



Non-adherence to treatment with cytoreductive and/or antithrombotic drugs is frequent and associated with an increased risk of complications in patients with polycythemia vera or essential thrombocythemia (OUEST study)

Submitted by Beatrice Guillaumat on Wed, 08/28/2019 - 12:05

Titre	Non-adherence to treatment with cytoreductive and/or antithrombotic drugs is frequent and associated with an increased risk of complications in patients with polycythemia vera or essential thrombocythemia (OUEST study)
Type de publication	Article de revue
Auteur	Le Calloch, Ronan [1], Lacut, Karine [2], Le Gall-Ianotto, Christelle [3], Nowak, Emmanuel [4], Abiven, Morgane [5], Tempescul, Adrian [6], Dalbies, Florence [7], Eveillard, Jean-Richard [8], Ugo, Valérie [9], Giraudier, Stéphane [10], Guillerm, Gaëlle [11], Lippert, Eric [12], Berthou, Christian [13], Ianotto, Jean-Christophe [14]
Editeur	Fondazione Ferrata Storti
Type	Article scientifique dans une revue à comité de lecture
Année	2018
Langue	Anglais
Date	Avril 2018
Pagination	607-613
Volume	103
Titre de la revue	Haematologica
ISSN	1592-8721
Mots-clés	Adult [15], Age Factors [16], Aged [17], Aged, 80 and over [18], Antineoplastic Agents [19], Female [20], Fibrinolytic Agents [21], Humans [22], Male [23], Medication Adherence [24], Middle Aged [25], Polycythemia Vera [26], Risk Factors [27], Surveys and Questionnaires [28], Thrombocythemia, Essential [29]

Résumé en anglais

The purpose of this study was to identify the incidence, causes and impact of non-adherence to oral and subcutaneous chronic treatments for patients with polycythemia vera or essential thrombocythemia. Patients receiving cytoreductive drugs for polycythemia vera or essential thrombocythemia were recruited at our institution (registry). They completed a one-shot questionnaire designed by investigators (study). Data about complications (thrombosis, transformation and death) at any time in the patient's life (before diagnosis, up until consultation and after the completion of the questionnaire) were collected. Sixty-five (22.7%) of 286 patients reported poor adherence (<90%) to their treatment with cytoreductive drugs and 46/255/18%) also declared non-adherence to antithrombotic drugs. In total, 85/286 patients (29.7%) declared they did not adhere to their treatment. Missing an intake was rare and was mostly due to forgetfulness especially during occupational travel and holidays. Patients who did not adhere to their treatment were characterized by younger age, living alone, having few medications but a high numbers of pills and determining their own schedule of drug intake. Having experienced thrombosis or hematologic evolution did not influence the adherence rate. Non-adherence to oral therapy was associated with a higher risk of phenotypic evolution (7.3 1.8%, =0.05). For patients treated for polycythemia vera or essential thrombocythemia, non-adherence to cytoreductive and/or antithrombotic therapies is frequent and is influenced by age, habitus and concomitant treatments, but not by disease history or treatment side effects. Phenotypic evolution seems to be more frequent in the non-adherent group.

URL de la notice	http://okina.univ-angers.fr/publications/ua20102 [30]
DOI	10.3324/haematol.2017.180448 [31]
Lien vers le document	http://www.haematologica.org/content/103/4/607 [32]
Autre titre	Haematologica
Identifiant (ID) PubMed	29246923 [33]

Liens

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- [31] <http://dx.doi.org/10.3324/haematol.2017.180448>
- [32] <http://www.haematologica.org/content/103/4/607>
- [33] <http://www.ncbi.nlm.nih.gov/pubmed/29246923?dopt=Abstract>

Publié sur *Okina* (<http://okina.univ-angers.fr>)