

THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND TREATMENT ADHERENCE AMONG ELDERLY PATIENTS WITH HYPERTENSION: A LITERATURE REVIEW

Hadijah Rosa Fikaria¹, Muhammad Iqbal²,
Ihsanti Dwi Rahayu³, Ramadhan Triyandi⁴, Asep Sukohar⁵
Pharmacy Study Program, University of Lampung, Indonesia
Email: rossafikaria02@gmail.com

Abstrak

Keywords:

Family Support,
Adherence,
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Background: Hypertension is a disease often known as the "silent killer," representing one of the most prevalent conditions in society, including among the elderly. Long-term increases in blood pressure can lead to serious complications such as kidney damage, stroke, and coronary heart disease. Family support is a form of assistance provided to family members facing health issues and serves as a reinforcing factor for elderly patients in adhering to hypertension treatment. *Objective:* to determine the description of the Relationship between Family Support and Adherence of Elderly Hypertension Patients. *Methods:* This study used a Literature Review design. A search was conducted through the Google Scholar database using the keywords "Relationship between Family Support and Adherence of Elderly Patients with Hypertension" (*Hubungan Dukungan Keluarga dengan Kepatuhan Pasien Lansia Hipertensi*). Seven relevant articles were identified for review. *Results:* The review of the 7 articles indicates that there is a significant relationship between family support and the adherence of elderly patients in undergoing hypertension treatment.

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INTRODUCTION

Hypertension is one of the leading deadly diseases, defined as a condition in which blood pressure rises above the normal threshold, namely > 140/90 mmHg. Etiologically, hypertension is classified into two types: primary hypertension and secondary hypertension. Primary hypertension refers to a persistent increase in systemic blood pressure, whereas secondary hypertension is an elevation in blood pressure caused by pre-existing physical conditions such as kidney disease or thyroid disorders. Uncontrolled blood pressure can lead to complications such as stroke, myocardial

infarction, renal failure, encephalopathy, and seizures. Therefore, long-term treatment management is required and must be carried out consistently to prevent organ damage and other complications. In general, hypertension can be controlled but cannot be cured, even though it is categorized as a chronic disease (Lukitaningtyas & Cahyono, 2023).

The geriatric phase, or old age (elderly), is a degenerative process involving cognitive, intellectual, and psychological aspects that affects an individual's overall health. Hypertension has the highest prevalence in the elderly population and is widely known as a "silent killer," as it can continue to progress even without noticeable symptoms. The causes of hypertension in the elderly include sustained high blood pressure that affects the heart, blood vessels, and hormones. In older adults, arteries tend to lose elasticity, making blood vessels stiffer and narrower, accompanied by decreased sensitivity of baroreceptor reflexes. Elderly patients often struggle with adherence to hypertension treatment due to various factors, one of which is fatigue or boredom from taking lifelong medication, often involving multiple drugs (Nade & Rantung, 2020).

Pharmacological adherence plays an essential role in controlling hypertension. It refers to the extent to which a patient's behavior aligns with the treatment regimen recommended by healthcare professionals or physicians. Hypertension treatment is typically lifelong, which often leads to medication fatigue, contributing to non-adherence. Many factors influence adherence, and one key reinforcing factor is family support. Family involvement may include providing affirmation, scheduling and accompanying the patient, and creating comfortable facilities or a supportive environment (Ernawati et al., 2020).

Globally, hypertension continues to increase. In 2025, the WHO reported that hypertension reached 29.2%. According to Riskesdas (2013), older adults are a group particularly affected by this disease. This rise is triggered, among other reasons, by the fact that many elderly individuals experience difficulties maintaining adherence to therapeutic regimens. This aligns with research by Hazman & Pinatih (2018), which identified a substantial gap in therapy management, showing that most hypertensive patients have low adherence, increasing the likelihood of complications (Rusita & Isnaeni, 2025).

According to Lawrence Green's theory, health behavior can be influenced by individual, group, and environmental factors. This theory has three key components: predisposing factors, enabling factors, and reinforcing factors. Family support is included as a reinforcing factor, meaning the family plays an important role in strengthening the patient throughout the treatment process (Pakpahan et al., 2021).

Previous studies reviewing the relationship between family support and treatment adherence among elderly hypertensive patients have been widely discussed. Based on the background above, a literature review is needed to further identify the role of family support in improving medication adherence among elderly hypertensive patients in Indonesia by compiling and analyzing several relevant studies.

LITERATURE REVIEW

1. HYPERTENSION IN THE ELDERLY

Hypertension is a chronic condition characterized by elevated blood pressure $\geq 140/90$ mmHg and is a major risk factor for cardiovascular disease. In older adults, hypertension is often referred to as a silent killer because it may develop without obvious symptoms while increasing the risk of severe complications, such as stroke,

coronary heart disease, kidney failure, and cerebrovascular disorders. Etiologically, hypertension is classified into primary (essential) hypertension, which has multifactorial causes, and secondary hypertension, which results from specific medical conditions such as renal disease or endocrine disorders. Aging contributes to physiological changes including decreased arterial elasticity, increased vascular stiffness, and reduced baroreceptor sensitivity, making blood pressure more likely to rise and harder to regulate. These changes place elderly individuals at higher risk of persistent hypertension and related health problems. Therefore, effective blood pressure management in the elderly requires routine monitoring, long-term pharmacological therapy, and consistent lifestyle modification to reduce the likelihood of complications and improve overall quality of life.

2. TREATMENT ADHERENCE AMONG ELDERLY PATIENTS WITH HYPERTENSION

Treatment adherence refers to the extent to which patients follow medical recommendations, including taking medication regularly, attending follow-up visits, and applying lifestyle changes. In hypertension management, adherence is essential because treatment is usually lifelong, and successful blood pressure control depends greatly on consistent behavior. Elderly patients are vulnerable to non-adherence due to multiple factors, such as medication fatigue, long-term therapy burden, polypharmacy, side effects, cognitive decline, low health literacy, and limited access to healthcare services. Poor adherence can lead to uncontrolled blood pressure, increased recurrence, and a higher risk of complications. For this reason, adherence interventions should not focus solely on medication but also include clear health education, motivation enhancement, reminders, and supportive environments. In general, adherence is influenced by internal factors (knowledge, beliefs, motivation) as well as external factors (family support, healthcare quality, and surrounding social conditions).

3. FAMILY SUPPORT

Family support refers to assistance provided by family members to help individuals cope with health problems and maintain healthy behaviors. This support may include emotional support (empathy, care, affection), informational support (advice, education, reminders), instrumental support (financial assistance, transportation, medication preparation, accompanying clinic visits), and appraisal support (encouragement, positive reinforcement). In elderly patients with hypertension, family support plays a crucial role because older adults often need guidance to understand treatment instructions, manage medication schedules, and maintain healthy lifestyle habits. In addition, family support can reduce stress and anxiety, which may contribute to elevated blood pressure levels. Family members may also act as decision-makers or facilitators in accessing healthcare services when elderly patients experience physical or cognitive limitations. The effectiveness of family support is strongly influenced by communication quality, family knowledge regarding hypertension, and the ability to create a home environment that supports adherence and long-term disease management.

4. THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND TREATMENT ADHERENCE

The relationship between family support and treatment adherence can be explained through the concept of reinforcing factors, which suggests that health behaviors are more likely to be maintained when strengthened by social support. Family support

improves adherence through several mechanisms, including reminding patients to take medication, monitoring medication availability, accompanying them to medical appointments, and reinforcing beliefs that treatment is beneficial. Emotional support also strengthens motivation and self-efficacy, encouraging elderly patients to consistently follow treatment regimens. Evidence from various studies indicates that elderly individuals with strong family support tend to demonstrate higher adherence compared to those with limited support. However, the impact of family support may vary depending on family knowledge, relationship quality, and the complexity of the treatment program. Therefore, efforts to improve adherence should involve family-centered strategies, such as continuous education, training in caregiving assistance, and building supportive household routines, including medication reminders and structured follow-up schedules to ensure better long-term hypertension control.

RESEARCH METHOD

This study used a literature review method, which is a research methodology that synthesizes findings from previous studies and analyzes an overview of researchers' conclusions as presented in published texts. Literature reviews serve as a foundation for many types of research because they provide an understanding of knowledge development in a particular field. The literature search was conducted through the Google Scholar database, focusing on publications from 2020–2025, written in Indonesian. A total of seven relevant articles were included in this literature review (Ridwan et al., 2021).

RESULT AND DISCUSSION

Table 1. Summary of Included Studies

No.	Author (Year)	Title	Method	Main Findings
1	Martina et al. (2022)	The Relationship Between Family Support and Medication Adherence Among Elderly Hypertensive Patients in the Working Area of Buhit Health Center	Descriptive correlational, cross-sectional; purposive sampling	Family support was significantly associated with medication adherence ($p = 0.000$; $\alpha < 0.05$).
2	Fadhilah et al. (2020)	The Relationship Between Family Support and Medication Adherence Among Hypertensive Patients in the Working Area of Pamarican Health Center, Ciamis Regency (2020)	Descriptive correlational, cross-sectional	Significant relationship ($p = 0.000$; $\alpha < 0.05$), correlation coefficient $r = 0.697$.
3	Mandaty et al. (2023)	The Relationship Between Family Support and Medication Adherence Among Elderly Hypertensive Patients in	Descriptive correlational, cross-sectional	Significant relationship ($p = 0.002$; $\alpha < 0.05$).

Pati Regency				
4	Saleh et al. (2021)	The Relationship Between Family Support and Medication Adherence Among Hypertensive Patients in the Working Area of Kombos Health Center, Singkil District, Manado City	Descriptive correlational, cross-sectional	Significant relationship ($p = 0.001$; $\alpha < 0.05$).
5	Rismayanti et al. (2023)	The Relationship Between Family Support and Medication Adherence Among Elderly Hypertensive Patients at Kubutambahan II Health Center	Descriptive correlational, cross-sectional	Significant relationship ($p = 0.005$; $\alpha < 0.05$), correlation coefficient $r = 0.841$.
6	Nurfadhila & Sumiyati (2025)	The Relationship Between Family Support and Medication Adherence Among Elderly Hypertensive Patients	Descriptive correlational, cross-sectional	Significant relationship ($p = 0.000$; $\alpha < 0.05$); sample size 80 elderly participants (inclusion criteria).
7	Efendi et al. (2023)	The Relationship Between Family Support and Hypertension Control Adherence Among the Elderly in Mampil Hamlet, Penganten Village, Balen District, Bojonegoro Regency	Descriptive correlational, cross-sectional; total sampling	Significant relationship ($p = 0.000$; $\alpha < 0.05$); 46 elderly participants .

The results of this literature review indicate that medication adherence among hypertensive patients is correlated with the recurrence rate of the disease. Toh, Febriyanti, & Wawo (2021) reported a significant relationship between medication adherence and recurrence of hypertension among the elderly, with $p = 0.000$, indicating a strong association. This highlights that medication adherence is a crucial factor in preventing hypertension relapse.

Ningrum (2018), as cited in Martina et al. (2022), explained that one factor contributing to non-adherence is patients' difficulty in understanding instructions, particularly when overly medical terms are used and hard to remember. This is supported by Susanto (2015), who stated that limited understanding can influence adherence during treatment.

Martina et al. (2022) found a significant relationship between family support and adherence among elderly hypertensive patients at Buhit Health Center ($p = 0.000$; $\alpha < 0.05$). This aligns with the theory that family support enables elderly patients to receive help, sympathy, and empathy. Family support may take the form of affection, meeting

treatment needs, and appreciating the elderly individual.

One strategy to address non-adherence is maximizing family involvement, as the family becomes the primary support system when a member experiences health problems. Families can also be instrumental in decision-making regarding necessary treatment and management (Fadhilah et al., 2020).

These findings are consistent with Fadhilah et al. (2020), who reported a significant relationship between family support and treatment adherence among hypertensive patients at Pamarican Health Center, Ciamis Regency ($p = 0.000 < 0.05$), with a strong correlation ($r = 0.679$).

Family support provides positive impacts. Elderly patients who receive strong family support tend to show higher adherence because family members can provide motivation, purchase medications, and remind patients of medication schedules. This is consistent with Mandaty et al. (2023), who found a relationship between family support and medication adherence among elderly hypertensive patients in Pati Regency (chi-square $p = 0.002 < 0.05$).

Providing strong family support to hypertensive patients especially elderly individuals who are vulnerable to complications greatly assists the recovery process. However, families must also possess adequate knowledge about the patient's condition in order to make wise decisions. Several previous studies suggest that family support is central to solving problems in family groups. This is in line with Saleh et al. (2021), whose analysis showed $p = 0.001$ ($p < 0.05$) with a correlation value of $r = 0.438$, meaning stronger family support tends to help elderly patients maintain adherence to medication.

Similarly, Rismayanti et al. (2023) reported a significant relationship between family support and adherence among elderly hypertensive patients using Spearman rank analysis ($p = 0.000 < 0.05$; $r = 0.841$). Family support can also help reduce anxiety among hypertensive patients, which may otherwise increase the risk of serious complications.

CONCLUSION

Medication adherence among elderly hypertensive patients is influenced by various factors, including family support, health education, self-motivation, and healthcare services. Most studies indicate that family support plays a critical role in improving patient adherence, thereby supporting blood pressure control and reducing the risk of hypertension recurrence. Therefore, family-based interventions and continuous education are strongly needed to improve medication adherence among elderly hypertensive patients.

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