

ADHERENCE TO ABIRATERONE AND CORTICOID IN PATIENTS WITH PROSTATE CANCER

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BACKGROUND / IMPORTANCE

The concomitant administration of abiraterone with corticoids is necessary to manage adverse events related to mineralocorticoids effect.

A proper adherence of both therapies is needed to reach effectiveness in metastatic prostate cancer (mPC).

AIM AND OBJECTIVES

To compare adherence to abiraterone and concomitant corticoids in patients with mPC in patients from a tertiary hospital.

To analyze the characteristics of the sample and treatment.

MATERIALS AND METHODS

Retrospective observational study, which included patients under treatment with abiraterone, and corticosteroid (Prednisone /Dexamethasone) which attended the Outpatient Pharmaceutical Care Unit (OPCU) between March 2020 and February 2021. Abiraterone is dispensed in the hospital pharmacy and concomitant treatment with corticoid is dispensed in the community pharmacy.

Full treatment adherence was measured by combining two indirect methods: dispensing records and the Morisky Green (MG) test. Patients with a dispensing record greater than 95% and a score in MG questionnaire of 4 were considered adherent. To obtain data, the Ambulatory Information System (AIS) was used, which includes electronic prescriptions, and reports of dispensations in the community pharmacy as well as dispensing registration system of hospital pharmacy.

Statistical analysis: qualitative variables were expressed percentagewise and compared to the Chi-square test.

RESULTS

Thirty patients were included, 85% were polymedicated patients (drugs > 6). Out of the thirty patients abiraterone treated, 2 died and 2 abandoned the treatment.

Of those over 80, 69.2% of them were abiraterone adherents whereas under 80 were 84.6% ($p < 0.352$). In those over 80, 46.2% were corticoid adherents.

Polymedicated patients were abiraterone adherent 72%, while non-polymedicated patients were 100% adherent ($p < 0.234$). Polymedicated patients were 40.9% corticoid adherent.

By dispensation recounts 84% abiraterone and 46% corticosteroid were adherent patients. While, according to MG test 85% abiraterone and 81% corticosteroid were adherent patients.

Combining both methods, adherence data was observed to be higher in patients treated with abiraterone to corticoids (77% vs 42%), with no significant statistically difference ($p < 0.147$)

	N=30	Mean	SD
Age (years)		74	10.8
Drugs per patient		9.9	3.7

	p<0.352
Over 80 years Abiraterone adherent	69.2%
Under 80 years Abiraterone adherent	84.6%

	p<0.234
Polymedicated patients Abiraterone adherent	72%
No polymedicated patients Abiraterone adherent	100%

	(p<0.147)
Dispensing records + MG	
Abiraterone adherent	77%
Corticoids adherent	42%

CONCLUSION AND RELEVANCE

Abiraterone combined adherence is higher than corticoid adherence, but not statically significant by small study group. Good adherence must be concomitant in both drugs in order to avoid side effects. This assessment helps identify patients with adherence problems and prioritize pharmaceutical care actions.

REFERENCES

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