



ORIGINAL ARTICLE

Adherence to a predefined vaccination program in patients with inflammatory bowel disease



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KEYWORDS

Inflammatory bowel disease;
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Abstract

Introduction: The application of vaccination programs in patients with inflammatory bowel disease (IBD) is heterogeneous and generally deficient. As a result, adherence in these patients to a predefined vaccination program has not been clearly established. The aim of this study was to estimate adherence to a predefined vaccination program among patients with IBD and to identify the factors that may predict poor adherence.

Methods: All patients diagnosed with IBD and followed-up between January and March 2012 were referred to the Department of Preventive Medicine for evaluation of their immune status (with serological testing for hepatitis A, B and C viruses, varicella-zoster virus, mumps, rubella and measles), followed by vaccination based on the test results obtained and on the patient's vaccination history. The percentage of adherence to the vaccination program was determined, along with the factors associated with low adherence.

Results: A total of 153 patients with IBD (ulcerative colitis in 50.3% and Crohn's disease in 49.7%) were included (45.1% men and 54.9% women; mean age 43.30 ± 14.19 years, range 17–83). The vaccination program adherence rate was 84.3%. The factors associated with poor adherence were drugs related to IBD (patients not receiving immunosuppressants and/or biological agents showed lower adherence than those receiving these treatments; $p = 0.021$), adherence to medical treatment (poor adherence to treatment was also associated with poor adherence to vaccination; $p = 0.016$), and marital status (single, divorced or separated patients showed lower adherence than married individuals; $p = 0.015$).

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PALABRAS CLAVE

Enfermedad
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Conclusion: Adherence to vaccination is acceptable among patients with IBD. However, specific actions, such as optimization of patient information on the disease and emphasis on the need for adequate vaccination, are to improve adherence.

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La adhesión a un programa de vacunación predefinido en pacientes con enfermedad inflamatoria intestinal

Resumen

Introducción: La implantación de programas de vacunación en pacientes con enfermedad inflamatoria intestinal (EII) es heterogénea y en general, deficiente, por lo que no es bien conocida la adherencia de nuestros pacientes con EII a un programa de vacunación previamente establecido. El objetivo fue determinar la adherencia a un programa de vacunación establecido en nuestro centro en pacientes con diagnóstico de EII y definir qué factores pueden predecir una baja adherencia a dicho programa.

Material y métodos: Se derivaron al Servicio de Medicina Preventiva todos los pacientes con diagnóstico de EII revisados en consulta entre enero y marzo de 2012, con el fin de determinar su estado de inmunización (mediante la extracción de analítica con serologías del virus de la hepatitis A, B y C, virus varicela-zoster, parotiditis, rubeola y sarampión) y, posteriormente, ser vacunados teniendo en cuenta sus resultados así como el calendario vacunal previo. Se determinó el porcentaje de adherencia a dicho programa así como los factores relacionados con una baja adherencia.

Resultados: Se incluyeron 153 pacientes (45.1% hombres y 54.9% mujeres, con una edad media de 43.30 ± 14.19 años, rango 17-83) con diagnóstico de EII (50.3% colitis ulcerosa y 49.7% enfermedad de Crohn). La adherencia al programa de vacunación fue del 84.3%. Los factores que se asociaron con una baja adherencia fueron: fármacos en relación con la EII (los pacientes que no tomaban inmunosupresores y/o biológicos presentaron una menor adherencia frente aquellos que sí los recibían, $p 0.021$), adherencia al tratamiento médico (aquellos con mala adherencia al tratamiento presentaron también baja adherencia a la vacunación, $p 0.016$), estado civil (solteros, divorciados o separados presentaron menor adherencia respecto a los casados, $p 0.015$).

Conclusión: La adherencia a la vacunación no es adecuada en pacientes con EII. Acciones específicas como la optimización de la información que se le proporciona al paciente acerca de su enfermedad y la necesidad de una adecuada vacunación, constituye un pilar fundamental para lograr mejorarla.

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Introduction

Patients with inflammatory bowel disease (IBD) are exposed to the same infections as the general population. The use of drugs such as corticosteroids, immunosuppressants and/or biological agents in patients with IBD can increase the risk of opportunistic infections and infectious complications. In the follow-up of patients with IBD, their immune competence can become immune deficiency if they need immunomodulator therapy to treat a flare-up or complications of IBD. Since these kinds of situations are not predictable, all patients with IBD are candidates for immunization through vaccination programs. Thus, immunization should be performed as soon as possible, and preferably at the time of diagnosis of the disease. Vaccines are generally safe in these patients, and their use is not associated to an increased risk of disease relapse. However, in clinical practice, the implementation

of vaccination programs in patients with IBD is heterogeneous and generally deficient. As a result, the adherence of such patients to a predefined vaccination program has not been clearly established.

Aims

The present study was carried out to determine adherence to a predefined vaccination program among patients with IBD in our center, and to identify the factors that may predict deficient adherence.

Material and methods

A prospective observational study was designed. Initially, a vaccination program was developed along with the

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