counting (MA ratio = real/theoretical doses taken). One point (+1 point score) was attributed for MA if: 1)r >20 ng/ml or UR >4 nmol/mmol or last dose had been taken <24 h before visit or MA ratio >80%. Three MA levels were assigned: low MA (score <2), intermediate MA (score +3), and sufficient MA (score + 4).

Results Only 82 patients were sufficiently adherent: 46 and 36 patients among the AB and RB groups, respectively. 52 had intermediate MA (23 and 29, respectively); 30 had low MA (13 and 17, respectively) (inter-groups difference NS). Patients with low MA were younger than sufficient MA patients (50 ± 11 vs. 56 ± 10 yrs, p < 0.011); no difference was ascribed to gender or dASBP (152 ± 14 vs. 148 ± 12 mmHg, p = 0.16). Other clinical characteristics did not differ except the glomerular filtration rate: lower among adherent patients, those who stay less time in hospital and those who receive

Conclusions We propose a score of 3 MA levels (low, intermediate, sufficient) based on 4 complementary quantitative and qualitative methods. A combination approach is essential to balance imprecision of observed data. There were no differences in major clinical characteristics between groups. Further comparisons into each group of treatment and longer duration of treatment might be necessary to observe a significant differential effect among MA groups. Therapeutic education sessions could be useful for RH patients who undertake complex treatment.

No conflict of interest.