration of antihypertensive treatment and adherence (Spearman's rho: -0.157, $p > 0.05$).



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Conclusion

In conclusion, the patients undergoing targeted therapy had significantly lower medication adherence scores compared to those not on such treatment. However, quality of life scores were similar across both groups, suggesting that while medication adherence may be impacted by targeted therapy. Further research is needed to better understand these relationships and identify strategies to improve adherence, particularly in patients undergoing targeted therapy.

In this context, pharmacists play a vital role in identifying barriers to adherence and providing patient-centered counseling, especially for those on complex treatment regimens. As integral members of the multidisciplinary team, pharmacists can contribute to optimizing therapy outcomes through medication management and adherence support. Strengthening the pharmacist's role in collaborative care models may lead to improved adherence and enhanced patient outcomes in targeted cancer therapy.

References

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