

# Evaluation of adherence among patients on peritoneal dialysis

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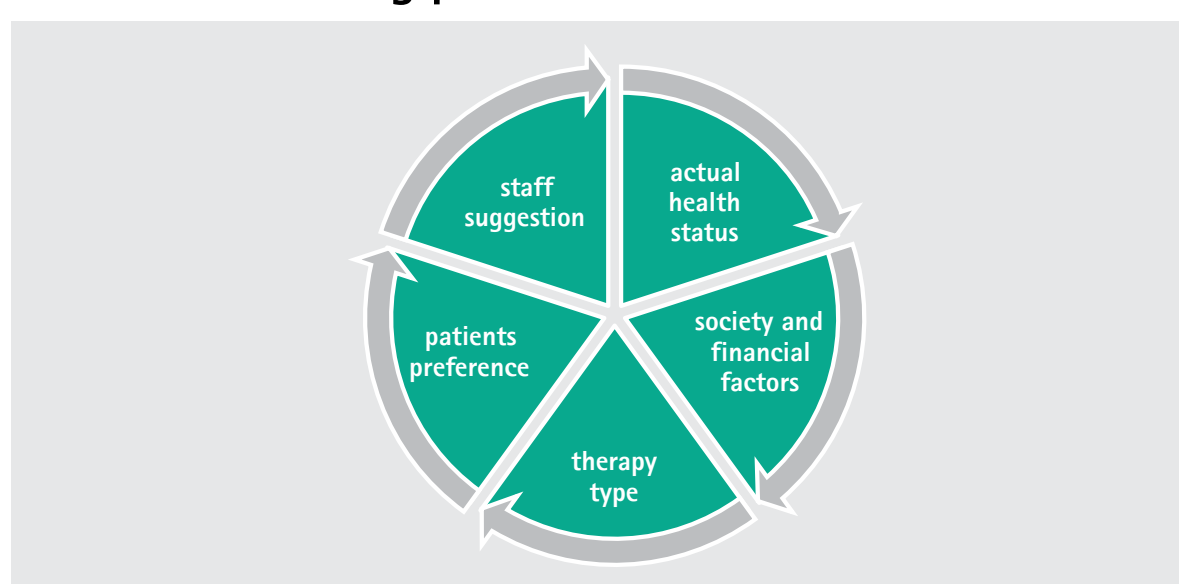
The questionnaire – typical topics	
6	not according to prescription
2	refuse to take
4	degree in advanced studies
30	family support
24	medicaments too expensive
5	difficulties at pharmacy
22	has forgotten to take

Summary of typical answers	
14	Medicament knowledge by internet
9	Need for family support
17	Forgetfulness as main cause of missing
5	Medicinemissing: not a serious problem
4	Try to avoid the side effects
4	Travel caution: better not to take
1	Poverty

## Background

Patients on chronic medication program have different cooperative behavior even in medicine intake, which is basically determined by mutual relationship with medical staff. During the education process the style of interaction may predict the patients' further quality of life and outcome. According to previous international surveys the non-adherence in prescribed therapy has proved to be about 50-80%.

## Factors influencing patients' adherence



## Objective

We assessed with a questionnaire the cultural, socio-economic, medical and cognitive factors affecting adherence - in search of controllable elements.

## Patients

Our currently treated PD patients (n = 31, male / female 19/12, age 62.5 ± 11.7 years). Time in dialysis was more than 5 years in 13 patients, others had shorter peritoneal dialysis time.

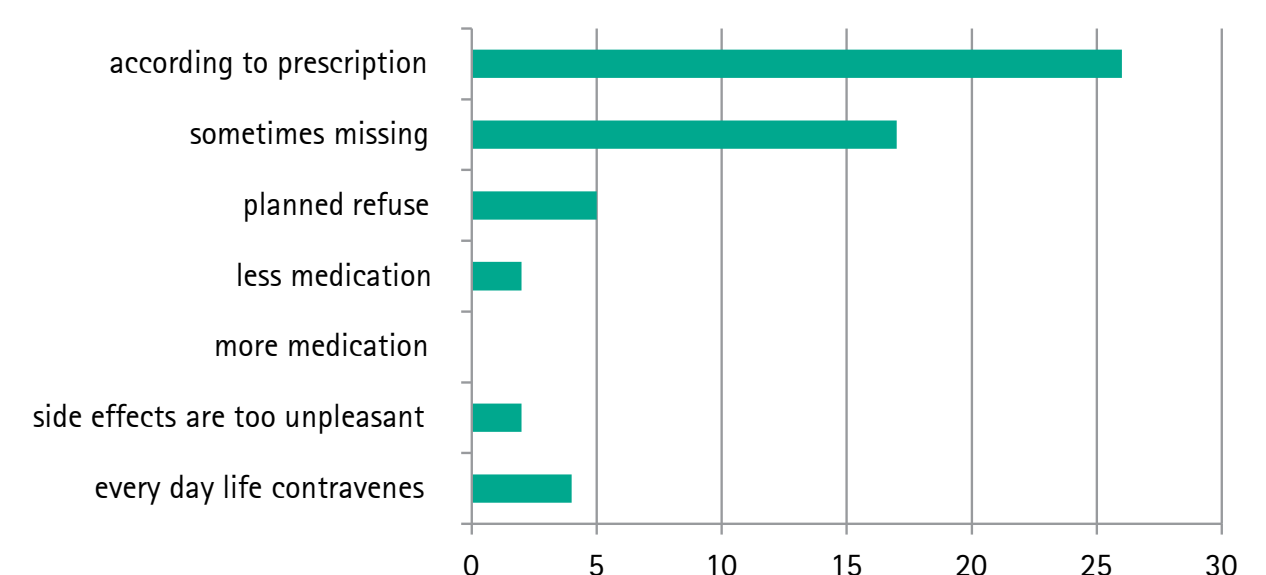
## Methods

They filled out a questionnaire specially designed for adherence screening of this patient population. The questions concerned what information the patients received from the physician ordering the medication, the patients' drug taking habits, their knowledge of the effects of drugs, the characteristics of medication side effects.

## References

Morisy DE, Green LW, Levine DM. Concurrent and predictive validity of a self-reported measure of medication adherence. *Med Care*. 1986;24:67-74; The Joanna Briggs Institute. Levels of evidence and Grades of Recommendations. <http://www.joannabriggs.edu.au>; Reid C, Hall J, Boys J, Lewis S, Chang A, Self management of haemodialysis for End Stage Renal Disease: a systematic review. *The Joanna Briggs Library of Systematic Reviews* 2011;9(3):69103; Pearson A, Wiechula R, Court A, Lockwood C. The JBI model of evidence based healthcare. *Int J of Evid Based Healthc* 2005; 3(8):207-215.; Clark S, Farrington K, Chilcot J. Nonadherence in dialysis patients: prevalence, measurement, outcome, and psychological determinants. *Semin Dial*. 2014 Jan-Feb;27(1):42-9.

## Frequent causes of non-adherence



## Results

Our results show that patients do not receive adequate information about new medication, often gather information from other sources (n = 14). The supporter background within the family (n = 9) is important and it is difficult to evaluate the role of financial factors. In many cases, forgetfulness, travel disruption or failure of timely drug replacement (n = 17) caused non adherence. We found that several patients thought that it was not always necessary to take the medicine (n = 5).

## Conclusion

In spite of a bit stronger relationship between the professional staff and the PD patients, medicine non-adherence is considerable. We should pay attention to control our patients regularly. The proper patient education must establish a genuine internal motivation for adherence.

## Application to practice: How to improve adherence?

- More time to explain the medicament effect and side effect
- Technique for not missing medication intake
- Travel and work strategies for 'medicine minutes'
- Family help
- Cutting down the side effects
- Possibilities for social assistance