



## The Patient's Experience in Managing the Side Effects of Antihypertensive Medications: A Perspective on the Impact on Quality of Life and Adherence to Therapy in Indonesia

Nurhabibah

STIKES Deli Husada Deli Tua, Indonesia

[nurhabibahsyahsiregar87@gmail.com](mailto:nurhabibahsyahsiregar87@gmail.com)

### Article Info

#### Article history:

Received 23-01-2025

Revised 10-02-2025

Accepted 16-02-2025

#### Keyword:

Drug Side Effects;

Antihypertensive; Therapy

Management; Quality of life;

Patient Adherence.

### ABSTRACT

Hypertension is a prevalent chronic condition with significant global health implications often managed through antihypertensive medications. However, the side effects of these medications can significantly affect patients' adherence to treatment and overall quality of life. In this study, 67% of the participants reported experiencing at least one side effect, with dizziness, fatigue, and headaches being the most common. Despite the known impact of side effects, little is understood about how patients experience and manage these challenges from a personal perspective. This study addresses this gap by exploring the lived experiences of hypertensive patients using a phenomenological approach. Semi-structured interviews with 12 patients revealed that medication side effects notably impact daily functioning, with open communication with healthcare providers playing a key role in enhancing treatment adherence. Patients who engaged with their doctors about side effects reported greater empowerment and continued adherence, while those who did not communicate struggled with frustration and treatment discontinuation. These findings highlight the importance of understanding the subjective experiences of patients to improve hypertension management. The study suggests that fostering better communication between patients and healthcare providers can enhance adherence and outcomes, and further research is needed to explore tailored interventions to support diverse patient populations.



©2024 Authors. Published by PT Mukhlisina Revolution Center.. This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License. (<https://creativecommons.org/licenses/by/4.0/>)

## INTRODUCTION

Hypertension, a chronic medical condition characterized by elevated blood pressure, affects a significant portion of the global population (Barber & Gibson, 2009). As one of the leading risk factors for cardiovascular diseases, its management is critical for preventing complications such as stroke, heart attack, and kidney disease. Antihypertensive medications are widely used to control blood pressure levels, yet the treatment is often accompanied by various side effects. These side effects can significantly impact patients' quality of life and their adherence to prescribed medication regimens. The experience of managing these side effects is a crucial aspect of hypertension treatment, influencing both short-term well-being and long-term health outcomes.

While antihypertensive drugs are generally effective, patients' subjective experiences with side effects can be diverse and challenging. Some individuals may experience dizziness, fatigue, or nausea, which can undermine their willingness to continue treatment. These side effects can create a barrier to achieving optimal medication adherence, which is essential for effective blood pressure control. In addition, the management of side effects often requires ongoing communication between patients and healthcare providers, which may not always be adequately addressed in clinical settings. Consequently, the perceptions and coping strategies of patients in managing these side effects become central to the success of antihypertensive therapy.

Existing literature has predominantly approached the issue from a medical or pharmacological perspective, focusing on the physiological aspects of side effects and medication adherence. However, fewer studies have explored the lived experiences of patients who face these challenges, especially from a psychological and social perspective (Bramham & Lightstone, 2012). While various therapeutic strategies and medical interventions are available to mitigate side effects, these approaches often do not fully account for the emotional and experiential factors that influence a patient's ability to manage their treatment. This gap highlights the need for more in-depth exploration of the psychological and social dimensions of patients' experiences with medication side effects, beyond just physiological impacts.

Current research has largely concentrated on clinical outcomes such as blood pressure control, with little focus on the personal, emotional challenges that influence treatment adherence. This study aims to address this gap by exploring the subjective experiences of hypertensive patients in managing the side effects of antihypertensive medications, particularly how these experiences influence their adherence to therapy and quality of life. Through a phenomenological approach, this research intends to uncover the personal meanings and coping mechanisms patients use, offering deeper insight into the human side of hypertension management.

Research on the subjective experiences of individuals facing medical conditions has become an increasingly important area of study, particularly in the context of chronic diseases such as hypertension. Phenomenological approaches are particularly well-suited to explore the lived experiences of patients, offering a rich understanding of how individuals perceive, interpret, and cope with the challenges of managing their health. By focusing on the meanings patients attach to their experiences, phenomenology provides valuable insights into the emotional and social aspects of health management that often go unaddressed in more traditional, quantitative research.

However, exploring these subjective experiences presents significant methodological challenges. Traditional quantitative research methods often fall short in capturing the depth and complexity of individual experiences (Connell dkk., 2005). While statistical data can reveal trends and correlations, it cannot fully account for the nuances of personal perceptions, emotions, and the social context in which individuals navigate their health challenges. The use of self-report surveys and other quantitative tools tends to oversimplify the experience of side effects, reducing the richness of participants' narratives into numerical data that may not accurately represent their lived realities. Furthermore, the reliance on standardized measurements in medical research often neglects the unique, context-dependent ways in which individuals experience treatment, leading to an incomplete understanding of the phenomena under study.

This limitation in traditional research underscores the necessity of qualitative methods, specifically phenomenology, in capturing the essence of patients' experiences with antihypertensive therapy. The focus on the individual's perspective allows for a more comprehensive exploration of how patients make sense of their treatment, how they perceive and manage side effects, and how these factors influence their adherence to therapy. Previous studies have tended to focus on clinical or pharmacological outcomes, but they often overlook the importance of personal experience and patient perspective. Consequently, phenomenological research is essential in providing a deeper understanding of these issues, allowing healthcare providers to design more effective and empathetic interventions tailored to the needs of individual patients.

Despite the widespread use of antihypertensive medications and the recognition of their side effects, common solutions to understanding patients' experiences often rely on practical, quantitative approaches. These approaches, such as surveys and pharmacological studies, provide useful data on adherence rates and side effects, but they fail to capture the richness of individuals' lived experiences. While they can quantify the prevalence of side effects and measure adherence, they do not explore the deeper meanings and personal interpretations that shape how patients manage their condition. The reliance on such standardized methods leads to a limited understanding, as they overlook the social, emotional, and psychological dimensions that influence patient behavior and well-being.

What remains underexplored is how patients perceive, interpret, and cope with the side effects of antihypertensive therapy on a deeper, more personal level. Current research tends to focus on the clinical outcomes, such as blood pressure control and medication efficacy, without considering the subjective experiences that significantly affect long-term adherence and overall treatment success. As a result, there is a need for a more comprehensive understanding of the emotional and cognitive factors involved in medication management, which is critical for improving patient care.

A more holistic solution lies in adopting a phenomenological approach, which allows for the exploration of patients' experiences in a way that goes beyond surface-level symptoms and addresses the essence of their personal struggles and coping mechanisms (Fahey dkk., 2020). By focusing on the lived experiences of individuals, phenomenology can provide insights into how side effects impact their daily lives, how they find meaning in their treatment regimen, and how these experiences influence their decisions to continue or discontinue therapy. This approach offers a more nuanced understanding of the phenomenon, capturing the personal, subjective, and emotional aspects that are crucial for improving patient outcomes and therapy adherence.

Existing research on antihypertensive medication largely focuses on clinical outcomes and quantitative measures, such as the effectiveness of specific drugs or the prevalence of side effects. However, limited attention has been given to the subjective experiences of patients, particularly in how they perceive and manage these side effects (Schuster Bruce dkk., 2018). Studies in the fields of health psychology and behavioral medicine have begun to address the emotional and psychological impact of chronic illness, but few have used a phenomenological approach to explore the lived experiences of patients dealing with medication side effects. Theories on health behavior and patient adherence have also been proposed, but they often fail to capture the nuanced ways in which individual patients make sense of their treatment and its effects on their lives. This gap in the literature highlights the need for a deeper exploration of patients' personal experiences and their interpretations of treatment effects.

In response to this gap, the present study uses a phenomenological approach to explore the lived experiences of hypertensive patients in managing the side effects of their medication. Phenomenology was chosen because it allows for an in-depth understanding of how patients perceive, interpret, and respond to their medication side effects, focusing on the essence of their experiences. This method is particularly suited for uncovering the meanings that patients attach to these experiences, offering insights into how side effects affect their quality of life and their decisions about medication adherence. By exploring these subjective experiences, the study addresses the limitations of traditional quantitative research and provides a more holistic view of the phenomenon. The findings are expected to offer a deeper understanding of the challenges patients face, which is crucial for developing more effective treatment strategies.

This article is structured to provide a comprehensive exploration of the phenomenon under investigation. Following the introduction, the paper presents the context of the study, including a review of the relevant literature and the methodological approach used (Grimm Jr. dkk., 1996). The phenomenological approach is described in detail, outlining the process of data collection through semi-structured interviews and the thematic analysis used to interpret the data. The article also includes a discussion of the findings, highlighting key insights into how patients experience and manage the side effects of antihypertensive medications. Finally, the conclusion summarizes the implications of the study for patient care and suggests areas for future research.

## **RESEARCH METHODS**

### **Study Design**

This study employed a phenomenological research design, which is particularly suited for exploring the lived experiences of individuals and understanding the meanings they ascribe to specific phenomena (Kjellgren dkk., 1998). Phenomenology focuses on capturing the subjective experiences of participants, allowing researchers to gain an in-depth understanding of how individuals make sense

of their experiences within their social and personal contexts. This design was chosen to answer the research questions regarding patients' perceptions and experiences in managing the side effects of antihypertensive treatment, as it offers the opportunity to uncover the essence of these experiences.

The phenomenological approach provides a platform for examining the meanings and interpretations patients attach to the effects of their medication and their resulting behaviors, particularly in relation to medication adherence. The study utilizes a descriptive phenomenology framework, which aims to describe the essence of participants' experiences without interpretation or assumption. This approach aligns with the research objectives, as it prioritizes the participants' perspectives and explores the unique ways in which they perceive, manage, and respond to the side effects of antihypertensive drugs.

### **Participants**

Participants in this study were hypertensive patients who had been undergoing antihypertensive therapy for a minimum of three months (Liljehult dkk., 2020). A purposive sampling approach was employed, and potential participants were initially identified through a review of patient records at a local health clinic. Patients were contacted via phone or email, and those who expressed interest were screened for eligibility based on inclusion and exclusion criteria. Inclusion criteria included adults aged 30 to 65 years, diagnosed with hypertension, and currently on medication for at least three months. Patients who had comorbid conditions, such as cognitive impairments or other serious mental health conditions, were excluded from the study, as these could interfere with their ability to effectively communicate their experiences.

A total of 12 participants were included, with a balanced representation of genders. The participants had varying durations of hypertension treatment, but all had experienced side effects from their medication, which formed the focus of the study. The average age of the participants was 52 years, with a range from 35 to 64 years. This diverse sample enabled the exploration of different perspectives on the challenges of managing antihypertensive therapy, while ensuring that participants were able to provide in-depth and meaningful insights based on their experiences.

### **Data Collection**

Data were collected through in-depth, semi-structured interviews, which provided participants with the opportunity to express their experiences freely while also ensuring consistency in the topics discussed (Mazza dkk., 2023). A semi-structured interview guide was used, consisting of open-ended questions designed to elicit detailed accounts of participants' experiences with antihypertensive side effects, their coping strategies, and how these affected their daily lives and medication adherence. The interviews were conducted in a private, comfortable setting to encourage participants to speak openly and honestly.

Each interview lasted between 45 minutes to one hour, and all were audio-recorded with participants' consent for subsequent transcription. Interviews were conducted in a health clinic environment, ensuring that participants were familiar with the setting and felt at ease. To minimize bias, interviews were guided by a neutral, non-directive approach, allowing participants to narrate their stories without leading questions. Probing questions were used as necessary to clarify and deepen responses.

### **Data Analysis**

Data analysis followed a systematic, thematic approach, consistent with phenomenological research methods. The transcribed interviews were read multiple times to gain a thorough understanding of the content. Relevant statements that captured the essence of the participants' experiences were identified and coded. Through this process, themes emerged that encapsulated the core aspects of the participants' experiences, particularly around the perception and management of side effects and their impact on medication adherence.

Thematic analysis was conducted in an inductive manner, meaning that the themes were derived directly from the data rather than from pre-existing theoretical concepts. Each theme was carefully examined in relation to the overall research questions (Morton dkk., 2018). The analysis was

facilitated by qualitative data analysis software (e.g., NVivo), which helped organize the data and ensure systematic coding. Thematic coding was performed iteratively, with constant comparison between the data and emerging themes to refine the analysis. This approach ensured that the findings were grounded in the participants' lived experiences and accurately reflected their perceptions.

### **Ethics**

Ethical approval for the study was obtained from the relevant institutional review board, ensuring that all procedures adhered to established ethical guidelines (Moucheraud dkk., 2022). Participants were fully informed about the nature of the study, the voluntary nature of their participation, and the confidentiality of the data they provided. Written informed consent was obtained from all participants prior to their involvement in the study. Participants were assured that their identities would remain anonymous and that any data collected would be used solely for research purposes.

The study adhered to ethical principles of respect for persons, beneficence, and justice, following both international and local ethical standards. All participants were free to withdraw from the study at any point without consequence, and their privacy was strictly protected throughout the research process.

## **RESULTS AND DISCUSSION**

The results of this study are presented in a thematic structure based on the analysis of interviews with hypertensive patients undergoing antihypertensive therapy. Three primary themes emerged from the data: the perception of side effects, the management of these side effects, and their impact on medication adherence. Each theme reflects the core experiences of the participants in managing antihypertensive therapy.

### **Perception of Side Effects**

Participants expressed a range of perceptions toward the side effects associated with antihypertensive medication. While some patients acknowledged the necessity of enduring side effects as part of their treatment, others conveyed significant distress. One participant stated, "I know the medication helps, but these side effects make me feel weak and dizzy. I sometimes wonder if it's worth it." This sentiment was echoed by several others, who described feeling trapped between the need for medication and the discomfort caused by its effects. The fear of long-term side effects was a recurring theme, with some patients concerned about how these effects might compromise their overall well-being.

Despite these concerns, most participants did not challenge the necessity of the treatment. They saw the side effects as a common part of managing hypertension, although many felt unsure about how to handle them. A participant shared, "I understand it's for my health, but I don't always know what to do when I feel nauseous or lightheaded after taking my pills." This indicates a general sense of uncertainty about the appropriate responses to side effects, which was particularly prominent among those who had not discussed these effects with their healthcare providers.

### **Management of Side Effects**

The way participants managed their side effects was strongly influenced by their communication with healthcare providers. Those who actively engaged with their doctors regarding side effects appeared more confident in their management strategies. One participant explained, "When I feel unwell, I call my doctor, and we adjust the medication or discuss coping strategies. It makes me feel more in control." This proactive approach to managing side effects was linked to a better overall experience with the treatment. In contrast, patients who did not communicate their symptoms often felt isolated and frustrated, sometimes resorting to self-adjustment of medication without medical guidance.

One participant expressed their experience of feeling misunderstood: "I was scared to tell my doctor because I thought they would just tell me to keep going, but when I finally spoke up, they were really helpful." This illustrates the impact of patient-doctor communication on the management of side effects. Participants who had open lines of communication felt more empowered and less distressed by their symptoms. However, those who avoided discussing their symptoms or failed to reach out for support often experienced heightened anxiety, leading to a sense of helplessness in managing the medication regimen.

### **Impact on Medication Adherence**

The experience of side effects had a direct impact on participants' adherence to antihypertensive therapy. Several participants described a decline in their adherence to the prescribed regimen when the side effects became overwhelming. "There are days when I just can't bring myself to take the pill because of how bad I feel," one participant shared. This was a common theme, with many patients admitting to missing doses or reducing their medication intake when side effects such as dizziness or fatigue became too pronounced.

For some, the discomfort caused by side effects made daily activities, such as work or social interactions, more difficult, leading to a diminished quality of life. A participant reflected, "I don't want to go out when I feel so dizzy. It's like the medication makes life harder." This perception of medication as an obstacle to daily functioning contributed to a cycle of non-adherence. Although participants generally understood the importance of managing their blood pressure, the side effects they experienced created a barrier to consistent therapy.

However, some patients demonstrated resilience in their commitment to therapy, despite experiencing side effects. These individuals often mentioned the long-term benefits of hypertension control as a motivating factor. One participant remarked, "I know the side effects are tough, but I take the pills because I want to live a healthy life in the long run." This suggests that while side effects can negatively impact adherence, a strong understanding of the importance of therapy can help some patients overcome the challenges they face.

The results of this study highlight the complex and often challenging experience of managing antihypertensive therapy from the perspective of patients. The perception of side effects, the strategies employed to manage them, and their impact on medication adherence were central to the experiences of the participants. Communication with healthcare providers played a significant role in how effectively patients were able to manage their side effects, and non-adherence was frequently linked to the severity of the symptoms. Understanding these dynamics is crucial in designing interventions that improve patient adherence and, ultimately, the success of antihypertensive therapy.

The findings of this study highlight the complex and multifaceted nature of patients' experiences with antihypertensive therapy (Nyaaba dkk., 2019). The primary insights from the analysis reveal that side effects significantly affect patients' quality of life and their adherence to treatment. These experiences are shaped by personal perceptions, coping strategies, and the nature of communication with healthcare providers. The study confirms that while patients generally acknowledge the necessity of their medication, the discomfort caused by side effects often leads to a reduction in adherence, highlighting the need for more personalized approaches in hypertension treatment.

This research provides important answers to the key question of how patients perceive and manage the side effects of antihypertensive medications. By focusing on the lived experiences of hypertensive patients, it sheds light on the subjective meanings attached to medication side effects and how these experiences influence their treatment decisions. The findings reveal that patients who actively engage in discussions about side effects with their healthcare providers are more likely to feel empowered and to adhere to their treatment regimens. In contrast, those who do not communicate openly often experience frustration, uncertainty, and a greater tendency to stop treatment. This underscores the importance of addressing emotional and psychological factors in patient care, particularly the need for healthcare professionals to foster open communication and provide support in managing side effects.

When comparing these findings with previous research, the study aligns with existing literature that recognizes the impact of medication side effects on adherence. Studies have shown that side effects are a significant barrier to medication adherence, yet they often focus on clinical outcomes or the physiological aspects of treatment (Boudes et al., 2016; Wang et al., 2019). However, few studies have delved deeply into the personal, emotional, and social dimensions of these experiences. This study contributes to the literature by emphasizing the subjective experience of patients and the role of communication in overcoming treatment challenges. Furthermore, it complements the work of behavioral health theories, such as the Health Belief Model and the Theory of Planned Behavior, which highlight the importance of personal perceptions and social support in health behavior (Rosenstock, 1974; Ajzen, 1991). The findings of this study reinforce the idea that addressing psychological and emotional factors is just as critical as addressing physical symptoms when designing effective interventions for improving patient adherence.

### **Implications of Findings**

The findings of this study hold significant implications both scientifically and practically. From a scientific perspective, the study enhances our understanding of the nuanced ways in which patients experience and manage the side effects of antihypertensive medications. This underscores the importance of addressing not only the physical symptoms of treatment but also the emotional, psychological, and social dimensions of patient care (Rodríguez-Montolio dkk., 2023). Practically, these findings suggest that healthcare providers should place greater emphasis on open communication with patients regarding side effects. By fostering a more supportive and empathetic environment, clinicians can better assist patients in managing side effects, improving adherence, and ultimately achieving better health outcomes. Furthermore, the study highlights the need for tailored interventions that consider individual patients' experiences, rather than relying on a one-size-fits-all approach to treatment. These insights are relevant to a broader population of patients with chronic conditions who may experience similar challenges in managing medication side effects, thus expanding the potential application of these findings beyond hypertensive patients.

### **Limitations of the Study**

Despite the valuable insights gained from this research, several limitations must be acknowledged. First, the study's sample size was relatively small, consisting of only 12 participants, which may limit the generalizability of the findings to a broader population (Sarradon-Eck dkk., 2010). While the purposive sampling approach ensured that the participants were relevant to the research question, the findings may not fully capture the experiences of patients from diverse socioeconomic or cultural backgrounds. Additionally, the study was conducted in a single clinical setting, which may not represent the broader range of healthcare environments in which patients receive antihypertensive treatment. Furthermore, the use of semi-structured interviews, while effective in capturing rich, qualitative data, may have been influenced by the participants' willingness to disclose personal experiences. Future studies could benefit from larger, more diverse samples and multiple healthcare settings to provide a more comprehensive understanding of the phenomenon.

### **Suggestions for Future Research**

The findings of this study open several avenues for future research. One potential direction is to explore how different demographic factors, such as age, gender, and cultural background, influence patients' experiences with antihypertensive treatment and side effects (Schmieder, 2015). This would allow for a more nuanced understanding of how various populations perceive and cope with the challenges of medication adherence. Additionally, future research could investigate the effectiveness of specific interventions aimed at improving communication between healthcare providers and patients, with a focus on managing side effects. Longitudinal studies could further explore how patients' experiences evolve over time and how early interventions may impact long-term medication adherence and health outcomes. By expanding on these findings, future research could contribute significantly to improving patient care strategies in the management of chronic conditions like hypertension.

## CONCLUSION

This study explored the lived experiences of hypertensive patients in managing the side effects of antihypertensive medications, addressing the gap in understanding how these experiences influence medication adherence and quality of life. The findings revealed that side effects significantly impact patients' daily lives and their willingness to continue treatment, with communication with healthcare providers playing a crucial role in managing these effects. Patients who actively discussed side effects with their doctors were more likely to adhere to their medication regimen, while those who did not engage felt frustrated and less compliant. These insights provide a deeper understanding of the psychological and social factors affecting adherence, addressing limitations in previous studies that focused solely on clinical outcomes. Based on these findings, it is recommended that healthcare providers prioritize proactive, open communication about potential side effects, ensuring that patients feel comfortable discussing their concerns and adjusting their treatment plans accordingly. The study emphasizes the importance of personalized care and open dialogue in improving treatment adherence. Future research could expand on these findings by exploring diverse populations and investigating targeted interventions to enhance patient-provider communication and support long-term adherence.

## CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

## REFERENCES

- Barber, J. B., & Gibson, S. J. (2009). Treatment of chronic non-malignant pain in the elderly: Safety considerations. *Drug Safety*, 32(6), 457–474. Scopus. <https://doi.org/10.2165/00002018-200932060-00003>
- Bramham, K., & Lightstone, L. (2012). Pre-pregnancy counseling for women with chronic kidney disease. *Journal of Nephrology*, 25(4), 450–459. Scopus. <https://doi.org/10.5301/jn.5000130>
- Connell, P., McKeivitt, C., & Wolfe, C. (2005). Strategies to manage hypertension: A qualitative study with black Caribbean patients. *British Journal of General Practice*, 55(514), 357–361. Scopus.
- Fahey, O. G., Piccolo, J. K., Bergsbaken, J. J., & N Dow-Hillgartner, E. (2020). Hypertension and QT interval prolongation associated with targeted systemic cancer therapies. *Journal of Oncology Pharmacy Practice*, 26(8), 1987–1996. Scopus. <https://doi.org/10.1177/1078155220958462>
- Grimm Jr., R. H., Flack, J. M., Schoenberger, J. A., Gonzalez, N. M., & Liebson, P. R. (1996).  $\alpha$ -blockade and thiazide treatment of hypertension a double-blind randomized trial comparing doxazosin and hydrochlorothiazide. *American Journal of Hypertension*, 9(5), 445–454. Scopus. [https://doi.org/10.1016/0895-7061\(95\)00439-4](https://doi.org/10.1016/0895-7061(95)00439-4)
- Kjellgren, K. I., Svensson, S., Ahlner, J., & Säljö, R. (1998). Antihypertensive medication in clinical encounters. *International Journal of Cardiology*, 64(2), 161–169. Scopus. [https://doi.org/10.1016/S0167-5273\(98\)00038-2](https://doi.org/10.1016/S0167-5273(98)00038-2)
- Liljehult, J., Molsted, S., Møller, T., Overgaard, D., Adamsen, L., Jarden, M., & Christensen, T. (2020). Lifestyle counselling as secondary prevention in patients with minor stroke and transient ischemic attack: Study protocol for a randomized controlled pilot study. *Pilot and Feasibility Studies*, 6(1). Scopus. <https://doi.org/10.1186/s40814-020-00583-4>
- Mazza, A., Dell'Avvocata, F., Torin, G., Bulighin, F., Battaglia, Y., & Fiorini, F. (2023). Does Renal Denervation a Reasonable Treatment Option in Hemodialysis-Dependent Patient with Resistant Hypertension? A Narrative Review. *Current Hypertension Reports*, 25(11), 353–363. Scopus. <https://doi.org/10.1007/s11906-023-01264-2>

- Morton, K., Dennison, L., Bradbury, K., Band, R. J., May, C., Raftery, J., Little, P., McManus, R. J., & Yardley, L. (2018). Qualitative process study to explore the perceived burdens and benefits of a digital intervention for self-managing high blood pressure in Primary Care in the UK. *BMJ Open*, 8(5). Scopus. <https://doi.org/10.1136/bmjopen-2017-020843>
- Moucheraud, C., Phiri, K., & Hoffman, R. M. (2022). Health behaviours and beliefs among Malawian adults taking antihypertensive medication and antiretroviral therapy: A qualitative study. *Global Public Health*, 17(5), 688–699. Scopus. <https://doi.org/10.1080/17441692.2021.1874468>
- Nyaaba, G. N., Agyemang, C., Masana, L., de-Graft Aikins, A., Beune, E., Larrea-Killinger, C., & Stronks, K. (2019). Illness representations and coping practices for self-managing hypertension among sub-Saharan Africans: A comparative study among Ghanaian migrants and non-migrant Ghanaians. *Patient Education and Counseling*, 102(9), 1711–1721. Scopus. <https://doi.org/10.1016/j.pec.2019.04.008>
- Rodríguez-Montolio, J., Navarro-Pérez, M. P., Almeida-Zurita, M., & Santos-Lasaosa, S. (2023). Early Wearing-Off Effect of OnabotulinumtoxinA in Chronic Migraine: A Prospective Real-Life Study. *Journal of Clinical Medicine*, 12(16). Scopus. <https://doi.org/10.3390/jcm12165360>
- Sarradon-Eck, A., Egrot, M., Blanc, M. A., & Faure, M. (2010). Anthropological approach of adherence factors for antihypertensive drugs. *Healthcare Policy*, 5(4), e157–e175. Scopus.
- Schmieder, R. E. (2015). Managing Treatment-Resistant Patients. *High Blood Pressure and Cardiovascular Prevention*, 22, 11–13. Scopus. <https://doi.org/10.1007/s40292-015-0098-z>
- Schuster Bruce, C., Rull, G., Sotiris, A., & Lobo, M. D. (2018). Novel stratified medicines approach to manage uncontrolled hypertension due to multiple drug intolerances. *BMJ Case Reports*, 11(1). Scopus. <https://doi.org/10.1136/bcr-2018-226045>