Adherence to therapeutic in outpatients: Literature Review

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Introduction

Non-adherence to therapeutic with chronic treatments may compromise patient health, increase care costs and lead to unnecessary consultations and diagnoses, as well as additional treatments with potentially serious side effects[1-5], which can cause significant negative impacts on patients' quality of life[5]. Chronic diseases, due to their intrinsic nature, are particularly susceptible to non-adhesion[5]. According to the World Health Organization (WHO), inadequate adherence to drug therapy in chronic diseases is considered a worldwide problem of great magnitude[6]. In developed countries only 50% of individuals suffering from chronic diseases adhere to drug treatments. While precarious access to health care, lack of adequate diagnosis and limited access to medicines, and poor adherence to drug therapy in developing countries are conditions that challenge successful chronic disease [7].

Objective

To present a review of the literature on the subject "Adherence to therapy" in outpatients.

Methods

A search was carried out in the *Medline* database and the combinations of words *Medication, Adherence* and *Outpatients* were used for the period from 2010 to 2017. including only articles that adopted the *Morisky Medication Adherence Scale* (MMAS) to measure adherence to medication and studies developed in hospital context. In addition, articles with non-conventional therapies were excluded, namely those that resorted to the use of medicinal plants. Information was collected on the place of the study, period, type of study, sample, pathology, adherence to therapy in terms of rate or score (mean) and factors identified as being associated with non-adherence to therapy.

Results

The search retrieved 461 publications and 44 were included in the analysis of which 11.4% (5) were abstracts and 88.6% (39) were full-text articles (Figure 1). The included studies are from Europe, Asia, Africa and America (Figure 2). Most of the studies were observational (84.1%) (Figure 3). The remaining studies were interventional studies (15.9%). There were, also, 4 multicenter studies.

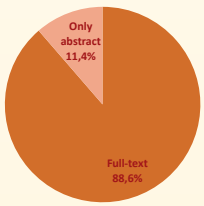

Figure 1 - Studies by text availability

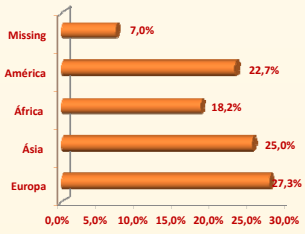

Figure 2 - Studies by Continent

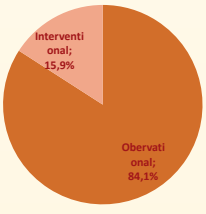

Figure 3 - Type of study

In most studies, the *Morisky* scale was used with 8 item and only 31.8% used the shorter scale with 4 items (Figure 4).

The sample sizes ranged from 34 to 2595 chronic patients (Table 1) and were mostly non-probabilistic (convenience) (75%) (Figure 5). The most common pathologies were: diabetes, hypertension, diabetic retinopathy and hypercholesterolemia (34.1%); psychiatric diseases (25%), cardiovascular diseases (18.2%), among others (Figure 6).

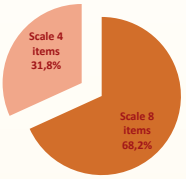

Figure 4 – Morisky scale version

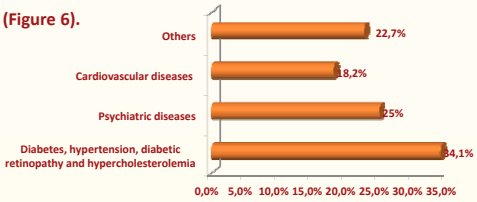

Figure 6 – Pathologies most studied

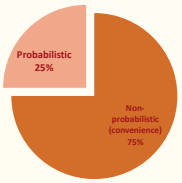

Figure 5 – Sample type

Table 1 – Descriptive measures related to the sample, data collection period, rate and score adherence

Variable	Sample	Data collection (Months)	Adherence rate (%)	Adherence score
Number studies	42	31	37	7
Missing	2	13	0	0
Mean	349,0	8,23	53,97	6,47
Median	199,5	6	54	6,5
Mode	112	4	47,3	5,9
Std Deviation	448	6,75	16,6	0,374
Minimum	34	1	7,4	5,9
Maximum	2595	36	83	6,96

Taking into account the variable "adherence to therapeutic", 84.5% of the studies used a dichotomous variable. The others determined the score (mean with associated standard deviation). In general, therapeutic adherence was low. Considering the adherence rates, the lowest were recorded in the treatment of hypercholesterolemia (7.4%) and the highest was recorded in the treatment of hypertension in patients with apnea (83%) (Table 1). It should be noted that the cut-off point did not remain the same in all studies.

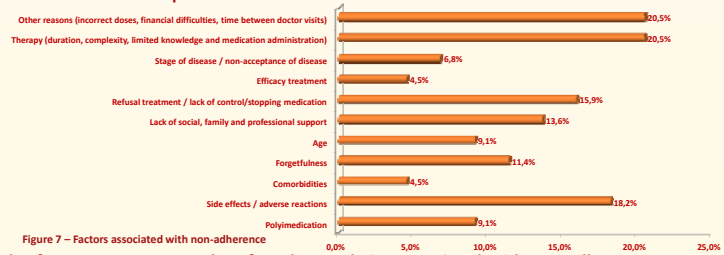

Figure 7 – Factors associated with non-adherence

The factors most commonly referred to as being associated with non-adherence were age, forgetfulness, lack of social support, the complexity of intake and stopping medication when the patient feels better (Figure 7).

Conclusion

Interventional studies show significant improvements in adherence, comparing the situation before and after the intervention. Therefore, it is a priority to implement measures that improve adherence to therapy.

Acknowledgements

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