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BOOK OF ABSTRACTS

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Adherence to Therapy: A Modern Pharmacotherapeutic Approach

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Abstract

Medication adherence is a crucial contributor to effective chronic diseases management. On the contrary, poor adherence leads to significant worsening of disease, death, and increased healthcare costs. Moreover, patient non-adherence is not limited to medications only. It can also take other forms, such as the failure to keep appointments, to follow recommended dietary or other lifestyle changes, and to follow recommended preventive health practices. According to the most recent report of the World Health Organization the global adherence among patients with chronic diseases averages 50 % in developed countries, with rates decreasing as the co-morbidities increase. The rates are lower in developing countries. Over the last decade, extensive research on the efficacy of adherence-enhancing strategies has been done. However, the rates of nonadherence have not changed significantly. One of the most significant improvements has been achieved with the inclusion of the patient in the process of determination of therapy. As a consequence, the term “compliance” was replaced with the term “adherence” seeming to indicate a greater involvement of the patient in the therapy decision making process. The World Health Organization identified five sets of factors that are important for patients to adhere to the long-term therapeutic regimens. These include: the social and economic factors, the health care team and system, the characteristics of the disease (for example, mental or physical disability), the characteristics of the treatment (for example, number of the medicines prescribed, the frequency of administration and side effects), and patient-related factors. In general, medical adherence is better for drugs that provide symptom relief, as opposed to ones used to treat a generally asymptomatic condition. For example, chronic conditions (such as high blood pressure, hyperlipidemia, diabetes, osteoporosis, and depression) are common diseases characterized with few symptoms and poor adherence, consequently. Additionally, studies have shown that compliance rates decrease when the treatment is long-term, involves multiple medications taken concurrently, several times daily. This problem can be overcome by simplifying the therapeutic regime (for example, use of extended-release formulations and / or fixed-dose combination finished pharmaceutical products). Furthermore, medication side effects remain a significant issue. However, the clinical pharmacists can reduce non-adherence suggesting ways to manage minor side effects or identifying alternative treatments with fewer side effects. Educating patients about disease, importance of treatment or prevention, and consequences if not treated, could be successful strategy in enhancing patient adherence. Finally, the frequent follow-up appointments provide an opportunity to discontinue the medication, change the prescription (e.g., dose, frequency) if needed, and overcome barriers responsible for

poor adherence. In conclusion, we should emphasize that a coordinated action from health professionals, researchers and policy makers is needed to achieve progress in this area.

Keywords

Medication adherence; compliance; chronic disease; comorbidity.