



MEDICATION NON-ADHERENCE IN ELDERLY PATIENTS

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Background

Poor adherence to medical treatment represents a major issue in elderly population. It compromises the effectiveness of treatment making this a critical issue in population health.

Purpose

To assess if the SMAQ-questionnaire (SQ) is a reliable adherence measurement toolkit, to identify predictor factors of non-adherence and to investigate the relation between adherence and hospital readmissions in a cohort of patients.

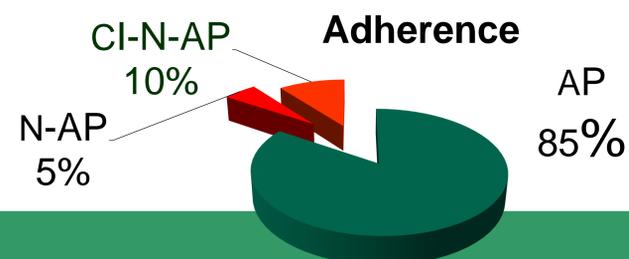
Material and methods

- ✓ It was recruited patients over 65 years, receiving polipharmacy (more than 4 drugs), in trauma ward from 1-April 2014 to 31-august 2015.
- ✓ **Adherence** was assessed with the SQ and a clinical interview (CI);
 - Adherent Patient (AP): if adherence was verified both in the SQ and the CI
 - Non-Adherent Patient (N-AP), which were sub-classified:
 - SQ Non-Adherent Patient (S-N-AP) if it was detected non adherence only in the SQ
 - CI non-adherent patient (CI-N-AP) if it was not detected non-adherence in the SQ but it was detected by means of the CI.
- ✓ Demographic and clinical variables and hospital readmissions in 3 months were collected.
- ✓ Statistical analysis was performed with SPSS program: chi-square-test for qualitative, ANOVA-test for quantitative variables.

Results

- ✓ **245 patients** (from them, 213 (86.9%) completed both survey (SQ and CI).
- ✓ Mean age 80.23 years (range 65-95). 25.3% male and 61.6% females. The majority diagnoses were hip (51.4%) and knee lesions (19.6%). 26.5% lived without caregiving. The main comorbidities were arterial hypertension (79.3%), 34.7% diabetes and 29.1% dislipemy.
- ✓ **180 patients (84.5%) were AP, and 33 (15.5%) were N-AP: 11 (5.2%) S-N-AP and 22 (10.3%) CI-N-AP.**
- ✓ There were no factors significantly associated with medication adherence*.

*Hospital readmissions were higher in N-AP (15.2% vs 7.8%) but the difference was not statistically significant)



Conclusion

- Non-adherence is a real problem for older patients receiving polypharmacy. Interventions to target patient adherence should take into account. No clear indicator of non-adherence were identified. Future researchers should have in consideration other possible factors.
- The SQ used without other adherence measurement could be not an appropriate toolkit for this group of population due to the fact that it failed to detect CI-N-AP, which represents the 66.7% of N-AP