

PP001—ADHERENCE AND SELF-REPORTED MEDICATION-RELATED MORBIDITY: A POPULATION-BASED STUDY

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Introduction: Suboptimal medication adherence among individuals with chronic conditions is a significant clinical problem. However, the evidence on actual self-reported medication-related morbidity due to nonadherence to long-term medications in clinical practice is limited. Such evidence is needed to facilitate implementing interventions to improve the management and outcomes of long-term medication therapies. The objectives of this study was to analyze whether self-reported adverse drug reactions (ADRs) and subtherapeutic effects (STEs) were more common for medications with nonadherent use compared with those with adherent use.

Patients (or Materials) and Methods: A survey was administered to a random sample of adults (≥ 18 years) drawn by Statistic Sweden from the Total Population Register. Survey responses on self-reported ADRs and STEs were linked to data from the Swedish Prescribed Drug Register. Refill adherence to antihypertensive, lipid-lowering, and oral antidiabetic medications was measured by using the continuous method of medication acquisition (CMA). The percentages of self-reported ADRs and STEs were compared between medications used adherently (CMA, 0.8–1.2), overused (CMA, >1.2), and underused (CMA, <0.8).

Results: The study included 1827 individuals aged between 19 and 96 years old (mean, 68.3 years). Overall, 1656, 818, and 205 respondents filled, respectively, 3014 antihypertensives, 839 lipid-lowering, and 235 oral antidiabetic medications. Overall, 65.7% of the medications were used adherently, 21.9% overused, and 12.4% underused. The proportions of self-reported ADRs and STEs due to medications used adherently, overused, and underused were respectively 2.6%, 2.7%, and 2.1% ($P > 0.5$) for ADRs and 1.1%, 1.6%, and 1.5% ($P > 0.5$) for STEs.

Conclusion: Reported medication-related adverse outcomes were similar for medications with adherent and nonadherent use. Implementing interventions targeting only the improvement of adherence to long-term prescribed medications may not be associated with an improvement of reported medication-related adverse outcomes. The impact of individuals and health care factors that may influence the association between adherence and medication-related adverse outcomes should be investigated to adapt the interventions to the population needs.

Disclosure of Interest: None declared.

PP002—SEARCHING FOR HEALTH AND MEDICATION INFORMATION ON THE INTERNET. A REVIEW OF THE LITERATURE

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Introduction: The Internet has become a global system of interlinked networks easy to access from anywhere, with, however, significant differences in access and usage between countries. One of the most cited reasons for accessing the Internet is searching for health information (HI). The objective of our literature review was to examine the use of the Internet for seeking HI among patients and the general population to investigate who searches for HI on the Internet and for what purposes, with a specific focus on medication information (MI).

Patients (or Materials) and Methods: We conducted an electronic search using PubMed, Cochrane library, the Banque de Données en Santé Publique, and Google scholar for studies published up to March 2012. We included articles that studied the general population or patients, looking for HI and for MI on the Internet, aged 15 to 80 years and not suffering from cancer or AIDS.

Results: Sixty-seven studies met the inclusion criteria with 23 of these focusing on MI. The studies were conducted in North America (45%), Europe (33%), Middle East and Asia (13%), and Australia and New Zealand (9%). More than one half of the studies included the general population, and 42% evaluated outpatients. Surveys were conducted by telephone ($n = 26$), Internet ($n = 11$), interviews/questionnaires ($n = 23$), or by face-to-face interviews ($n = 9$), with 2 studies using 2 different methods.

About one half of the general population and 50% to 99% of adults suffering from a chronic disease used the Internet to search for HI, mainly about a specific disease, its treatment, exercise, and diet. Regarding medications, about one half of the online HI seekers, whether patients or not, looked for MI concerning side effects, drug safety, interactions, update on drugs currently consumed, new drugs, and over-the-counter or alternate medications. Women, adults aged >50 years, and well-educated people searched significantly more frequently for HI and MI. The reasons to search online for MI were convenience, broad range of information, and peers' opinions. The online searches for MI did not replace health professionals' information but offered additional information and a possibility to cross-check. Online MI could reassure or be an incentive to ask questions to the treating physicians but also confuse.

Conclusion: Our search highlighted the fact that studies regarding the use of the Internet for HI and MI were performed on the general population and on outpatients but that no data are available for hospitalized patients. Further studies should provide health professionals with more details on patients' expectations about online MI. This knowledge should enable them to develop online quality MI, including Internet-interactive possibilities, in particular for self-management of chronic diseases.

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PP004—INCOMPLETE GENERIC SUBSTITUTION, PATIENT CO-PAYMENT AND ADHERENCE TO SSRIS IN ESTONIA

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Introduction: Several factors have been shown to influence the adherence to chronic treatment, among others the cost of treatment and the patients' perception of the drug effects. In Estonia, campaigns to promote the idea of the therapeutic equivalence of the generic drugs and reference pricing as well as the legislation on INN-based prescribing and generic substitution are in use to promote the rational use of the resources of the health system, to reduce the patient copayment, and at the same time to preserve the adherence to treatment. The aim of the study was to analyze the effectiveness on these measures on an