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Adult Cardiology & Clinical Cardiovascular Medicine • Poster Presentation

USE OF SINGLE-PILL COMBINATION THERAPY AND DETERMINANTS OF ITS USE AMONG TREATED HYPERTENSIVE PATIENTS

Oluwabukola Deborah Akindoyin1, Oladimeji Adebayo1,2, Omokorede Oluwafikunmi Ademowo-Olusanya1, Akinyemi Aje2, Quadri Erinjogunola1, Anuoluwapo Olarenwaju1,2, Abiodun Adeoye1,2,3, Olanike Allison Orimolade2,3,4,, Adewole Adebiyi2,3, Okechukwu S Ogah2,3, Veronica Obasuyi4, Olumuyiwa Folayan1,5, Temilade Adeyanju2,3,4, Olulola O Oladapo1,2,3 , Samuel Omokhodion1,6 Authors' institutional affiliations 1. Institute of Cardiovascular Diseases, College of Medicine, University of Ibadan, Ibadan, Nigeria 2. Cardiology Unit, Department of Medicine, University College Hospital, Ibadan, Nigeria 3. Department of Medicine, Faculty of Clinical Sciences, University of Ibadan, Ibadan, Nigeria 4. Department of Emergency Medicine, University College Hospital, Ibadan, Nigeria 5. Department of Paediatrics, University College Hospital, Ibadan, Nigeria

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Background Single-pill combination (SPC) therapy is recommended to improve medication adherence, simplify treatment, and enhance blood pressure control in hypertension. However, evidence on its uptake and determinants in sub-Saharan Africa remains limited. This study assessed the prevalence of SPC use and identified factors associated with its prescription among treated hypertensive patients in Nigeria.

Methods We conducted a secondary cross-sectional analysis of treated hypertensive adults from a preexisting dataset. Current SPC use was defined using the recorded number of single-pill combination antihypertensive medications and analysed as a binary outcome. Sociodemographic, clinical and treatment characteristics were compared between SPC users and non-users. Univariable and multivariable logistic regression identified determinants of SPC use. Significant p value was set at <0.05

Results Among 249 treated hypertensive participants, 40 (16.1%; 95% CI 12.0–21.1%) were receiving an SPC. Age, sex, hypertension duration, blood pressure control and heart failure were not independently associated with SPC use. Participants with health insurance had higher adjusted odds of SPC use, although the association was not statistically significant (adjusted OR 1.71, 95% CI 0.78–3.75). SPC users had significantly lower total pill counts than non-users (adjusted OR per additional pill 0.70, 95% CI 0.55–0.89; p=0.004), reflecting reduced treatment burden.

Conclusion SPC use was low, and no independent patient-level determinants were identified, highlighting opportunities to improve guideline-directed hypertension management.

Keywords: Hypertension, Drug Combinations, Antihypertensive Agents, Medication Adherence, Treatment Outcome, Nigeria