

Addressing adherence to treatment: a longstanding concern. The patients' perspective

Mahmoud Hadipour Dehshal

Iranian Thalassaemia Society, Iran

Abstract

Adherence to treatment is a great concern for patients who need long-life treatment. Thalassaemia is an inherited disease for whose treatment team-working is of a considerable importance. To logically face the problem of poor compliance patients, all members of the team ought to be aware of the causing factors and the ways to handle the problem. The factors which cause the lack of compliance among patients could be stratified into economic and structural factors. Furthermore, patient-related factors including ethnicity, gender, age, and regimen complexity such as dosing are also noteworthy. The supportive relationship between the health providers and the patients should be also established such as patients' trust in their doctors. Last but not least, the pattern of health care delivery including the availability of health care requisites and operation of flexible hours and floating working hours. From the patients' point of view, it is important to be aware of the significance of the adherence to treatment and the importance of providing prompt-routine reminders to patients to understand the consequence of incomplete treatment. Trained and motivated staffs play an effective role to enhance patients' tendency to pursue the determined treatment. Health decision makers would be better to reinterpret the concept of health to "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". The patients' role in self-management should not be ignored and "medicalization" has to be altered by the patient centered care.

Introduction

The adherence to treatment is a great concern for patients who need long-life treatment. "The adherence to treatment may be defined as the

Correspondence: Mahmoud Hadipour Dehshal, Iranian Thalassaemia Society, Iran
E-mail: mehregan_hadipour@yahoo.com

Key words: thalassaemia; iron overload; transfusion; chelation regimens.

©Copyright M.H. Dehshal, 2014
Licensee PAGEPress, Italy
Thalassemia Reports 2014; 4:4865
doi:10.4081/thal.2014.4865

This article is distributed under the terms of the Creative Commons Attribution Noncommercial License (by-nc 3.0) which permits any noncommercial use, distribution, and reproduction in any medium, provided the original author(s) and source are credited.

extent to which the patient's history of therapeutic drug-taking conforms to the prescribed treatment. Adherence may be measured using either process-oriented or outcome-oriented definitions." Thalassaemia is an inherited disease for whose treatment team-working is of the considerable importance. To logically face the problem of poor compliance patients, all members of the team ought to be aware of the causing factors and the ways to handle it. Furthermore, since low compliance has remained a major problem in the treatment of thalassaemia, more high quality studies are needed to access the factors which cause the problems and the method with reliance on which the problem could be mitigated. With appropriate interventions and support, patients with thalassaemia can maintain their treatment regimens and avoid failure hereinto.

Influential factors on adherence to treatment

A deluge of factors can influence adherence to treatment in thalassaemia and all chronic illnesses. The range extends from patient related factors into health care setting. Many walks of people can be effective in declining non-compliance problems from physicians in charge to co-citizens in the society.

Economic and structural factors

Unemployment which is prevalent among adult thalassaemia, the lack of social support, unstable living circumstance, homelessness, and difficulty in access medicine can affect compliance of patients.

Individual related factors

Ethnicity, age, and gender play a vital role in determining the adherence to treatment. The more the knowledge about the consequences of thalassaemia mal treatment, the higher the compliance of patients. flexibility in hours operation. Preparing patients to have more faith and trust in the treatment and its necessity, they will be more eager to stick to physicians' prescription. Moreover, cultural beliefs may be against the treatment or on the contrary favor the traditional treatments so that it would be hard to fulfill the goals of thalassaemia treatment. Patients' psychological status can be a crucial factor that impedes the progress of treatment.

Regimen complexity

The way of medicine absorption in body, the dosing and periods of medicines to be taken, medicine toxicity, and adverse effects may influence the adherence to treatment. Patients mainly prefer to use single dose tablet than a long-time injection; however, it might not be common among all patients.

Relation between medical team and patients

The role of medical staff in patients' compliance is too crucial to be

denied. Medicalizations (physician dominated decision making) and Medication (routinized medical decision making for all individuals) could have a negative impact on the adherence to treatment. Were patient to make a firm relation to and trust in health-providers, the health provider should be well- trained for all aspects of a chronic disease treatment.

A few steps to improve the adherence to treatment

Staff should be motivated and trained to be able to take necessary actions in special times, to find appropriate solutions for each problem and above all to build up patients' trust.

Routine training plans for patients with thalassaemia such as reminders about the consequences of incomplete treatment, the sweet results of complete treatment, and workshops in which patients could share their personal ideas with other patients and medical staff should be taken seriously.

Health decision makers would be better to interpret the concept of health to "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

Patients should be motivated, but not get exaggerated motivation about their own life and the likely role they can play in their society.

The patients' role in self-management should be highlighted and "medicalization" and "Medification" have to be altered by patient centered care.

Directly observed therapy by medical staff, trained volunteers, and patients' relatives could influence the adherence to treatment.

Physicians ought to stop determining one-size- for-all prescription, ponder over each patient needs, and seek to find individualized prescription. Pharmaceutical companies should be committed to make patients and medical staffs satisfied about the quality of their productions.

Pharmaceutical companies would be better to consider patients behavior and tendencies in order to be able to discover new methods of treatment.

Conclusions

The adherence to treatment is central to thalassaemia therapeutic success. Unfortunately, the number of investigations about the issue is not compatible with the importance of the longstanding concern. Hence, more investigations and discussions are needed to address the problem. The challenge to find the best way of treatment for individuals versus the sheer pursuit of therapeutic protocol still remains in flux. Undoubtedly, well-trained health-providers could help patients to pass difficulties and overcome non-adherence to treatment. To foster the treatment success, patients' role in self-management could be valued and some interventions to supports each step in cascade of thalassaemia care should be utilized.

References

1. Adherence to Long-Term Therapies - Evidence for Action. World Health Organization. 2003; available from: http://www.who.int/chp/knowledge/publications/adherence_report/en/
2. Vermeire E, Hearnshaw H, Van Royen P, Denekens J. Patient adherence to treatment: three decades of research. A comprehensive review. *J Clin Pharm Ther* 2001;26:331-42.
3. van Dulmen S, Sluijs E, van Dijk L, et al. Patient adherence to medical treatment: a review of reviews. *BMC Health Serv Res* 2007;7:55.
4. Magrin ME, D'Addario M, Greco A, et al. Social support and adherence to treatment in hypertensive patients: a meta-analysis. *Ann Behav Med* 2014.
5. Pedram M, Zandian K, Keikhaie B, et al. A report on chelating therapy and patient compliance by determination of serum ferritin levels in 243 thalassaemia major patients. *Iranian Journal of Pediatric Society* 2010;2:65-9.
6. Eleftheriou A. About Thalassaemia. Nicosia, CY: Thalassaemia International Federation; 2007.