to therapy for any of nine therapeutics classes. METHODS: This prospective rand-
omized, double-blind, placebo-controlled trial began in 2012 and patients were fol-
lowed until December 2013. Patients were randomly assigned to an intervention group that received phar-
macist phone calls to discuss their newly prescribed medication within three days after dispensing (n=219,611) or a control group that received no calls (n=225,497).

We treated patients’ claims data for 180 days to evaluate their medication adher-
ence. Baseline demographic characteristics and therapeutic class distribution were
compared between groups. Medication adherence was measured by Patient Days on Therapeutic (PDOT) within 180 days for every targeted therapeutic class (anti-inflammatory agents, beta-blockers, diuretics, anti-asthmatic and bronchodilator agents, genitour-
ary agents, anti-depressants, anti-Parkinson, anti-coagulants, and hematologi-
cal agents) and overall. Significance was determined using 1 and t tests between intervention and control groups. RESULTS: Both intervention and control groups had similar baseline demographic and therapeutic class distributions (P>0.05).

Comparison by therapeutic class found large variations of adherence with hema-
tological agents having the greatest adherence (PDOT 82.67) and anti-inflammatory agents the lowest (PDOT 47.06). The intervention group had greater adherence than the control group in every therapeutic class with the PDOT differences rang-
ing from 0.48 days for anti-angina agents to 2.63 days for anti-Parkinson agents (P<0.001). The intervention group was also greater in all adherence categories that were measured. CONCLUSIONS: This study was designed to assess realized access, determine the existence of equitable or inequitable access and find the factors affecting the adherence to the three diabetes care components. METHODS: Behavioral Risk Factor Surveillance System (BRFSS) 2010 was used as the data source. Hierarchical logistic regression was used to determine equitable or inequitable access to the recommended levels of diabetes care. Data analysis was performed using SAS® version 9.2. RESULTS: Realized access was highest for biannual glycosylated hemoglobin (89.40%) followed by annual dilated eye examination (70.39%) and self-monitoring of blood glucose (SMBG) (63.00%). Hierarchical logistic regres-
sion revealed, enabling resources drove access to recommended level of SMBG and 40% testing, while recommended level of eye exams were driven by predisposing characteristics. Uninsured and those who did not receive diabetes edu-
cation were less likely to adhere to diabetes care. CONCLUSIONS: Realized access of daily SMBG needs to be increased by appropriate measures. The results suggest that the diabetes education are key components. Thus, measures for increasing equitable access are recommended. Knowing the factors affecting adherence to diabetes care may assist intervention planners, diabetes educators and health care professionals in attempting to improve diabetes management.

PHS82

SYSTEMATIC LITERATURE REVIEW OF COMPLIANCE AND PERSISTENCE PROGRAMS IN INFLAMMATORY AND IMMUNOLOGICAL DISEASES

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OBJECTIVES: Patient compliance and persistence to pharmacotherapies is impor-
tant, especially, given the complexity of conditions in inflamma-
tory and immunological therapeutic area, to improve patient outcomes. Programs/interventions that aim at improving medication compliance and persistence play an important role in optim-
izing disease control. Since there is a lack of relevant research in this area, the purpose of the study is to provide a comprehensive understanding of the effectiveness of compliance and persistence programs in the I&I therapeutic area. METHODS: A system-
tic literature search was conducted and studies were identified from PubMed, Cochrane library, and other grey literature electronic databases published in English, German, Spanish, Italian and French languages between January 2008 and September 2013, that evaluated the impact of programs on medication compliance and/or persistence. Abstracts were screened by two researchers for inclusion, and discrepency was resolved by a third researcher. Selected publica-
tions underwent full review and abstraction. RESULTS: A total of 3,637 abstracts were screened, of which 29 evaluated the effectiveness of compliance and persis-
tence programs. Seven studies were reviewed covered different therapeutic classes including biologics published in the US (n=19), Italy and the UK (n=2 each), Australia, Denmark, Malaysia, and Poland (n=1 each), multicenter (n=1) and unreported/no country mentioned (n=1). The majority of patient programs were conducted in the osteoporosis disease area (n=9), followed by inflammatory bowel disease (n=4), and multiple sclerosis and ulcerative colitis (n=3 each). The most effective interventions were one-on-one tailored counseling and web-based education/communications that improved medication compliance by 44% and 31%, respectively. Additionally, a telephone intervention that solve in-
solving support resulted in improvement of 12% in 24 months. CONCLUSIONS: A well-developed compliance program can have a significant impact on improving patient compliance as well as persistence to therapies. This, in turn may improve patient outcomes.

PHS83

THE REACH OF ADEQUATE PHARMACOLOGICAL ADHERENCE AND THE TIME NECESSARY TO IMPROVE IT AFTER PERFORMING A PHARMACOTHERAPEUTIC FOLLOW UP TO A COHORT OF PATIENTS WITH HIV. FEBRUARY 2012-JUNE 2013

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OBJECTIVES: Determine the proportion of patients who improve adherence subsequent evaluated pharmacotherapeutic follow-up (FF), also, identify the factors that explain the improvement of bond and the time necessary to achieve that result. METHODS: A dynamic cohort study was performed on patients classified as non-adherent (FFS patients). Two questionnaires were used (The use of ques-
tionnaires was authorized by the authors), the Simplified Medication Adherence Questionnaire developed by Hernando Knobel et al, and the Simplified Medication Adherence Scale developed by Ventura-Cerdà et al. The questionnaires were admin-
istered by a pharmacist during consultations of FF in which education was provided about the importance of adherence (the number of FF was defined at pharmacist’s discretion). The patient left the study when they were cataloged as adherent by both questionnaires. For the qualitative variables, absolute and relative frequencies were used, and for quantitative variables summary measures were used. For bivariate analysis, Log-rank test, T-Student and U-Mann Whitney were used. We worked with a combinatorial approach of 0.05% and 0.01% level of significance. The Cox Proportional Hazards Model was applied. SPSS® version 21 for Windows (SPSS Inc. Chicago, Illinois, USA), covered by CES university was used. RESULTS: The 63.1% of patients reported that adherence would increase six months after the intervention. To achieve this result (interquantile range: 88-460), the number of FF queries performed (p = 0.012), the city (p < 0.003) and area of residence (p < 0.003), showed statistical association with improved adherence, of which only the city (HR for Bogota 0.39, IC 1.07-0.87), Cali (HR 0.73, IC 0.46-1.17) and 33% of veterans (HR 0.73, IC 0.46-1.17) maintained their relation for the multivariate analysis. CONCLUSIONS: The city of residence and the number of FF consultations conducted were associated with improved adherence. The education provided by the FF improves adherence in patients diagnosed with HIV, classified as non-adherent.