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Knowledge, Attitudes & Awareness of Ischemic Heart Disease and Medication Adherence among Patients Attending Medical Clinics at the Colombo South Teaching Hospital, Kalubowila, Sri Lanka

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Background: Ischemic heart disease (IHD) is a leading cause of morbidity and mortality worldwide. However, there is limited evidence-based data regarding medication adherence of IHD patients in Sri Lanka.

Objective: This study aims to detect knowledge, attitudes & awareness of IHD and medication adherence among IHD patients attending medical clinics at the Colombo South Teaching Hospital, Kalubowila, Sri Lanka.

Methods: This descriptive cross-sectional study recruited consecutively selected participants for six months who attended medical clinics in Colombo South Teaching Hospital, Kalubowila. The Morisky Medication Adherence Scale was applied to assess medication adherence and the reasons for non-adherence. The IHD Fact Questionnaire was used to evaluate the patients' awareness, attitudes, and knowledge regarding IHD.

Results: Among 402 participants, the majority were in 60–69-year age category (48.5%) and male (62.1%, n=249). Most participants reported never smoking (80.5%) and never consuming alcohol (237;59.3%). Almost all patients were aware of the modifiable (100%) and non-modifiable(n=401,99.8%) risk factors of IHD. The majority were aware of the role of physical activity(n=358,89.1%) and healthy diet(n=364,90.5%) in reducing risk. But only 54.7% and 46.8% were able to identify normal blood pressure and normal fasting blood glucose levels respectively. Adherence to medication was 99.8% during the past month, week as well as the day before. Nearly half of the patients reported poor compliance to medication when they were away from home. Only 5% of participants reported discontinuing medication due to side effects, while 3.5% stopped treatment under the belief that they had been cured. Knowledge showed significant positive associations with education level (P<0.001) and BMI (P=0.002), while cholesterol levels (P=0.002) and diabetes (P=0.016) were the most significant negative variables for knowledge.

Conclusion: The participants' overall knowledge and awareness about IHD was satisfactory. While most individuals are already aware of healthy behaviors such as proper diet and regular physical activity, bridging the remaining knowledge and awareness gaps is crucial for universal adoption.

Keywords: Ischemic heart disease, Knowledge, Medication adherence