
POSTER ABSTRACT**Understanding the Role of Social Support in the Adherence to the Hypertension Continuum of Care in Cambodia**23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023Chham Savina^{1,2}, Veerle Buffel², Josefien Van Olmen², Srean Chhim¹, Por Ir¹,
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Introduction: Hypertension (HTN) is a major public health problem and a leading cause of cardiovascular diseases and deaths globally. A continuum of HTN care is necessary for people living with HTN since this chronic disease requires comprehensive life-long healthcare management. Several studies have examined the factors influencing the adherence to HTN care. Socio-demographic and economic characteristics are commonly studied as influencing factors of each step of the cascade of HTN care, yet little is known about the effect of social support on the cascade of HTN care. Therefore, our study aims to assess the role of social support on the cascade of HTN care in Cambodia.

Method: We performed a population-based survey (5070 individuals aged over 40 and over) to generate a cascade of care for HTN and assess the levels of social support in Cambodia. The cascade shows the patients' flow in the health system and where they are lost (dropped) along all steps of the cascade from (i) prevalence, (ii) screening, (iii) diagnosis, (iv) treatment in the last 12 months, (v) treatment in the last 3 months, (vi) to being under control. Social support was assessed using the 8-item Medical Outcomes Study Social Support Survey. Multivariate logistic regression was used to determine the effect of social support (from a family member) on each step of the cascade.

Results: Among people living with HTN, 22.4%, 27.0%, 21.6% and 28.9% reported receiving low, medium, high and very high levels of social support respectively. Higher levels of social support were found in female adults, married adults, adults aged over 60, as well as those living in a household of 4 to 5 members and those receiving some or having completed primary education. Participants who received medium and very high levels of social support had two times the odds of receiving treatment for HTN as participants with low levels of support both in the last 12 months and the last 3 months. While, participants who had high level of social support had five times the odds of receiving treatment for HTN (both in the last 12 and 3 months) as participants with low levels of social support.

Conclusion: Social support from a family member is strongly associated with treatment compliance in the HTN cascade of care in Cambodia. Our findings suggest an exploration of using social support as a tool to promote adherence to treatment programs for HTN care.

Implication for applicability/transferability

Families are a potential source of social support for hypertensive patients to overcome social barriers and execute disease management tasks especially for treatment compliance. Promoting social support through a social intervention could be a viable path to improve care for hypertensive patients since chronic illness care poses challenges for isolated patients, but could be made easier with the assistance from family.