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DETERMINANT FACTORS OF NON ADHERENCE TO PHARMACOLOGICAL TREATMENT: SUS PATIENT VIEW

Von Diemen T.[1,*] Castro MS.[2]

[1,2]Grupo de Pesquisa e Desenvolvimento em Atenção Farmacêutica, Faculdade de Farmácia, UFRGS; [2] Departamento de Produção e Controle de Medicamentos, UFRGS
*Mestrando- Início: 2009/1

Introduction: According to the World Health Organization, the term adherence is characterized as "the extent to which a person's behavior – taking medication, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a health care provider[1]". Nonadherence to the pharmacological treatment is considered the cause of failure of many treatments, which may lead to complications of disease, reduction of patients' quality of life, and waste of health care resources[2]. Adherence rates are around 50% in developed countries and in underdeveloped countries, they are even lower[1].

Objective: This study aims to identify areas and their constituent items, which are related to non-adherence to treatment from ambulatory patients, point of view, as well as to analyze potential barriers to non-adherence to health care professionals.

Materials and Methods: It is intended as a cross-sectional study approach by means of a poll, to be held at the Hospital de Clínicas' outpatient clinic in Porto Alegre, on a sample of 405 individuals (estimated prevalence of non-adherence 30%, relative risk 1,5 for independent variables, alpha error of 0,05 and power of 0,8). Descriptive statistics will be used for data evaluation seeking to identify the contribution of each item to the adherence to the treatment[4]

Results and Discussion: Development of a semi-structured questionnaire by the Pharmaceutical Care Research and Development Group, using firstly, the Technique of the Nominal Group, taking into consideration the principles found in literature that are classified the barriers to adherence into five dimensions: a)socio-economical factors b) factors related to the group and to the health system c) factors related to the patient's conditions d) factors related to the treatment e) factors related to the patient. The second step employed was the Delphi Group. The project was submitted to the Ethics in Research Committee of the Post-graduation Research Group of Hospital de Clínicas de Porto Alegre and is currently under evaluation.

Conclusions: The identification of domains and its items in each dimension was important for the implementation of the project.

References:
1. Organización Mundial de La Salud. Adherence to long-therm therapies. Evidence for action. Genebra, 2004, 202p.
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