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## Adherence to antihypertensive or antihyperlipidemic co-medications in diabetes: patterns, predictors, and intervention

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## **PROPOSITIONS**

### **Adherence to antihypertensive or antihyperlipidemic co-medications in diabetes: patterns, predictors, and intervention**

**Sofa Dewi Alfian**

1. A clear distinction between measures of non-adherence and non-persistence to cardio-metabolic medications is important to develop tailored pharmacist-led interventions (this thesis).
2. In the Netherlands, patterns of non-adherence, non-persistence and/or re-initiation were different for preventive therapy with antihypertensive and antihyperlipidemic drugs among patients with type 2 diabetes (this thesis).
3. In Indonesia, the association of medication beliefs with non-adherence varied between antihypertensive and antihyperlipidemic drugs among patients with type 2 diabetes (this thesis).
4. There are no one-size-fits-all solutions to address non-adherence to preventive drug therapy because its underlying reasons are not entirely independent and are heterogeneous (this thesis).
5. Non-adherence to preventive drug therapy can be reduced with a relatively simple and low-cost pharmacist-led intervention targeted at non-adherence patients and tailored to patients' personal adherence problems (this thesis).
6. The effectiveness of pharmacist-led intervention can be explained by its good implementation in the trial setting, and the appreciation of the tailored intervention by both the pharmacists and the patients (this thesis).
7. Doing research is like putting hundreds of pieces of puzzles together. One can imagine the whole picture, but it will not be clear until it is finished.
8. Education is not the learning of facts, but the training of the mind to think (Albert Einstein).
9. Stay hungry, stay foolish (Steve Jobs).

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