

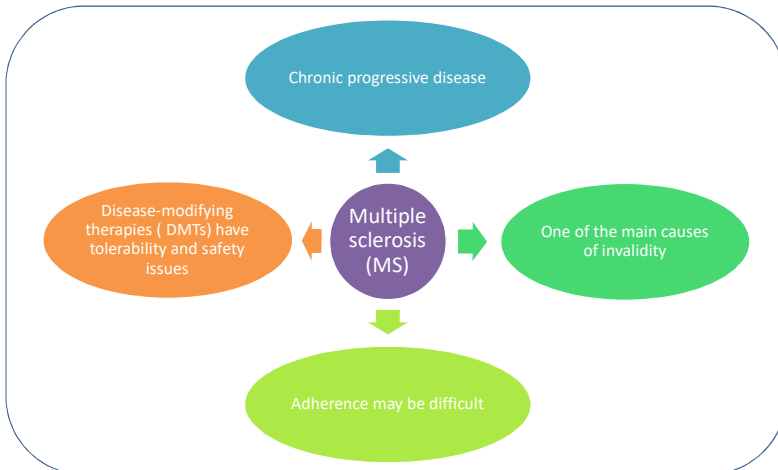
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BARRIERS TO ADHERENCE WITH PRESCRIBED TREATMENTS IN MULTIPLE SCLEROSIS PATIENTS

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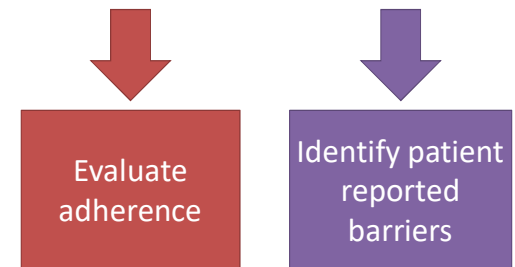
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Background



Purpose

In our hospital where almost 800 MS patients monthly treated, no study has assessed **adherence**, so our purpose was to:



Methods

Methods

- ✓ Retrospective study, January 2017 - January 2019
- ✓ Demographic (age, sex) and treatment information collected

The instrument used:

- ✓ **MSTAQ questionnaires with 30 items in 3 subscales: DMT-Barriers to Adherence, DMT-Side effects (SE) and DMT-Coping Strategies**
- ✓ evaluated adherence using **MDR** (missed dose ratio)

Results

Patients characteristics	
Number of patients	60 (44F)
Average age	40.47
Mean treatment exposure	6.38
Adherence reported	High
MDR	>0 (11 had missed 1 or more doses in the last month)
Barriers in taking medication	22 patients reported barriers

DMT score are described in the table:

MS-TAQ subscale	Number of items	SCORE		
		Mean	Range	Observations
DMT-barriers	13	2.18 ¹	0-39	63% of patients reported no barriers (score 0)
DMT-side effects	10	9.30 ²	0-40	Only 11.6% reported no SE(score 0)
DMT-coping strategies	7	1.22 ³	0-7	36.6% don't use coping strategies

¹most common barriers was forgetting to administer DMT(58%), not "in the mood" to take DMT(22%), feeling tired of taking DMT(16%)

²88.4% patients reported SE like: injection phobia, injection site reaction, tolerability concerns.

³a number of 15 patients reported SE but no coping strategies in place, maybe because of unknowing.

Conclusion

Overall, **adherence** reported was **high** even if some barriers in adherence exist .

SE and long duration of treatment could affecting adherence, that why is important to detect and try to overcome BARRIERS using such questionnaires, to identify in time non-adherent patients and counsel them appropriately for using more coping strategies.