

Medicines availability among hypertensive patients in primary healthcare facilities in a rural province in South Africa

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Background: Control of blood pressure (BP) remains a challenge among patients in the public health system in South Africa. The objective was to assess availability of all prescribed antihypertensive medicines among patients with raised BP on the day they attended rural primary healthcare facilities (PHCs) and determine the association between medicines availability, the number of prescribed antihypertensive medicines and BP control.

Methods: Secondary data from an operational study from rural PHCs in South Africa including patients' demographics and BP, as well as data on medicine availability. Data analysis included descriptive and inferential statistics.

Results: 55 black African patients were assessed, with 89.1% being female. Some data were not available for all 55 patients. The mean age was 61.3 years, and 54.6% did not have formal education. Two thirds (67.2%) of patients received all their antihypertensive medications whilst 25.5% received some of their medicines during the three months study period with no record in 7.3% of the patients. There was no significant relationship between receiving all antihypertensive medicines and BP control. The majority of patients on one antihypertensive had better BP control; however, this did not reach significance ($p=0.069$). Concerns with the lack of BP recording on all occasions in some patients (20%).

Conclusion: One third of patients went home without all their antihypertensive medicines from the PHC facilities. Other concerns included the lack of routine BP monitoring and the number of prescribed medicines. Studies are ongoing to explore key issues with medicines availability and concerns with adherence and BP control.