

## INTISARI

Daerah Istimewa Yogyakarta (DIY) merupakan provinsi dengan proporsi penduduk lanjut usia tertinggi di Indonesia senilai 14,5%. Hipertensi menjadi penyakit yang paling banyak dialami oleh lanjut usia dengan persentase 57,6%. Untuk mencapai target terapi, obat hipertensi perlu dikonsumsi secara rutin. Namun, beberapa penelitian terdahulu menunjukkan bahwa kepatuhan terhadap pengobatan hipertensi masih rendah. Berdasarkan hal tersebut, peneliti berkeinginan untuk mengetahui gambaran kepatuhan dan pengalaman ketidakpatuhan serta alasan dibalik ketidakpatuhan minum obat antihipertensi lanjut usia pada fase inisiasi, implementasi, dan diskontinuasi.

Penelitian menggunakan kuesioner dengan menanyakan secara langsung kepada responden. Sampel diperoleh dari Puskesmas Gamping I di Kabupaten Sleman sebanyak 104 orang yang memenuhi kriteria inklusi dan eksklusi berupa pasien hipertensi usia  $\geq 60$  tahun, menggunakan minimal 1 obat antihipertensi, dan bersedia berpartisipasi dalam penelitian. Data yang terkumpul dianalisis dengan analisis deskriptif untuk menggambarkan keadaan sampel dan perilaku kepatuhan minum obat responden.

Perilaku minum obat antihipertensi pada fase inisiasi didapati semua responden menebus resep pengobatan baru dan memulai pengobatan (100%). Fase implementasi yang paling banyak tidak dipatuhi adalah terlambat kontrol (51%) dan lupa minum obat (50%). Perilaku minum obat antihipertensi pada fase diskontinuasi didapati responden yang menghentikan obat sementara (31,7%). Alasan dibalik ketidakpatuhan yang paling banyak disebutkan responden adalah kesibukan, merasa sehat, dan ketiduran.

**Kata kunci:** kepatuhan minum obat, lansia, hipertensi

## ABSTRACT

Special Region of Yogyakarta (DIY) is a province with the highest proportion of elderly people in Indonesia, at 14.5%. Hypertension is the most common disease experienced by the elderly with percentage 57.6%. To achieve the target of therapy, hypertension drugs need to be consumed regularly. However, several previous studies have shown that adherence to hypertension treatment is still low. Based on this, the researcher wanted to know the description of adherence and experience of non-adherence as well as the reasons behind the non-adherence of taking antihypertensive drugs for the elderly during the initiation, implementation, and discontinuation phases.

Research using a questionnaire by asking directly to the respondent. Samples were taken from the Gamping I Health Center in Sleman Regency with 104 people who met the inclusion and exclusion criteria that is hypertensive patients aged  $\geq 60$  years, using at least 1 antihypertensive drug, and willing to participate in the study. The collected data were analyzed using descriptive analysis to describe the condition of the sample and the respondent's medication adherence behavior.

The behavior of taking antihypertensive medication in initiation phase was taking new prescriptions and starting treatment (100%). Experience of non-adherence in implementation phases were late control (51%) and forgetting to take medication (50%). The behavior of taking antihypertensive medication in the discontinuation phase was respondents who stopped the drug temporarily (31.7%). The reasons behind non-adherence that most mentioned by respondents were being busy, feeling healthy, and falling asleep.

**Keywords:** medication adherence, elderly, hypertension