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ORIGINAL ARTICLE

## Medical adherence to intranasal corticosteroids in adult patients<sup>☆</sup>

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### KEYWORDS

Adherence;  
Allergic rhinitis;  
Intranasal  
corticosteroids;  
Treatment

### Abstract

*Introduction:* The adherence to medical treatment in allergic rhinitis (AR) is poorly evaluated in clinical practice.

*Objectives:* To evaluate adherence to intranasal corticosteroids (ICS) in the treatment of allergic rhinitis AR patients.

*Methods:* This prospective study was conducted on adult patients who were admitted to the outpatient clinic of the otolaryngology department tertiary hospital. Patients diagnosed with moderate to severe persistent AR and who had not used any nasal sprays were enrolled in the study. The patients were provided with mometasone furoate nasal sprays. On the 30th day, all participants filled out a questionnaire regarding the factors that may have influenced their adherence to the treatment. Afterwards, each patient filled out the Turkish-language-validated Morisky Medical Adherence Scale (MMAS-8) form. Each factor that may have affected adherence to the prescribed medication was evaluated according to the MMAS-8 score and all variables were analyzed statistically.

*Results:* Fifty-nine adult patients with a mean age of 32.5 years (range 21–52 years) were included in the study. The mean overall MMAS-8 score was 3.64. Two factors were significantly related to low adherence: number of dependent children ( $p=0.001$ ) and benefit from the medication ( $p=0.001$ ). In addition, patients with higher education levels seemed to be more adherent than the rest of the group.

*Conclusion:* Clinicians must keep in mind the factors related to non-adherence in order to achieve better treatment outcomes. Therefore, based on our results, patients must be informed that medications should be taken properly regardless of the benefit, and the treatment should be scheduled with respect to daily activities, particularly for patients caring for more than two children.

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**PALAVRAS-CHAVE**

Adesão;  
Rinite alérgica;  
Corticosteroides  
intranasais;  
Tratamento

**Adesão clínica a corticosteroides intranasais em pacientes adultos****Resumo**

**Introdução:** A adesão ao tratamento clínico de Rinite Alérgica (RA) é mal avaliada na prática clínica.

**Objetivos:** Avaliar a adesão aos corticosteroides intranasais (CEI) no tratamento de pacientes com rinite alérgica (RA).

**Método:** Este estudo prospectivo foi realizado em pacientes adultos admitidos no ambulatório do setor de otorrinolaringologia de um hospital terciário. Os pacientes diagnosticados com RA moderada a persistente grave e que não tinham usado nenhum spray nasal foram incluídos no estudo. Os pacientes receberam sprays nasais de furoato de mometasona. No 30º dia, todos os participantes preencheram um questionário sobre os fatores que podem ter influenciado a sua adesão ao tratamento. Depois disso, cada paciente preencheu o formulário da Escala de Adesão Clínica Morisky validado para a língua turca (MMAS-8). Cada fator que pode ter afetado a adesão à medicação prescrita foi avaliado de acordo com o escore de MMAS-8 e todas as variáveis foram analisadas estatisticamente.

**Resultados:** Cinquenta e nove pacientes adultos com idade média de 32,5 anos (variação de 21-52 anos) foram incluídos no estudo. O escore total médio de MMAS-8 foi de 3,64. Dois fatores foram significativamente relacionados com a baixa adesão: número de crianças dependentes ( $p=0,001$ ) e benefício da medicação ( $p=0,001$ ). Além disso, os pacientes com níveis de ensino mais elevados pareceram ser mais aderentes do que o restante do grupo.

**Conclusão:** Os médicos devem estar cientes dos fatores relacionados à não adesão, a fim de alcançar melhores resultados do tratamento. Portanto, com base em nossos resultados, os pacientes devem ser informados de que os medicamentos devem ser usados adequadamente independentemente do benefício, e o tratamento deve ser programado com relação às atividades diárias, especialmente para os pacientes que cuidam de mais de dois filhos.

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**Introduction**

Adherence is defined as 'the extent to which a person's behavior—taking medication, following a diet, and/or executing lifestyle changes – corresponds with agreed recommendations from a health care provider'.<sup>1</sup> Non-adherence to prescribed medications has always attracted less attention in the treatment of disease. In particular, individuals who suffer from chronic diseases such as asthma, hypertension, diabetes *mellitus*, or Chronic Obstructive Pulmonary Disease (COPD) have certain difficulties with continuing medical treatment. This has been studied in several papers, and in one study regarding asthma patients, it was reported that less than half of prescribed medications were taken.<sup>2</sup> Awareness of problems with adherence is as important as setting up the right treatment modality in such diseases. It is obvious that non-adherence will have a negative effect on long-term treatment results and obliviousness about this problem will lead to unnecessary therapies and incorrect decisions. Another study by Evans et al. indicated a discontinuation rate of 39% in hypertension.<sup>3</sup> The rate is even higher in COPD patients, at 86% according to Penningvan Beest et al.<sup>4</sup> These findings emphasize the importance of adherence to medical treatments.

The most commonly used scale for objectively evaluating adherence is the Morisky Medication Adherence Scale (MMAS), which is a generic, self-reported,

medication-taking-behavior scale that was initially validated for hypertension but is used for a wide variety of medical conditions.<sup>5</sup> The original version consisted of four items, and it was eventually updated to an eight-item scale called the MMAS-8 (Table 1).<sup>6</sup> According to this scale, more points indicate lower adherence to treatment.

Intranasal corticosteroids (ICS) are the mainstay medication for allergic rhinitis (AR) in the daily routine of outpatient otorhinolaryngology clinics. However, adherence to this treatment has not been well-studied. In the present study, we investigated adherence rates and factors that may lead to non-adherence in an adult AR population.

**Methods****Study design and patient population**

This prospective study was conducted on adult patients who were admitted to the outpatient clinic of the otolaryngology department at a tertiary hospital. Patients who were diagnosed with moderate to severe persistent AR according to the ARIA (allergic rhinitis and its impact on asthma) guidelines and who had not previously used any nasal sprays were enrolled.<sup>7</sup> Informed consent was obtained from all patients before the study began. The institutional review board approved this study (IRB no. 665).

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