Background
More than 1.2 billion adults have hypertension globally, which contributes to more than 19 million deaths due to cardiovascular diseases each year. High retention in clinical care is essential for long-term management of hypertension, but 1-year retention rates are <50% in many resource-limited settings.

Research Objectives
To describe retention rates and associated factors among patients with hypertension in primary health care centers in the Federal Capital Territory of Nigeria.

Methods
Data were collected by trained study staff from adults ≥18 years at 60 public, primary healthcare centers between January 2020 and July 2021 as part of the Hypertension Treatment in Nigeria Program. The 3-month rolling average 37-day retention rate in hypertension care was calculated by dividing the number of patients that had a second visit within 37 days of their first visit by the total number of registered hypertensive patients over multiple consecutive 3-month periods. Regression models were created to evaluate associations between patient-, site-, area council-level factors, treatment and control status, and 37-day retention rate.

Results
In total 10,686 patients (68.2% female, mean [SD] age = 48.8 [12.7] years) were included. Over the study period, the 3-month rolling average 37-day retention rate was 41% (95% CI: 37% – 46%, Figure 1) with wide variability. The retention rate was higher among patients who were older (adjusted OR [aOR] [95% CI]: 1.01 per year [1.007, 1.014]), female (aOR [95% CI]: 1.11 [1.002, 1.22]), higher BMI (aOR [95% CI]: 1.01 [1.002, 1.02]), Kuje area council (aOR [95% CI]: 2.29 [1.28, 4.09]), being treated at the first visit (aOR [95% CI]: 1.20 [1.08, 1.33]), and being controlled at the second visit (aOR [95% CI]: 1.33 [1.20, 1.47]).

Conclusions
Retention in hypertension care is suboptimal in primary health care centers in Nigeria, although variability was seen. Modifiable factors associated with retention were identified and may be targets for multilevel, contextualized implementation strategies.