

What people think about medicines and its prescription by doctors - a study in Portugal

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BACKGROUND

Adherence to medication is required and contributes to disease control being associated with better outcomes and less hospitalization in chronic illness (de Vries McClintock, Morales, Small, & Bogner, 2016; Lin et al., 2017)

Adherence has also been associated with less overall health care costs including 1) service utilization at physician offices, emergency rooms, and urgent care and treatment facilities; 2) avoidable pharmacy costs; and 3) diagnostic testing that could be avoided by controlling the primary illness. (Iuga & McGuire 2014).

BACKGROUND

Patients are considered adherent to medications when they take prescribed agents at doses and times recommended by a health care provider and agreed to by the patient

(Osterberg & Blaschke 2005)

The definition implicates that the patient is an active partner of the health care professional rather than a sole recipient accepting medical instructions and refers to responsibilities for both of them.

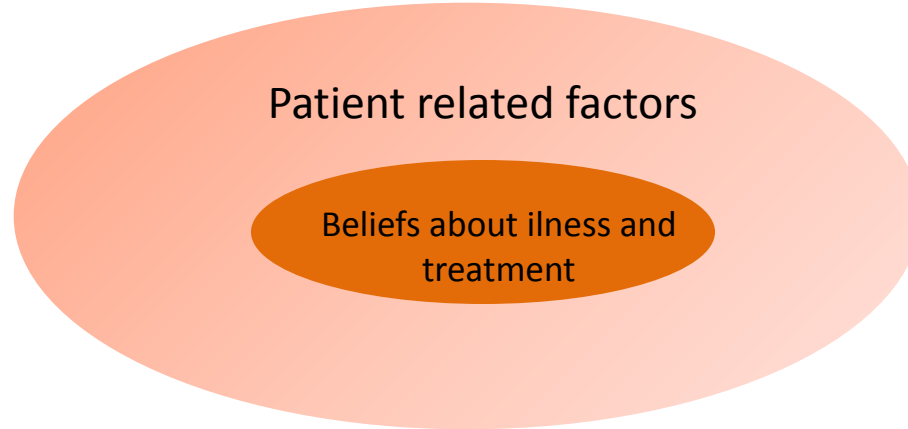
BACKGROUND

Despite the general recognition of the benefits of adherence to medical regimes, medication nonadherence is widespread and varied by disease, patient characteristics, and insurance coverage, with nonadherence rates ranging from 25% to 50% (DiMatteo 2004; Jungst, Graber, Somonsm, Wedemeyer & Lammert, 2019; Martinez, 2021)

Although medication non-adherence is a prevalent problem among patients with chronic illnesses, they hardly discuss this behaviour with their health providers during routine visits. (Smithson et al., 2012)

BACKGROUND

The World Health Organization has defined five sets of dimensions comprising social/economic, therapy-related, patient-related, condition-related and health system-related factors to explain adherence (Sabate,WHO 2003)



BACKGROUND

The Extended Common-Sense Model proposes the inclusion of beliefs about medicines as mediators between illness representations and adherence. According to this model patients' cognitive and emotional perceptions of their illness and of their treatment are main factors determining their strategies for dealing with it.

(Horne 1997; Leventhal H, Diefenach M, Leventhal EA. 1992)

Stronger beliefs about medicines and its harmful effects have been associated with higher levels of nonadherence.

OBJECTIVES

Explore general beliefs about medicines, and its recommendation by doctors among Portuguese general population (age > 18 years) who use community pharmacy.

METHODOLOGY

ASSESSMENT

- Sociodemographic Questionnaire
- “The Beliefs about Medicines Questionnaire” (BMQ) – Horne R, Weinman & Hankins (1998)
Pereira, Pedras & Machado (2013)

General beliefs about medicines – two scales:

general overuse – 4 items

general harm - 4 items

METHODOLOGY

SAMPLE

847 Portuguese adults participated,

- ✓ 331 (39,1%) were 25-44 years of age;
- ✓ 427 (50,4%) have a college degree
- ✓ 198 (23,4%) reported having a chronic condition.

RESULTS - BMQ

A large number of people have negative beliefs about medicines

Median of Global score - 24.0 [8-40]

Median General Overuse Scale - 12,0 [4-20]

Median General Harm Scale - 12 ,0 [4-20]

RESULTS

BMQ items	AGREE and TOTALLY AGREE
Many medicines are addictive	53,3%
All medicines are toxic	44,0%
If doctors spent more time with patients, they would prescribe less medicine	42,7%
Doctors use too much medication	42,4%
Natural products are safer than medicines	40,7%
Once in a while, people who take medicines should stop their treatment for a certain period of time	40,4%
Doctors rely too much on medicines	39,0%
Medicines do more harm than good	37,5%

RESULTS

Differences were found considering age ($p=0,093$), sex($p=0,08$), and having active working ($p=0,045$) with stronger negative beliefs in young adults and adults, in males and no active workers.

No differences were found considering educational level and the presence/absence of chronic disease.

CONCLUSIONS

A large percentage of people share negative beliefs about medicine, that can have a negative mediating effect on adherence

Most people believe that medicines are addictive, one of the main beliefs related to non adherence (Monsivais e Mcneill, 2007)

Most respondents disagreed with belief “*Medicines do more harm than good*”, indicating that although a large number of people have negative beliefs about medicines, some of them end up making a positive assessment of its effects.

Special interventions to promote positive beliefs about medicines should be directed at male and young adults.



Thank you for watching